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HON. ED WHITFIELD

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Mr. WHITFIELD. Mr. Speaker, I rise to recognize one of my constituents, Laxmaiah Manchikanti, MD, Ph.D of Paducah, Kentucky. Dr. Manchikanti has been practicing medicine in my Congressional District for the last 24 years. I have known Dr. Manchikanti for several years and have found him to be a man of incredible integrity who is devoted to helping others. He is an active member of the community as well as a forceful leader in the field of pain management. Dr. Manchikanti, an immigrant from India who is a naturalized citizen of the United States, exemplifies the fulfillment of the American dream.

Dr. Manchikanti is a well known physician with interests in many aspects of medicine, both in patient care, as well as academics. He specializes in anesthesiology with a sub-specialty in interventional pain management and is well known in the circles of interventional pain management. Apart from his interest in the clinical practice of anesthesiology and interventional pain management, he is also proficient in administrative medicine, patient advocacy, the economics of healthcare, medical ethics, and various other aspects of the profession.

Dr. Manchikanti is an avid clinical researcher with numerous publications in peer-reviewed journals with original contributions, along with book publications. He is also an internationally known teacher who has conducted multiple seminars. As President and founder of the American Society of Interventional Pain Physicians (ASIPP), Dr. Manchikanti has participated in the development of various guidelines, published on the Agency for Healthcare Research and Quality (AHRQ) web-site. Apart from this, he also functions as a consultant to companies which assess evidence including ECRI (formerly the Emergency Care Research Institute), which is in charge of the AHRQ web-site and others. He also serves as a member on the Carrier Advisory Committee of Kentucky.

Because Dr. Manchikanti is a specialist in pain management, many of the drugs he prescribes have the potential to become addictive. During a conversation I had with Dr. Manchikanti a few years ago, we discussed Kentucky's efforts to combat prescription drug abuse through the Kentucky All Schedules Prescription Electronic Reporting System (KASPER) which monitors Schedule II through IV controlled substances to detect and deter abuse. Dr. Manchikanti touted the benefits of KASPER which allows him to receive a report on all of the controlled substances his patients have been prescribed.

The problem that Dr. Manchikanti identified was that while KASPER was effective in Kentucky, there was no mechanism to determine if his patients had been prescribed a controlled substance in another state. In Kentucky, which is bordered by seven states (four in my District alone), it is easy for an individual to engage in the practice of "Dr. Shopping." In an effort to address the problem, Dr. Manchikanti and the American Society of Interventional Pain Physicians (ASIPP) proposed legislation creating a national monitoring system based on KASPER whereby physicians in all states would have access to the controlled substance prescription information of their patients, no matter where they filled the prescription. To that end, Dr. Manchikanti and ASIPP submitted draft legislation entitled the National All Schedules Prescription Electronic Reporting Act (NASPER).

After reviewing the language and examining the idea, I decided to introduce NASPER with my colleague Frank Pallone during the 107th Congress. After three years of hard work by Dr. Manchikanti, ASIPP, and our supporters in Congress, we passed NASPER in both Houses of Congress and President Bush signed it into law on August 11th. NASPER combats prescription drug abuse through the creation of a grant program housed at the Department of Health and Human Services to help states establish and maintain state-operated prescription drug monitoring programs (PMPs). California established the first PMP in 1940. Nineteen additional states currently operate a PMP and five more are in the process of establishing them.

NASPER addresses one of the main impediments to existing PMPs—that they currently operate only on an intrastate basis while the diversion of drugs is an interstate problem. We help foster interstate communication by establishing some uniform standards on information and privacy protections that will make it easier for states to share information. Columbia University noted in a report released over the summer that between 1992 and 2003 the number of people abusing prescription drugs increased 94 percent—twice the increase in the number of people using marijuana, five times the number of people using cocaine, and 60 times the number of people using heroin. Even more disturbing, the report found a 212 percent increase in the number of children between the ages of 12 and 17 abusing prescription drugs.

NASPER, which is now Public Law 109-60, would not have been possible without the leadership provided by Dr. Manchikanti and ASIPP. I'm confident that the enactment of NASPER will give physicians and law enforcement an additional tool to help reduce the number of Americans abusing prescription drugs.