

United States Senate

WASHINGTON, DC 20510

April 30, 2014

The Honorable Barbara Mikulski
Chairwoman
Senate Appropriations Subcommittee
on Commerce, Justice, Science and Related
Agencies
Washington, DC 20510

The Honorable Richard Shelby
Ranking Member
Senate Appropriations Subcommittee
on Commerce, Justice, Science and
Related Agencies
Washington, DC 20510

The Honorable Tom Harkin
Chairman
Subcommittee on Labor, Health and
Human Services, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Jerry Moran
Ranking Member
Subcommittee on Labor, Health and
Human Services, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

Dear Chairwoman Mikulski, Ranking Member Shelby, Chairman Harkin and Ranking Member Moran:

As you draft appropriations bills for your subcommittees for the upcoming fiscal year, I am writing to request that you provide strong funding for two federal programs critical to state efforts to monitor prescription drugs and prevent abuse – the Department of Justice’s Harold Rogers Prescription Drug Monitoring Program and the National All-Schedules Prescription Electronic Reporting (NASPER) program.

As you know, there is a growing heroin epidemic in New Hampshire and throughout the United States. NASPER and the Harold Rogers programs are vital to the federal response to this crisis.

These programs provide critical support for existing state prescription drug monitoring programs (PDMPs) and can help improve their ability to provide timely information to health care providers, help new PDMPs become established within a state and support the ultimate goal of a secure national PDMP network. NASPER and the Harold Rogers program can also help increase the frequency of states’ data uploading, provide funding for provider education about PDMPs and help the diffusion of PDMP use into regular practice.

As you know, DOJ’s Harold Rogers program supports state PDMPs by providing grants for planning and technical assistance to implement programs and boost the capacity of regulatory agencies and prescribers to prevent prescription drug abuse. New Hampshire will soon have a PDMP operational, and this program will save lives in my state.

However, many states need different types of support as they implement these programs, and NASPER has the flexibility to direct its funding on a case by case basis depending on the state's specific needs. While some states will need more support for their annual operational budget, others will need help in provider educational outreach, some will need to improve their data security, and many still need help to establish data sharing agreements with their border and near-by states. NASPER can help state PDMPs become more robust and comprehensive.

NASPER was last funded \$2 million in FY 2010. Because the FY 2011 Continuing Resolution included language prohibiting NASPER funding, SAMSHA did not request funding in 2012 and 2013. During these years, SAMSHA funded NASPER-like programs using funds from the Prevention and Public Health Fund and the Office of the National Coordinator for Health Information Technology. The prohibitive funding language was removed in the Consolidated Appropriations Act of 2014 and SAMSHA is now able to directly fund NASPER. Opioid and narcotic prescription abuse is more than a law enforcement issue and SAMSHA is well positioned to provide a multi-disciplinary approach toward the drug epidemic that includes coordination of states' mental health and substance abuse services.

In light of the serious ongoing national prescription drug epidemic, I request an FY15 NASPER appropriation of \$5,000,000 and Harold Rogers program appropriation of \$7,000,000. These funds will help states expand and improve their PDMPs and help provide secure data sharing between states.

Sincerely,



Jeanne Shaheen
United States Senator