

Chairman Dingell, Subcommittee on Oversight and Investigations Hearing entitled "NASPER: Why Has the National All Schedules Prescription Electronic Reporting Act Not Been Implemented?"

Statement of Congressman John D. Dingell, Chairman
Committee on Energy and Commerce

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS HEARING ON NASPER: WHY HAS THE NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING ACT NOT BEEN IMPLEMENTED?
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Mr. Chairman, thank you for holding this hearing on implementation of the National All Schedules Prescription Electronic Reporting Act (NASPER).

The NASPER legislation was passed by the 109th Congress and signed into law by the President in 2005. Although the NASPER program was enacted two years ago, this Administration has done virtually nothing to implement it and has failed to include any money for the program in its annual budgets. It is vitally important to our system of government that when Congress establishes national policy by passing laws, those laws are not simply ignored by the Executive Branch. Today, I hope we learn more about the benefits of this program as well as the reason for the Administration's failure to seek funding for it.

In order to solve the problem of prescription drug abuse, we need a multi-pronged approach. We cannot solve the complex problems associated with abuse and addiction with criminal enforcement alone. We need to enlist physicians, pharmacists, and other healthcare professionals in the fight. A robust, nationwide system of prescription drug monitoring programs will help medical professionals prescribe responsibly. Strong monitoring systems can allow physicians to promptly identify patients at risk for addiction and get them into treatment, and avoid patients who are doctor shopping to feed their own addiction or to sell their drugs to other addicts.

NASPER would provide a strong monitoring tool to help not only law enforcement but also the medical community stop the pill-pushing and doctor shopping that has devastated so many of our communities over the last decade. Especially in rural areas, where isolated physicians and pharmacies can easily be manipulated by addicts who travel from community to community to get their fix for illegal pharmaceuticals, NASPER would ensure that these healthcare providers know what drugs their patients have recently obtained or have tried to obtain in other communities including those across State lines.

As you know, Mr. Chairman, our State of Michigan has a strong prescription drug-monitoring program. Ninety-five percent of the requests Michigan's program receives are from doctors and pharmacists seeking to ensure that patients are getting the medicine they need for genuine medical purposes, not medicine that will be used for illicit purposes. I am interested in hearing from our witnesses how Michigan's program compares with others around the Nation and how NASPER could enhance these programs.

I commend Ranking Member Whitfield for his leadership on this issue, and I thank our witnesses for their testimony today.

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Prepared by the Committee on Energy and Commerce
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