

Congressman Hal Rogers  
Remarks to the Alliance of States with Prescription Monitoring Programs  
June 4, 2012

It is great to be with you today at the Association of States with Prescription Monitoring Programs Annual Meeting. Thank you all for traveling to Washington and dedicating your time to fighting the battle against prescription drug abuse. I am proud to join you. This fight against pain pill addiction is one that we have been waging in my part of the country for over a decade. But what once was sequestered in the hills of Appalachian Kentucky is now characterized by the CDC as a national epidemic.

From 1997 to 2007, the per person prescription of painkillers increased by 400%. U.S. pharmacies fill some 257 million prescriptions for opioids annually - enough to medicate every American adult around the clock for a month. While these painkillers can vastly improve the quality of life for patients suffering from chronic pain, stats like these tell us clearly that these powerful, addictive drugs are all too frequently being used and trafficked for non-medical purposes. Tragically, in emergency rooms all around the country, we're beginning to see the consequences of abuse. For the first time, prescription overdoses have overtaken motor vehicle crashes as a leading cause of accidental death. Our medicine cabinets are more dangerous than our cars.

These statistics are compelling – but they are merely numbers. These numbers cannot possibly encapsulate the pain of mother who's lost her child or of a community coming together to burying a beloved sheriff or doctor. These numbers cannot capture the frustration of county officials or big city mayors who want to create jobs but who cannot string together a clean workforce. These numbers cannot illustrate the tragedy of seeing our men and women in uniform return bravely home from the warfields – to wage a different kind of battle against addiction. Those are the real reasons we continue our fight to bring this epidemic under control.

Many of you have heard me speak about the fight in Kentucky through the holistic strategy of Operation UNITE. UNITE has harnessed the energy of health, law enforcement, and community leaders in a coordinated fight against pain pill abuse. At the same time as undercover UNITE detectives zero in on drug dealers, school counselors have helped stand up meaningful alternatives to youth drug use through UNITE clubs and extracurricular activities. Thousands of mothers, daughters, fathers and sons have been given a second lease on life through UNITE's treatment programs or by participating in a drug court. UNITE's model is truly ripe for replication around the country – and in April, UNITE led the National Rx Drug Summit to synergize our local successes with those being employed by other leaders around the country. Many of you were there to share ideas for reducing drug abuse in rural and urban communities alike, putting pushers behind bars and mending families ripped apart by this scourge.

It should come as no surprise to those of us in this room that Prescription Drug Monitoring Programs were a prominent part of the Rx Summit discussion. Ten years ago when we were desperate to push back on this epidemic in rural Kentucky and Virginia, Frank Wolf and I saw that these were the only tools readily at our fingertips to connect doctors and pharmacists and law enforcement. We established a grant program in DOJ – and we haven't looked back. Nearly

\$70 million and 146 grants to 47 states later, the number of the states with authorized PDMPs has tripled from 15 to 48. I know the legislatures in Missouri and New Hampshire are working hard to see this become a reality as well.

Dave Hopkins and the rest of the team at KASPER have truly blazed the trail for PDMPs around the country. Nearly three-quarters of Kentucky doctors using KASPER say that it helps them determine patient intention and gives them comfort that they're serving patients truly in need. Also 96% of law enforcement agree that it is an excellent tool for obtaining evidence in criminal investigations.

As invaluable as KASPER is to Kentucky, outside prescriptions have besieged the state. I am sure you are all familiar with the challenges in South Florida – but it is hard to comprehend the sheer magnitude of the challenge we faced in our region from pain clinics in Broward County. These clinics were filled to the brim with cars and trucks and vans that bore Kentucky license plates. Bargain airlines in Kentucky and West Virginia even started to run weekly specials on flights to Fort Lauderdale for \$49, so that my people could get their fix from these “drug dealers in white coats.” After much cajoling of Governor Scott and the U.S. Attorney General, we were able to turn that mess in Florida around.

But it highlighted a critically important problem – If a drug dealer can simply hop on a flight from LA to Las Vegas to avoid detection by the California PDMP, or an addict can drive down I-95 from New York City to visit a pill mill in Virginia – it reduces the effectiveness of our PDMPs. Properly vetted doctors, pharmacists and law enforcement officials in every state need to have access to timely, accurate and secure information.

I have been saying for years that we absolutely have to shut down this interstate pill pipeline. We've come a long way. DOJ paved the way with the hub concept and the RxCheck Hub. And since 2011, the National Association of Boards of Pharmacy has been incredibly effective in getting states connected through the PMP InterConnect hub.

Today is another important day. I am honored that you've invited me to be a part of it, if only in a small way. When you vote to adopt the PMIX Architecture, you will create untold new opportunities for our PDMPs through secure interstate data exchange while reducing the costs of sharing information. In paving the way for all states – no matter which hub works best for them – to participate in data exchange, you have taken a critical step to close down the pipeline. This is a tremendous accomplishment which has been years in the making. I know many of you have poured countless hours to make these open, consensus-based standards a reality. I thank you. Please give yourselves a pat on the back and a round of applause.

Those of you who know me, however, know that I am fond of saying – a pat on the back is just a few inches from a kick in the rear. While we can look in the rearview mirror at the many successes we've accomplished together, the path ahead is daunting still. Perhaps our biggest remaining hurdle is increasing utilization of PDMP data by authorized physicians. In most states, less than 20% of doctors actually use the PDMP. This needs to change.

One potential solution is unsolicited reporting. While 31 states are authorized to provide such “red flag” reports to doctors, only 19 states currently provide them. Second, PDMPs need to be more seamlessly integrated into a doctor’s workflow. Legislation I introduced earlier this year, the ID MEDS Act, prompts DOJ and HHS to analyze ways for us to incorporate PDMPs into existing health technologies, like e-health records and electronic prescribing systems. Finally, a number of states do not yet have electronic capabilities, and we need to make a strong move towards real-time data availability in every state. These improvements taken together will improve medicine, our law enforcement capabilities and treatment options for patients.

In conclusion, I want to assure you that I will do my part as Chairman of the House Appropriations Committee to support vital federal funding for these important initiatives. I thank you for your continued efforts and I wish you all the best in your future endeavors. God speed.