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## [H.R. 1725, National All Schedules Prescription Electronic Reporting Reauthorization Act of 2015, as amended](#)

### FLOOR SITUATION

On Tuesday, September 8, 2015, the House will consider [H.R. 1725](#), National All Schedules Prescription Electronic Reporting Reauthorization Act of 2015, as amended, under suspension of the rules. H.R. 1725 was introduced on March 26, 2015, by Rep. Ed Whitfield (R-KY) and was referred to the Committee on Energy and Commerce, which ordered the bill reported by voice vote on Wednesday July 29, 2015.

### SUMMARY

H.R. 1725 reauthorizes funding for grants to states and territories to establish, improve, or maintain an electronic database system for monitoring the dispensing of controlled substances. The bill authorizes the appropriation of \$10 million a year for each fiscal year 2016 through 2020.

The bill requires the Secretary of Health and Human Services to monitor the states' efforts to achieve interoperability of the database systems for the purpose of sharing information with bordering states and monitoring the success of the program. The bill also provides the Secretary more flexibility in issuing grants and redistributing funds for grant use. Additionally, the bill expands the program to U.S. commonwealths and territories.

### BACKGROUND

The National All Schedules Prescription Electronic Reporting Act (NASPER) was enacted in 2005 in an attempt to give physicians an information tool to aid in prescribing controlled substances and help identify their illicit use and abuse. The Act provided for the establishment of a controlled substances monitoring program in each state. It is designed to assist states in combating prescription drug abuse of controlled substances by providing grants to foster the use of prescription drug monitoring programs (PDMPs).

To be eligible for a NASPER grant, state programs must track drugs that fall under schedules II, III, and IV of the Controlled Substances Act, and adhere to certain privacy, reporting, and interoperability requirements. Most state PDMPs collect information on schedule II-IV controlled substances, which include narcotics like hydrocodone, tranquilizers like alprazolam and diazepam, and stimulants like methylphenidate. Currently, 49 states, the District of Columbia and Guam have legislation authorizing the creation and operation of a PDMP.<sup>1</sup>The program is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services.

According to the bill sponsor, “reauthorizing NASPER (is) a critical step toward addressing this growing national (prescription drug abuse) crisis. NASPER will provide states the resources they need to allow physicians to properly treat their patients while cracking down on the interstate trafficking of prescription medications and patients who are simply doctor shopping.”<sup>2</sup>

### **COST**

The Congressional Budget Office (CBO) [estimates](#) that enacting H.R. 1725 would cost \$43 million over the 2016 to 2020 period, assuming the appropriation of necessary funds. CBO estimates that implementing H.R. 1725 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

### **STAFF CONTACT**

For questions or further information please contact [John Huston](#) with the House Republican Policy Committee by email or at 6-5539.

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<sup>1</sup> <http://www.pdmpassist.org/content/prescription-drug-monitoring-frequently-asked-questions-faq>

<sup>2</sup> <http://whitfield.house.gov/media-center/press-releases/whitfield-bill-to-battle-prescription-drug-abuse-progresses-through>