



March 16, 2005

Will Rowe
Executive Director
American Pain Foundation
201 Charles Street, Ste 710
Baltimore, MD 21201

Dear Mr. Rowe:

The American Society for Pain Management Nursing (ASPMN) endorses the American Pain Foundation's Position Statement in support of the "National All Schedules Prescription Electronic Reporting Act of 2004" (NASPER). ASPMN joins the American Pain Foundation in supporting a balanced approach to reduce diversion and abuse of controlled substances without compromising access and treatment for those who require legitimate pain management.

The core of the ASPMN recommendations to modify NASPER is to protect the boundary between medical practice and criminal investigation. We have encouraged our members to contact their legislative representatives to promote changes to this bill.

Sincerely,

Paul Arnstein

Paul Arnstein, PhD, APRN-BC
President



The American Society for Pain Management Nursing (ASPMN) is an organization of over 1600 professional nurses whose core purpose is to promote optimal pain management. ASPMN is dedicated to advancing and promoting optimal nursing care for people affected by pain.

ISSUE:

The National All Schedules Prescription Electronic Reporting Act (NASPER) HR 3015, SB 3013

The National All Schedules Prescription Electronic Reporting Act promotes the establishment of a controlled Prescription Monitoring Program (PMP) in each state to control diversion and abuse of prescription controlled substances. Currently 19 states have Prescription Monitoring Programs. To support state funding, federal grants are proposed.

ASPMN supports a balanced approach in addressing initiatives to reduce diversion and abuse of controlled substances without compromising access and treatment for those who require legitimate pain management. ASPMN supports the intent of NASPER with reservations. There is significant concern that unintentional effects that may occur if the legislative draft is approved in its current form.

Reference Enclosure:

ASPMN Joint Position Statement:

Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Approach

The core of ASPMN recommendations for modification of the National All Schedules Prescription Electronic Act is to protect the boundary between medical practice and criminal investigation. This could be accomplished by the following changes:

- Create a database that is administered by the state agency responsible for the regulation of healthcare rather than law enforcement.
- Develop confidentiality standards for states to meet when releasing PMP information.
- Review the effectiveness of state PMP's within two years after enactment.
 - Have PMP's decreased diversion of prescription drugs?
 - Have PMP's interfered with patient's legitimate access to appropriate pain medication?
- Establish an advisory board consisting of qualified, multidisciplinary healthcare professionals and a patient advocate to review and supervise:
 - Management and usage of data collected
 - Healthcare practitioner prescribing practices
 - Monitoring for suspicious prescribing and dispensing patterns.
- Require the development and execution of education programs for healthcare professionals.
 - Education should be provided through joint efforts of relevant regulatory agencies of health and law enforcement.
 - Education should include PMP's appropriate use and purpose to aid in the delivery of pain management as a legitimate medical practice.

A JOINT STATEMENT FROM 21 HEALTH ORGANIZATIONS

AND THE DRUG ENFORCEMENT ADMINISTRATION

Promoting Pain Relief and Preventing Abuse of Pain Medications: A Critical Balancing Act

As representatives of the health care community and law enforcement, we are working together to prevent abuse of prescription pain medications while ensuring that they remain available for patients in need.

Both healthcare professionals, and law enforcement and regulatory personnel, share a responsibility for ensuring that prescription pain medications are available to the patients who need them and for preventing these drugs from becoming a source of harm or abuse. We all must ensure that accurate information about both the legitimate use and the abuse of prescription pain medications is made available. The roles of both health professionals and law enforcement personnel in maintaining this essential balance between patient care and diversion prevention are critical.

Preventing drug abuse is an important societal goal, but there is consensus, by law enforcement agencies, health care practitioners, and patient advocates alike, that it should not hinder patients' ability to receive the care they need and deserve.

This consensus statement is necessary based on the following facts:

Undertreatment of pain is a serious problem in the United States, including pain among patients with chronic conditions and those who are critically ill or near death. Effective pain management is an integral and important aspect of quality medical care, and pain should be treated aggressively.

For many patients, opioid analgesics-when used as recommended by established pain management guidelines-are the most effective way to treat their pain, and often the only treatment option that provides significant relief.

Because opioids are one of several types of controlled substances that have potential for abuse, they are carefully regulated by the Drug Enforcement Administration and other state agencies. For example, a physician must be licensed by State medical authorities and registered with the DEA before prescribing a controlled substance.

In spite of regulatory controls, drug abusers obtain these and other prescription medications by diverting them from legitimate channels in several ways, including fraud, theft, forged prescriptions, and via unscrupulous health professionals.

Drug abuse is a serious problem. Those who legally manufacture, distribute, prescribe and dispense controlled substances must be mindful of and have respect for their inherent abuse potential. Focusing only on the abuse potential of a drug, however, could erroneously lead to the conclusion that these medications should be avoided when medically indicated-generating a sense of fear rather than respect for their legitimate properties.

Helping doctors, nurses, pharmacists, other healthcare professionals, law enforcement personnel and the general public become more aware of both the use and abuse of pain medications will enable all of us to make proper and wise decisions regarding the treatment of pain.

American Academy of Family Physicians

American Academy of Hospice and Palliative Medicine

American Academy of Pain Medicine

American Alliance of Cancer Pain Initiatives

American Cancer Society

American Medical Association

American Pain Foundation

American Pain Society

American Pharmaceutical Association

American Society of Anesthesiologists

American Society of Law, Medicine & Ethics

American Society of Pain Management Nursing

American Society of Regional Anesthesia and Pain Medicine

Community-State Partnerships to Improve End-of-Life care

Drug Enforcement Administration

Last Acts

Midwest Bioethics Center

National Academy of Elder Law Attorneys

National Hospice and Palliative Care Organization

Oncology Nursing Society

Partnership for Caring, Inc.

University of Wisconsin Pain & Policy Studies Group

