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October 6 , 2011

The Honorable Ed Whitfield
U.S. House of Representatives
2368 Rayburn House Office Building
Washington, DC 20515

Dear Representative Whitfield:

On behalf of the physician and medical student members of the American Medical Association (AMA), I applaud your leadership for sponsoring H.R. 866, “National All Schedules Prescription Electronic Reporting Reauthorization Act of 2011” (NASPER 2011), and extend our strong support. We commit to working with you to urge your fellow Members of Congress to pass NASPER 2011 as well as provide full funding for its implementation.

NASPER 2011 would provide the resources needed by states to establish or significantly upgrade prescription drug monitoring programs so that physicians have access, at the point of care, to important information that would enable them to appropriately treat their patients’ pain or illness while helping to prevent the abuse and diversion of controlled substances. This is a powerful tool that the vast majority of physicians currently do not have in real time at the point of care despite the original promise of NASPER.

In 2005, the AMA, along with many other stakeholders in the health care community, urged enactment of NASPER to address diversion concerns that were at a crisis point even at that time. Unfortunately, NASPER has never been fully funded. While the scourge of diversion has grown and destroyed lives, the one tool that has proven effective in impacting clinical decision-making at the point of care has not realized its full potential. We are strongly urging Congress to take the steps necessary to provide physicians with an essential tool to combat diversion while ensuring patients receive appropriate medical care.

The AMA has long held that the central principle of balance—between preventing controlled substance abuse, trafficking, and diversion and ensuring access to necessary pain medication—should guide policy makers as they craft solutions to address these complex problems. NASPER 2011, which would establish and modernize existing state-based prescription drug monitoring programs, is critical to preserving this balance. We are pleased that NASPER as originally passed recognized the vital role physicians play in preventing prescription drug abuse, the importance of limiting access to confidential patient information,

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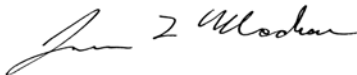
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and the need to maintain a public health focus. We strongly support retaining the foregoing nature of NASPER. We have significant concerns about, and do not support, efforts to change the focus of NASPER from public health to law enforcement. Changing the nature of NASPER in this manner will undermine the confidentiality of physician and patient communications and diminish the ability of physicians to provide medical care. We urge final passage of NASPER 2011 with a continued focus on public health.

As NASPER 2011 moves through the reauthorization process, we stand ready to work closely with you to make improvements that further address the concerns of physicians and patients while providing strong and vigorous support for a solution with a track record of success. Together we will combat what we all agree has become a threat to the health and well being of far too many in our country.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD