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ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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May 21, 2015

Dr. Debra Houry
Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Houry:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Friday, May 1, 2015, to testify at the hearing entitled "What is the Federal Government Doing to Combat the Opioid Abuse Epidemic."

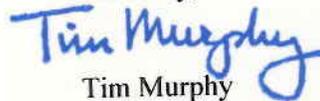
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Thursday, June 4, 2015. Your responses should be mailed to Brittany Havens, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to brittany.havens@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Tim Murphy
Chairman
Subcommittee on Oversight and Investigations

cc: The Honorable Diana DeGette, Ranking Member, Subcommittee on Oversight and Investigations

Attachments

Attachment 1—Additional Questions for the Record

The Honorable Michael C. Burgess

1. While technology has the potential to solve many problems in healthcare, we are hearing similar complaints about PDMPs as we do with EHRs. Some doctors suggest that PDMPs interrupt clinical workflow. The Health IT Policy Committee sought public comment on whether EHR certification could enable and support streamlined access to PDMPs. Because PDMPs are a critical tool for patient care and clinical decision making, ONC suggested in their September 2013 report to Congress that they would explore a PDMP requirement in certification of EHRs. Can anyone speak to further discussion regarding including PDMPs as a requirement for certification of EHRs?
2. Complaints regarding PDMPs suggest that these systems are not real time, not widely used, and are time consuming and burdensome. In 2005, Congress enacted NASPER, with strong support from health care providers and broad, bipartisan support. NASPER could explicitly address both of these problems. However, the program has not been funded since 2010 and faced similar lack of funding prior to 2010. NASPER would provide assistance to allow PDMPs to meet consistent national criteria and allow for interoperability between state PDMPs. Do you think that national criteria and standardized content would be beneficial in fostering a more attractive state-based PDMP network for providers?
 - a. What has been your experience with interstate accessibility of PDMPs? Are the current interstate data-sharing exchanges, such as the Prescription Monitoring Program Interconnect effective?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record, and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable David McKinley

1. What one thing would you recommend that we could do to try to start reversing this epidemic and this problem?