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November 9, 2007

The Honorable Jim Nussle Director Office of Management and Budget Executive Office of the President 725 17th Street, N.W. Washington, D.C. 20503-0009

Dear Director Nussle:

We appreciate your taking the time to meet on Thursday, October 25, 2007, with the Chairman and Ranking Member of the Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce to discuss the National All Schedules Prescription Electronic Reporting Act (NASPER) (Public Law 109–60).

We believe that NASPER provides the most effective approach to combating the epidemic of prescription drug abuse in this country. NASPER, which was signed into law by President Bush on August 11, 2005, strikes an appropriate balance between the public interest in ensuring patient access to necessary and legitimate medicines, while at the same time ensuring that law enforcement can detect and prosecute the diversion of controlled substances. At the Subcommittee's hearing on October 24, 2007, we heard testimony showing that the deaths caused by drug overdoses of prescription opioids such as oxycodone, methadone, and morphine in the United States now outnumber deaths caused by heroin or crack cocaine. To address this crisis most effectively, it is essential that we fully engage physicians, pharmacists, and local public health officials in the systems used to prosecute those who violate our drug laws. NASPER would accomplish that by ensuring that healthcare providers, health researchers, and public health administrators have access to prescription dispensing data in electronic form.

The NASPER program would require the Secretary of the Department of Health and Human Services (HHS) to promulgate regulations establishing uniform national standards for State-run prescription drug monitoring programs so that they capture core-dispensing data, and provide uniform procedures for disclosure of these data consistent with medical privacy laws.

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The NASPER block grant program would provide an important complement to the President's Health Information Technology Plan and e-prescribing initiative, as well as programs administered by HHS aimed at improving patient safety and monitoring adverse drug events. A majority of the States with some form of operational prescription monitoring program has already recognized the importance of their role in public health by placing their programs in their health agencies, as opposed to their law enforcement bureaus. Under NASPER, the standards for law enforcement and physician access are similar. Physicians must certify that they are seeking prescription histories for purposes of evaluating a bona fide current patient's need for medication. Law enforcement agents must certify that prescription data relate to a drug diversion investigation. Only the minimum necessary information will be disclosed, and data for public health research purposes would not contain patient-identifying information.

In passing NASPER two years ago, Congress intended to enable healthcare practitioners and law enforcement officials to detect and thwart "doctor shopping" by addicts crossing State lines by ensuring that State prescription monitoring programs can share prescription data based on uniform data collection and privacy protections. For that reason, NASPER requires that grantee States adopt health information interoperability standards, including health vocabulary and messaging standards, and be capable of achieving interoperability with at least one other State. We are concerned that only two of the States that currently operate these programs have been able to achieve interoperability to date, and the remaining States have little incentive to do so. As prescription drug abuse continues to rise and claim more American lives, it is urgent that the comprehensive approach of NASPER be implemented as soon as possible.

Thank you again for meeting with us to discuss this important program. We hope that you will take a close look at the need for implementation of the NASPER program and that the President's Fiscal Year 2009 budget includes the \$10 million authorized in the statute. We would be pleased to provide any additional information to you or your staff, and look forward to working with you in your new position. If you have further questions, please contact us or have your staff contact Kristine Blackwood with the Committee Majority staff at (202) 226-2424 or Karen Christian with the Committee Minority staff at (202) 225-3641.

Sincerely,

John D. Dingell

Chairman

Bart Stupak

Chairman

Subcommittee on Oversight and Investigations

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Joe Barton

Ranking Member

Ed Whitfield

Ranking Member

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