

Congressman Hal Rogers  
Statement for the Record

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Subcommittee on Crime, Terrorism and Homeland Security

“The Prescription Drug Epidemic in America”

***Introduction***

Chairman Sensenbrenner, Ranking Member Scott and other distinguished Members of the subcommittee, as Co-Chairman of the Congressional Caucus on Prescription Drug Abuse, I would like to thank you for affording me the opportunity to share some insights about an epidemic that has touched every corner of our great nation and which threatens the very fiber of our American culture.

Over a decade ago, prescription drug diversion began to wreak havoc on communities in my region of Appalachian Kentucky. Local hospitals were experiencing more than an overdose per week, families had been overrun by pain pills, and a feeling of hopelessness had begun to pervade the entire region. These powerful drugs intended to *manage* pain were suddenly *creating* pain in the form of overdoses, crime and uncontrollable addiction. While the first wave hit Appalachia, this second wave is hitting America.

Now the diversion of prescription pills is the fastest growing drug problem nationwide with abuse transcending state lines and socio-economic groups. According to the most recent Centers for Disease Control (CDC) data, more people are losing their lives to prescription painkiller overdoses each year than to heroin and cocaine combined. In my state of Kentucky, the picture is even more dire. We are losing 82 people a month to this epidemic, which is a higher rate than car accidents; tragically, our medicine cabinets are more deadly than our cars. The human element aside, the non-medical use of prescription drugs costs health insurers up to \$72.5 billion annually in direct health care costs.

We in Congress have a special responsibility to approach this problem thoughtfully and proactively, with an eye to solutions that can curb the rising tide of prescription drug abuse to save our people's lives. For that reason, I joined with my esteemed colleague Mary Bono Mack in establishing the Congressional Caucus on Prescription Drug Abuse. Those of us on the caucus recognize that combating this problem will require a multi-disciplinary approach, incorporating law enforcement, education, treatment and research, and collaboration at all levels of government.

***Importance of State-Run Prescription Drug Monitoring Programs***

For over a decade, state-run Prescription Drug Monitoring Programs (PDMPs) have been among the most effective and accessible tools to combat prescription drug diversion and abuse, bridging the gap between legitimate medical need and potential misuse. PDMPs acknowledge that a family doctor, a neighborhood pharmacist and a local law enforcement officer are all critical to keeping these drugs from diversion or abuse. Monitoring programs track vital prescription data so that doctors and pharmacists know when a prescription is being abused and investigators can root out bad doctors who are aiding drug dealers and addicts.

In the Commonwealth, the Kentucky All Schedule Prescription Electronic Reporting System (KASPER) has had unprecedented success in bringing this problem under control. In 2008, KASPER processed nearly 418,000 requests for patient prescription information. Of the 94% which came from the medical community, including physicians, ER doctors and pharmacists, nearly three-quarters of them say KASPER is “important” in helping to ascertain patient intentions and patterns, and to feel comfortable writing prescriptions for patients truly in need of medical attention. In the same year, just over 11,000 KASPER requests came from the law enforcement community, and 96% of these KASPER users agree that the PDMP is an excellent tool for obtaining evidence in criminal investigations.

These reports create informed decision-making for good medicine and good law enforcement. I have heard anecdotally of countless occasions where KASPER has helped a doctor provide better patient care or a law enforcement official interrupt a crime. Since 2002, the U.S. Department of Justice Prescription Drug Monitoring Grant Program has awarded over \$62 million to nearly every state to plan, implement and enhance similar state-run programs. Because of these efforts, thirty-five other states are catching on with operational PDMPs, perhaps most notably Florida, where just twelve short months ago almost 90% of the oxycodone was prescribed in the U.S. Only two states have yet to authorize a PDMP, and Missouri is blazing forward thanks to the tireless work of State Senator Kevin Engler. Nationwide, since 2003, there has been a 2,596% increase in the number of prescription reports produced by state-run PDMPs annually – but challenges still persist.

Through interstate doctor shopping, such as that which was occurring between South Florida and Appalachia, unscrupulous drug dealers have found a mechanism to circumvent these vital state-based tracking systems. Critical to shutting down this pipeline will be the next generation of PDMP. In recent years, DOJ has acknowledged the importance of facilitating secure interstate data sharing among PDMPs and has supported the development of national standards to enable such interoperability, as well as an interstate data sharing “hub.” I am proud that the hub was successfully piloted between Kentucky and Ohio, two of the premiere PDMPs in the country. Further, DOJ is poised to support the engagement of additional states with this hub through the formalization of the Prescription Monitoring Information Exchange (PMIX) Architecture, a formal set of technical requirements with which existing and future interstate data sharing hubs must comply to enable state-to-state communication.

I am pleased that important steps have recently been undertaken to facilitate interstate data exchange, but more still needs to be done. Last year, I authored legislation included in our final FY12 Appropriations bill that will allow the Department of Veterans Affairs to interface with state-run PDMPs, which will be integral to supporting our brave military men and women

returning from theater. I am also pleased to announce that in the next few weeks, I'll be introducing another bill, alongside a Senate companion, to support states from a technical perspective as they move towards interoperability. This bill likely will be referred to your subcommittee, and given the urgency and precariousness of the situation, I would appreciate your hasty consideration of this important legislation.

### ***Collaboration of Federal, State, Local and Regional Law Enforcement***

While PDMPs are perhaps the most accessible tool at the disposal of medical community, we must not understate the importance of collaboration among our federal, state, local and regional law enforcement partners in shutting down the pill pipeline and putting bad actors behind bars.

This Administration, under the leadership of Office of National Drug Control Policy (ONDCP) Director Gil Kerlikowske, has rightfully made prescription drug abuse a top priority. While approaching the problem with a wide-angle lens, law enforcement has been a key cog in the wheel. For example, after I engaged Attorney General Holder about the dire situation in South Florida last year, the Drug Enforcement Agency (DEA) moved three tactical diversion squads to that region to crack down on the pill mills which were funneling drugs all across the eastern seaboard. Through Operation Pill Nation, over 100 individuals were arrested, over \$19 million in cash and assets seized and a number of suspension orders issued to rogue doctors and pharmacies. In just a year, there has been a 97% decrease in oxycodone purchases by doctor in Florida, and the number of Florida doctors in the nationwide list of the top 100 purchasing physicians dropped from 90 to 13.

This is a prime example where collaboration among law enforcement officials can bring about dramatic and positive results. Agencies participating in Operation Pill Nation include: the Broward County Sheriff's Office, Palm Beach County Sheriff's Office, Miami-Dade County Police Department, Hollywood Police Department, Sunrise Police Department, Fort Lauderdale Police Department, the Florida Highway Patrol, the Florida Department of Health, and the Florida Department of Law Enforcement. In my region of Kentucky, I have seen DEA work hand-in-hand with state and local law enforcement, as well. This is a model we must continue to replicate across the country, particularly as federal, state and local budgets continue to be squeezed.

As we have successfully cracked down on the problem in South Florida, pill mills are popping up in other hot spots, notably Tennessee, Georgia and my region of Kentucky. For this reason, we must be ever vigilant and allocate our scarce law enforcement resources with precision. I am proud to support legislation sponsored by Congressman Vern Buchanan of Florida that would employ the full gamut of federal resources to crack down even more aggressively on these pill mills, and I am exploring the possibility of introducing legislation that would provide the DEA greater flexibility to track the prescription drug supply chain through the Automation of Reports and Consolidated Orders System (ARCOS).

### ***Community Engagement, Education & Treatment***

While monitoring programs and law enforcement have risen to meet the challenges of identifying abuse and diversion, buy-in from local communities might be the single most

important factor in developing an anti-drug culture in towns across the country. I was proud to welcome Director Kerlikowske to my congressional district last year. When I showed him the front page of our local paper, there were some notable omissions – no stories about the town fair or the community pot lock. The front page was chalk full of articles about prescription drug abuse – arrests, thefts, the abandonment of children, and tragically, deaths. To spend a few days in my district, one would think that the situation is truly cyclical and hopeless. However, while I believe the Director has appreciation for the challenges we're facing with the abuse of these drugs in Kentucky, I don't think he left with that impression that we can't pull ourselves out of this mess.

In Southern and Eastern Kentucky, we've been employing a multi-pronged approach to combating this abuse for years through Operation UNITE. Since inception, more than 3,100 addicts and non-violent offenders who have fallen prey to this scourge have participated in a UNITE-funded drug court or treatment program, restoring hope and creating opportunity. In addition, 93 schools in 23 southern and eastern Kentucky counties have a UNITE club, encouraging our children to remain drug-free and offering counseling programs. There are countless UNITE Community Coalitions throughout my congressional district, which support educational and faith-based conferences, medical symposiums, technical trainings and health care workshops. Many of these coalitions have received federal support through the Office of National Drug Control Policy (ONDCP) Drug-Free Communities Grant program. Operation UNITE is a bright star in our charge to empower our youth, create an anti-drug culture and knock out abuse for good, and a clear indication that our fight against drug abuse is rooted in small communities across the country. I am pleased that Director Kerlikowske had a desire and an opportunity to witness first-hand the positive impact of this program in our region, and hope that it is a model that can be replicated in communities across the nation.

### ***Research***

Finally, we must continue to support research in the pharmaceutical industry and in academic settings which lead to innovation both in the treatment of pain and in the science of recovery. Tremendous strides have been made by researchers on the development of abuse-deterrent formulations of pain medication, which will be vital to ensuring that patients with legitimate needs continue to have access to these life-changing drugs, as well as alternatives to the traditional replacement therapy treatment paradigm. To that end, we must push for a regulatory environment which encourages such innovation and gets new, safe drugs to the marketplace while also ensuring that insurance companies have the adequate incentives to cover drugs and treatments aimed at curbing the abuse of these prescription medications.

### ***Conclusion***

This will take a collaborative, multi-pronged effort -- law enforcement, treatment, education and research are all a part of the puzzle – and I am grateful to have the opportunity to share my perspective with you in the course of this important hearing. I encourage you and all the members of this subcommittee to take to heart all that has been said about the need for legislative action. It is one thing to listen solemnly about the plight of families, soldiers and children around the country; it is quite another to take meaningful and decisive action. The Judiciary

Committee, and specifically this subcommittee, is in a position to take just the decisive action we so desperately need on the streets of Boston, in suburban parts of LA, and countless communities in the South. A number of bills under your purview, to include H.R. 1065, the Pill Mill Crackdown Act, H.R. 1925, the Prescription Drug Abuse Prevention and Treatment Act, and H.R. 2119, the Ryan Creedon Act, would do wonders for my people struggling with addiction and thousands of others around the country. I urge you to give these important pieces of legislation serious consideration. Thank you.