

October 24, 2007

OPENING STATEMENT OF THE HONORABLE BART STUPAK

“NASPER: Why Has the National All Schedules Prescription Electronic Reporting Act Not Been Implemented?”

More than two years ago, with wide spread support in both the House and Senate, Congress passed the “National All Schedules Electronic Reporting Act,” otherwise known as “NASPER.” NASPER establishes a grant program at the Department of Health and Human Services to foster the development of Prescription Drug Monitoring Programs (PDMP) in every state. These drug monitoring programs will provide a safe, comprehensive and balance approach to stop the growing epidemic of prescription drug abuse by detecting and preventing “doctor shopping” for addictive drugs.

I was pleased to join with my good friends, Ed Whitfield, Ranking Member of this Subcommittee, and full Committee Chairman Dingell and Ranking Member Barton, as well as Congressman Pallone, Chairman of our Health Subcommittee, to work and have Congress pass this comprehensive program to provide the tools necessary to the physicians, pharmacists and law enforcement for fighting prescription drug abuse. In passing NASPER, Congress recognized that prescription drug abuse cannot be fought only by law enforcement. It is not enough to simply prosecute “pill mills” and drug addicts to solve this complex problem. Identifying the “pill mills” and prosecuting dealers occurs after the pill pushers have been in business for months, or years, spreading the devastation to the addict, their families and communities.

Congress passed NASPER because we understand that, in addition to putting drug dealers behind bars, we must ensure that physicians, pharmacists, and public health officials, have the resources they need to identify and stop drug addiction before it begins. NASPER would ensure that physicians have immediate access to a patient’s prescription drug history. NASPER would give pharmacists the ability to thwart doctor shopping by patients and drug dealers. NASPER would ensure that patients are not being over prescribed pain medicines or taking dangerous combinations of prescription drugs. NASPER would ensure that public health officials could review prescribing patterns, educate and warn physicians about medication risks. At the same time, NASPER ensures that law enforcement officials will have access to prescription drug data to support their investigations and prosecutions. In short, NASPER recognizes that prescription drug addiction is a law enforcement, medical AND a public health problem.

Congress granted HHS oversight of the NASPER program because we believed that the program fits best within HHS’ public health mission. NASPER calls upon the Secretary of HHS to issue regulations, with public input to ensure uniformity among the states Prescription Drug Monitoring Programs. If drug monitoring programs receive real time, uniform electronic data, states can share critical drug data while effectively protecting patient privacy. The NASPER program will benefit from HHS’ expertise and

experience in addiction, prevention, treatment, medical privacy law, health information, and e-prescribing technology. Moreover, NASPER can be integrated with the prescription drug benefit programs run by the Medicaid and Medicare programs, and help the Food and Drug Administration to monitor the post-market effect of prescription medications.

This Administration has failed to provide any funding to implement this important program. Instead, the Administration has promoted and funded a drug addiction grant program at the Department of Justice that was never authorized by Congress – a program that emphasizes the law enforcement aspect of the prescription drug epidemic at the expense of public health concerns. The purpose of today’s hearing is to determine why the will of Congress has been ignored.

We will hear from three distinguished witnesses this morning. First we will hear from Dr. Leonard Paulozzi, from the Centers for Disease Control and Prevention (CDC) in Atlanta and he is a nationally recognized expert on prescription drug abuse trends. Dr. Paulozzi’s testimony will provide troubling evidence that the epidemic of prescription drug abuse is getting worse, not better. Next we will hear from Dr. Westley Clark, the Director of the Center for Substance Abuse Treatment at the Substance Abuse and Mental Health Services Administration of HHS (SAMHSA). Dr. Clark is an expert in addiction treatment and prevention, and leads the agency's effort to provide effective and accessible treatment to Americans with addictive disorders. Our third witness will be Dr. Andrea Trescot, the President of the American Society for Interventional Pain Physicians (ASIPP). In addition to her leadership role with ASIPP, Dr. Trescot is the Director of the Pain Fellowship program at the University of Florida. Dr. Trescot will provide the physician’s perspective on the importance of implementing NASPER.

Let me advise Members that we are setting up a meeting with the Office of Management and Budget (OMB). This Subcommittee requested that OMB testify before us to gain a better understanding of the Administration’s funding goals. Director Nussle will meet with us at 3:30pm Thursday.

Let me be clear. This Subcommittee and this Committee are committed to carrying out the NASPER program and we hope the Administration joins us.

We thank the witnesses for appearing today and look forward to your testimony.