

Statement of Senator Jay Rockefeller
Senate Finance Subcommittee on Health
Prescription Drug Abuse: How are Medicare and Medicaid Adapting to the Challenge?
March 22, 2012

Today, we're here to talk about an epidemic of drug abuse that is ripping apart families in my state of West Virginia and in communities across the country.

Simply put, prescription drug abuse is what happens when prescription drugs are used for non-medical purposes. Opioid painkillers, antipsychotics, or stimulants are most commonly used.

The Centers for Disease Control has termed prescription drug abuse an "epidemic." Overdose from prescription painkillers is now one of the leading causes of accidental death in the United States. In West Virginia, between 2001 and 2008, the death rate of overdoses involving legal prescription drugs more than quadrupled.

And for every death, the CDC tells us there are 10 treatment admissions for abuse, 32 emergency department visits, 130 people who abuse or are addicted to these drugs, and 825 non-medical users.

There is no single solution for stopping this crisis.

Today, we'll hear some stories that might shock and sadden us. But we will also hear about some practical solutions.

Prescription drug abuse is not just some sensational thing that happens to celebrities like Heath Ledger or Michael Jackson – who died before their time from tragic overdoses.

The fact is, prescription drug abuse touches people from all walks of life. It is about ordinary people – like a polite, stoic elderly man from rural West Virginia – who can't be here today.

His story, thank goodness, has a happy ending – thanks to the primary care doctor he visited. When she asked why this man was taking a powerful opioid painkiller, he said he had some chronic lower back pain. So his doctor took him off the drug. Turns out, this man had been addicted without even realizing it. But now that he is off this powerful painkiller, he is more clear-headed, and without all the side effects he'd been feeling from taking a drug that was not necessary for him.

Now, of course, prescription drugs can and do work wonders for millions of people. And for people with conditions like chronic pain or severe mental illness, prescription drugs can be a godsend. But, the availability of powerful prescription drugs has in some ways gotten ahead of our ability to prescribe them safely.

Prescribers don't have the tools they need, such as prescription drug monitoring programs that work across state lines. And patients need better education so they are sure how to use powerful prescription drugs correctly.

Sadly, because prescription painkillers, stimulants and antipsychotics are so powerful and so addictive, they are all too often the target of criminals. These criminals are worse than ordinary fraudsters – they not only steal taxpayer dollars through fraudulent schemes like “pill mills” or fraudulent prescriptions. They also feed people’s addictions and prey on their pain. And that must stop.

But prescription drug abuse is not limited to fraud, and we do ourselves a disservice if we ignore the significant clinical implications of this problem. So today we will hear from our expert panel about the range of solutions we can implement in Medicare and Medicaid to stop prescription drug abuse.

They will help us answer important questions, such as:

- **What tools and support systems do doctors, nurses and other prescribers need** to make sure people get the right care when it comes to controlled substances?
- **How can Medicare and Medicaid help educate patients and coordinate care so that prescriptions are used correctly?**
- **Are we adequately identifying people at risk of addiction to controlled substances?**
What happens when someone is found to have an addiction?
- **Are there new models of treatment we should consider testing in Medicare and Medicaid?**
- **Can existing fraud-detection systems help us tell** the difference between deliberate fraud, addiction-driven behavior, and uncoordinated care that leads to beneficiaries obtaining prescriptions from multiple sources?

There are no simple solutions. But we can make progress. I have introduced legislation to improve the tools available to prescribers – including better training on controlled substances and prescription monitoring programs – so we can start to turn the tide.

I look forward to hearing from our witnesses today, and I will submit my full statement for the record.

With that, I turn to my friend, the distinguished senior Senator from Iowa, Senator Grassley, who is also very passionate about this issue.