



Academy of
Managed Care
Pharmacy®

July 23, 2015

The Honorable Joseph Pitts
Chairman, Subcommittee on Health
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Re: H.R. 1725 – National All Schedules Prescription Electronic Reauthorization Act

Dear Chairman Pitts:

The Academy of Managed Care Pharmacy (“AMCP” or the “Academy”) commends you on your leadership in marking up H.R. 1725, the National All Schedules Prescription Electronic Reporting Reauthorization Act (NASPER). Although similar legislation was introduced in the 113th Congress, H.R. 1725 strengthens and enhances NASPER. AMCP supports H.R. 1725 because it will assist health care providers, law enforcement and state and professional licensing authorities in tracking and identifying individuals who are abusing controlled substances.

AMCP’s almost 7,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit. Pharmacists in managed health care organizations, including health plans and pharmacy benefit managers (PBMs), are responsible for the delivery of prescription drug benefits. It is their responsibility to ensure that the plan they design provides individual patients with appropriate drugs and drug therapies, safely, conveniently and cost-effectively. Managed care pharmacists are committed to ensuring that medications are used appropriately to improve a patient’s health.

Abuse of controlled substances can be characterized by drug diversion, doctor shopping and visiting emergency rooms under false pretenses. All of these actions strike at the heart of patient safety and appropriate management of prescription drugs, which are pillars of managed care pharmacy. Additionally, the lure of providing controlled substances to addicted individuals encourages criminal activity through fraudulent prescription drug claims that costs patients, payers and taxpayers’ untold sums of money annually. In the absence of a federal controlled substance monitoring program, NASPER fills an important void in providing much needed funds for states to establish monitoring programs that best suit their individual needs.

AMCP strongly supports the provisions that encourage interoperability and the use of health information technology (HIT), e-health records, health information exchanges and e-prescribing. All of these tools will have a direct impact on the workflow of prescribers and dispensers ensuring timely access to a patient’s prescription drug history.

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AMCP has one recommendation that we believe is a necessary improvement for the program. We seek an amendment on Page 8, in line 6, which would add a subparagraph F in Section (f)(1):

Use and Disclosure of Information: (F) an authorized agent of a health plan or a pharmacy benefit manager (PBM) who certifies under the procedures determined by the State, that the requested information is for the purpose of providing pharmaceutical treatment or evaluating the need for such treatment to a bona fide current patient.

As you know, the current law delineates data sharing requirements among key agencies, PDMPs, and others. However, one drawback has been the lack of real time data sharing of information compiled in PDMPs with health plans and PBMs. While access to data in PDMPs is generally available to prescribers, pharmacists¹, pharmacies, law enforcement personnel and other health care providers; the data is not available to health plans and PBMs. Many inappropriate controlled substance prescriptions are purchased through cash-based transactions and not adjudicated to a private insurance plans, Medicare Part D, or Medicaid.² This means that health plans and PBMs may be unaware of certain controlled substance prescriptions for some individuals and thus do not have all the information necessary to establish a basis for inappropriate utilization or abuse. AMCP recommends allowing a State to disclose information from the database to health plans and PBMs.

AMCP is pleased that NASPER funding has contributed to the growth and improvement of controlled substance monitoring programs in a growing number of states. It will be extremely important to continue this progress. AMCP members have lobbied members of Congress for several years in support of NASPER and we will continue to support it. AMCP looks forward to working with you toward passage of this important legislation. We urge you to give favorable consideration to our recommendation for improvement of the program. Please do not hesitate to contact Mary Jo Carden, Vice President of Government & Pharmacy Affairs at 703-684-2603, or mcarden@amcp.org if we may be of further assistance.

Sincerely,



Edith A. Rosato, R.Ph., IOM
Chief Executive Officer

cc: The Honorable Ed Whitfield
The Honorable Joseph Kennedy, III
The Honorable Larry Bucshon
The Honorable Frank Pallone

¹ Peirce GL, Smith MJ, Abate MA, Halverson J (2012) Doctor and Pharmacy Shopping for Controlled Substances. Medical Care 50:7. doi:10.1097/mlr.0b013e31824ebd81.

² Ibid