

FRED UPTON, MICHIGAN  
CHAIRMAN

HENRY A. WAXMAN, CALIFORNIA  
RANKING MEMBER

ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

December 13, 2013

Dr. Steven J. Stack  
Immediate Past Chair  
Board of Trustees  
American Medical Association  
25 Massachusetts Avenue, N.W., Suite 600  
Washington, D.C. 20001

Dear Dr. Stack:

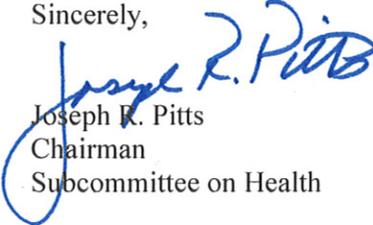
Thank you for appearing before the Subcommittee on Health on Wednesday, November 20, 2013, to testify at the hearing entitled "Examining Public Health Legislation to Help Local Communities."

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 response to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions by the close of business on Tuesday, January 7, 2013. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to [Sydne.Harwick@mail.house.gov](mailto:Sydne.Harwick@mail.house.gov).

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

Sincerely,

  
Joseph R. Pitts  
Chairman  
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachment

## Attachment—Additional Questions for the Record

### The Honorable Ed Whitfield

1. According to a recent report by the Department of Health and Human Services, drug overdose rates have increased five-fold since 1980 and in 2009 drug overdose deaths outnumbered those of motor vehicle crashes for the first time in U.S. history.

Would you elaborate on the reasons why we have seen such an alarming increase in overdose deaths? Apart from the tragic deaths that occur as a result of drug overdose, what other impacts does this problem have on our health care system?

2. Reports have shown that there is a correlation between opioid-related morbidity and mortality and the prescribing and dispensing of opioid analgesics. Would you discuss the factors surrounding the rise in opioid prescribing we have seen in recent history?

What are some of the issues physicians face when approached by patients who are seeking treatment for pain? How do we balance the need to ensure access to pain treatment for those who legitimately need it with stemming the epidemic of abuse we are faced with?

3. According to the Department of Health and Human Services, one of the most promising clinical tools to address prescription drug abuse are state PDMPs. These programs are designed to monitor prescribing and dispensing of controlled substances and can provide a prescriber or pharmacist with critical information regarding a patient's prescription history. Why have PDMPs been successful in curbing abuse of prescription drugs?

Would you describe for the Committee how these PDMPs function and what role providers play within the system? What are the biggest challenges faced by stakeholders such as states, providers, and pharmacies when it comes to PDMPs?

4. According to the Department of Health and Human Services, as of July 2013, 47 states had operations PDMPs. However, they are significantly underutilized by providers. A number of factors contribute to this underutilization, including cumbersome nature of accessing current systems and privacy concerns. Would you elaborate on some of the factors that may lead to underutilization of PDMPs? What steps can be taken to increase prescriber usage of PDMPs?

States such as Kentucky and New York have actually passed laws requiring prescriber registration and utilization of PDMPs. What is your take on this approach?

5. One method that has been suggested to increase use of PDMPs is to leverage health information technologies such as electronic health records and clinical decision support tools that would streamline access to PDMP system. What are the benefits and risks of this type of integration? Do you think this is a mechanism that would be embraced by the provider community?

6. A key component of our battle against prescription drug abuse is education—particularly as it relates to pain management and substance abuse. Would you describe the current system of education for physicians as it related to these aspects of health care? What are the biggest problems with the current system of provider education and what can be done to improve it?
7. Many experts believe that prescribing guidelines related to opioids have the potential to reduce the instance of abuse. They are intended to help providers identify patients who are appropriate candidates for opioids and provide information on treating and monitoring them. It is my understanding many states have issued guidance but that research pointing to their effectiveness is limited. Do you believe a defined set of prescribing guidelines has the potential to reduce abuse? What is the best way to go about formulating these guidelines and how do we maximize utilization of these guidelines?

### **The Honorable Kathy Castor**

1. Thank you Mr. Chairman for holding this important hearing to examine legislation aimed at improving public health concerns in our communities.

I want to focus on one bill being discussed today, the National All Schedules Prescription Electronic Reporting (NASPER) Reauthorization Act by Ranking Member Pallone and Congressman Whitfield of Kentucky.

As you may know, my home state of Florida has the dubious distinction of being one of the top contributors to the prescription drug abuse epidemic. For many years, pill mills in Florida and around the Tampa Bay area were peddling easy access to large volumes of prescription drugs. People from Kentucky, Tennessee and other nearby states have come to easily buy pain meds at these fly-by-night pill mills. At one point, there were more than 200 pain clinics in Tampa and Hillsborough County. That is why I cosponsored legislation during my time in Congress to increase penalties for pill mill operators.

The prevalence of prescription drug abuse – in large part due to these pill mills – in my community led to countless preventable deaths. According to press reports and discussions with local law enforcement, it was normal for local medical examiners to see one death a day due to prescription medication. At one point, 98 of the top 100 pain medicine dispensers lived in Florida.

It has taken the State of Florida a while to address this devastating issue, but they are finally taking steps in the right direction through the leadership of law enforcement and local communities throughout the state as well as implementing a prescription drug monitoring program (PDMP). Unfortunately, getting this database in place and funded has been a major battle. While the Legislature passed a budget earlier this year that included \$500,000 to keep it running for the upcoming fiscal year, they have backed off a long-term financial commitment to the database.

Additionally, few Florida counties and law enforcement agencies have contributed to the database. This sends a dangerous signal that the database isn't a priority for the state.

So, Reauthorizing and funding NASPER is critical to establishing, expanding and improving PDMPs across the country. PDMPs are not perfect, but they are a valuable tool in the fight to curb prescription drug abuse.

Things in my community and around Florida are getting better. Progress is being made. But a local Pinellas County official correctly stated, "I don't want anyone to think that this problem is solved, because it's not." Passing the NASPER Reauthorization Act and fully funding it will give states the resources they need to invest in a fully-operable PDMP.

Dr. Stack, you mentioned in your testimony the benefits of PDMPs with up-to-date information for physicians to access. If Congress reauthorizes NASPER and fully funds it, what will this mean for combating prescription drug abuse?