

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Bill Walker  
State Capitol  
P.O. Box 110001  
Juneau, AK 99811

Dear Governor Walker:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>6</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>7</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>8</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>9</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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sought to address this problem through strict limits on the total day's-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>10</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

1. Does your state currently have a law prohibiting the partial fill of opioid prescriptions?
2. If not, have you developed any successful strategies for increasing public awareness of the option to partially fill prescriptions, including working with patient groups and advocacy organizations?
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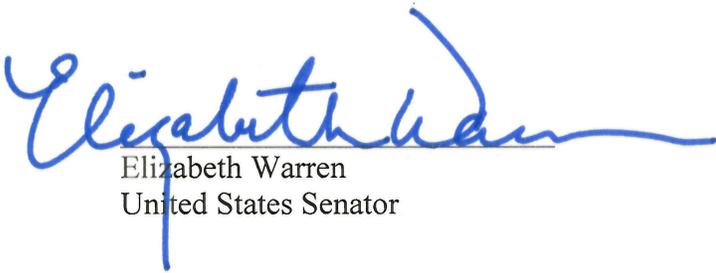
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<sup>10</sup> 21 USC 829(f)

4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Kay Ivey  
State Capitol  
600 Dexter Avenue  
Montgomery, AL 36130

Dear Governor Ivey:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>1</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>2</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>3</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>4</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>5</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Asa Hutchinson  
State Capitol  
Room 250  
Little Rock, AR 72201

Dear Governor Hitchinson:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>19</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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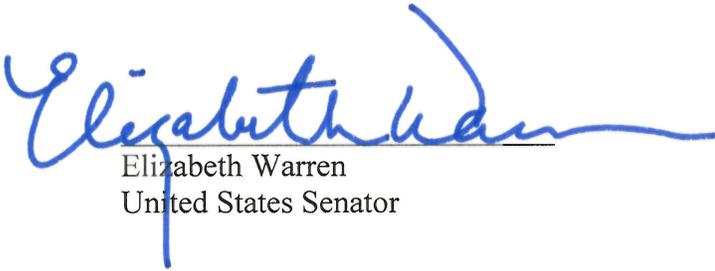
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Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Doug Ducey  
State Capitol  
1700 West Washington  
Phoenix, AZ 85007

Dear Governor Ducey:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Edmund Brown  
State Capitol  
Suite 1173  
Sacramento, CA 95814

Dear Governor Brown:

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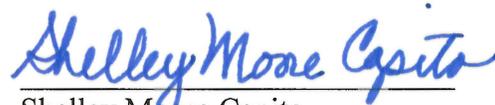
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Shelley Moore Capito  
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United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable John Hickenlooper  
136 State Capitol  
Denver, CO 80203

Dear Governor Hickenlooper:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>26</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>27</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>28</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>29</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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<sup>26</sup> Nora D. Volkow, Testimony before U.S. Senate Caucus on International Narcotics Control (May 14, 2014) (online at: [https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse#\\_ftn5](https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse#_ftn5)).

<sup>27</sup> Massachusetts Department of Public Health, “The Massachusetts Opioid Epidemic” (online at: <http://www.mass.gov/chapter55/#chapter55>).

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<sup>29</sup> Centers for Disease Control and Prevention, “Prescribing Data” (December 20, 2016) (online at: <https://www.cdc.gov/drugoverdose/data/prescribing.html>).

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>30</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

1. Does your state currently have a law prohibiting the partial fill of opioid prescriptions?
2. If not, have you developed any successful strategies for increasing public awareness of the option to partially fill prescriptions, including working with patient groups and advocacy organizations?
3. Have you developed any successful strategies for increasing pharmacist and health provider awareness of the option to partially fill prescriptions, including working with professional associations and your state pharmacy board?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>30</sup> 21 USC 829(f)

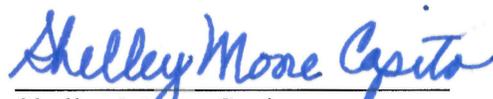
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6. Are there additional federal efforts you believe would be helpful in limiting the amount of unused medications in the home?

Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Dan Malloy  
210 Capitol Avenue  
Hartford, CT 06106

Dear Governor Malloy:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>31</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>32</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>33</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>34</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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<sup>32</sup> Massachusetts Department of Public Health, “The Massachusetts Opioid Epidemic” (online at: <http://www.mass.gov/chapter55/#chapter55>).

<sup>33</sup> Centers for Disease Control and Prevention, “U.S. Prescribing Rate Maps,” (July 31, 2017) (online at: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>).

<sup>34</sup> Centers for Disease Control and Prevention, “Prescribing Data” (December 20, 2016) (online at: <https://www.cdc.gov/drugoverdose/data/prescribing.html>).

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>35</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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3. Have you developed any successful strategies for increasing pharmacist and health provider awareness of the option to partially fill prescriptions, including working with professional associations and your state pharmacy board?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>35</sup> 21 USC 829(f)

5. What information or assistance would be helpful on a federal level to support your state's efforts to encourage doctors and patients to take advantage of partial fill options?
6. Are there additional federal efforts you believe would be helpful in limiting the amount of unused medications in the home?

Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable John Carney  
Legislative Hall  
Dover, DE 19901

Dear Governor Carney:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>36</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>37</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>38</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>39</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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<sup>37</sup> Massachusetts Department of Public Health, “The Massachusetts Opioid Epidemic” (online at: <http://www.mass.gov/chapter55/#chapter55>).

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>40</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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<sup>40</sup> 21 USC 829(f)

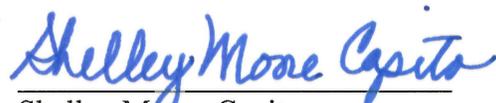
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

Dr. Scott Gottlieb  
U.S. Food and Drug Administration  
10903 New Hampshire Avenue  
Silver Spring, MD 20993

Dear Commissioner Gottlieb,

Our country is facing an opioid epidemic that is devastating our communities and requires swift action from public officials, health care providers, community advocates, and law enforcement. As you know, the Food and Drug Administration (FDA) has a unique and critical role in using every tool available to work with prescribers and policymakers to craft strong, common sense solutions that tackle the many components of this public health emergency. Indeed, you have made addressing the opioid crisis one of your top priorities as FDA Commissioner.

In May 2017, you established an Opioid Steering Committee at the FDA, explaining, “I believe it is within the scope of FDA’s regulatory tools – and our societal obligations – to take whatever steps we can, under our existing legal authorities, to ensure that exposure to opioids is occurring under only appropriate clinical circumstances, and for appropriate patients.”<sup>1</sup> You asked the Opioid Steering Committee to consider whether FDA should take additional steps to ensure “that the number of opioid doses that an individual patient can be prescribed is more closely tailored to the medical indication.” You also noted that “there are plenty of situations where the best prescription is a two- or three-day course of treatment,” rather than the 30-day supply commonly prescribed to patients in need of an opioid prescription.

We are writing to you today to request that the Opioid Policy Steering Committee consider how “partial fill” policies can help limit the volume of unused medications in circulation and advance our shared goal of curbing the opioid epidemic. Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention, almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including

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<sup>1</sup> Scott Gottlieb, “FDA Commissioner Asks Staff for ‘More Forceful Steps’ to Stem the Opioid Crisis,” FDA Voice Blog (May 23, 2017) (online at: <https://blogs.fda.gov/fdavoices/index.php/2017/05/fda-commissioner-asks-staff-for-more-forceful-steps-to-stem-the-opioid-crisis/>).

themselves, friends, or relatives.<sup>2</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place.

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by introducing the bipartisan, bicameral *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as Section 702 of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>3</sup>

Our idea was simple: empower patients to have a conversation with their health providers and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication if it is necessary, but the patient or doctor can request that their pharmacist only fill enough for a three day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

We are reaching out leaders across the country, including the governors of all 50 states, and prescriber groups to make them aware of this change in federal law and to inquire about its implementation. We urge the Steering Committee consider how the new partial fill law may help to advance the FDA's goals of better managing the risk of opioids and requiring greater prescriber education.

In the absence of greater reforms, encouraging prescribers to embrace the partial fill option for their patients can help to reduce the number of opioids left over in homes across the country. Educating health care professionals about various methods to limit overprescribing, as well as simple policy tools like partial fill and the safe disposal of unused medication, are all critical ways to address the opioid epidemic.

Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

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<sup>2</sup> Centers for Disease Control and Prevention, "Prescribing Data" (December 20, 2016) (online at: <https://www.cdc.gov/drugoverdose/data/prescribing.html>).

<sup>3</sup> 21 USC 829(f)

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Rick Scott  
PL 05 The Capitol  
400 South Monroe Street  
Tallahassee, FL 32399

Dear Governor Scott:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Nathan Deal  
203 State Capitol  
Atlanta, GA 30334

Dear Governor Deal:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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3. Have you developed any successful strategies for increasing pharmacist and health provider awareness of the option to partially fill prescriptions, including working with professional associations and your state pharmacy board?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>50</sup> 21 USC 829(f)

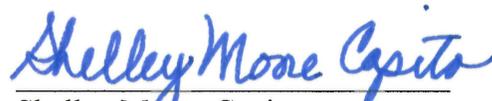
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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable David Ige  
Executive Chambers  
State Capitol  
Honolulu, HI 96813

Dear Governor Ige:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>51</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>52</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>53</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>54</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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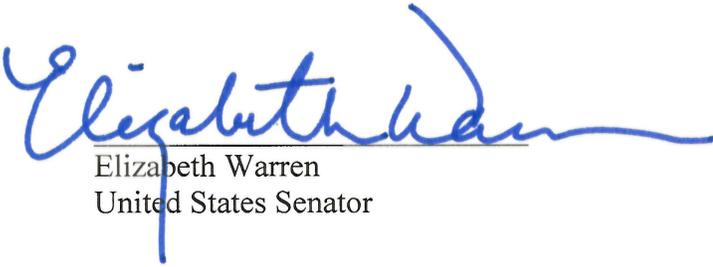
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<sup>55</sup> 21 USC 829(f)

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Kim Reynolds  
State Capitol  
Des Moines, IA 50319

Dear Governor Reynolds:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>71</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>72</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>73</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>74</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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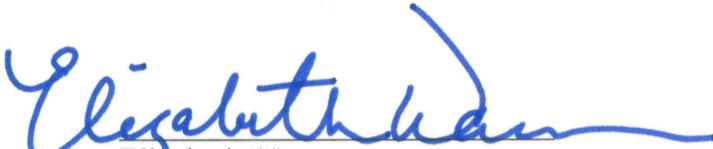
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5. What information or assistance would be helpful on a federal level to support your state's efforts to encourage doctors and patients to take advantage of partial fill options?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable C.L. “Butch” Otter  
700 West Jefferson  
Second Floor  
Boise, ID 83702

Dear Governor Otter:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>56</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>57</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>58</sup>

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sought to address this problem through strict limits on the total day's-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>60</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Bruce Rauner  
State Capitol  
207 Statehouse  
Springfield, IL 62706

Dear Governor Rauner:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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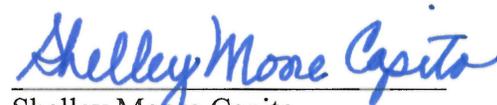
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Eric Holcomb  
State House  
Room 206  
Indianapolis, IN 46204

Dear Governor Holcomb:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>70</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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<sup>70</sup> 21 USC 829(f)

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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren ([Ashley\\_coulombe@warren.senate.gov](mailto:Ashley_coulombe@warren.senate.gov)). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter ([dana\\_richter@capito.senate.gov](mailto:dana_richter@capito.senate.gov)) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Sam Brownback  
Capitol  
300 SW 10<sup>th</sup> Avenue, Suite 212S  
Topeka, KS 66612

Dear Governor Brownback:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>76</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>77</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>78</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>79</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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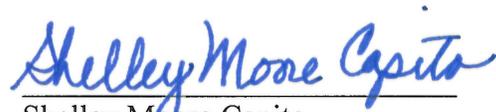
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Matt Bevin  
700 Capitol Ave.  
Suite 100  
Frankfort, KY 40601

Dear Governor Bevin:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>81</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>82</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>83</sup>

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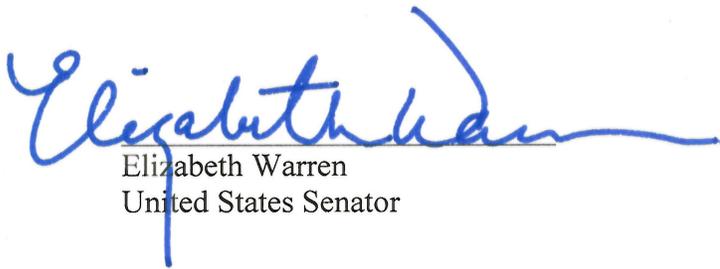
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable John Bel Edwards  
P.O. Box 94004  
Baton Rouge, LA 70804

Dear Governor Edwards:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Larry Hogan  
State House  
100 State Circle  
Annapolis, MD 21401

Dear Governor Hogan:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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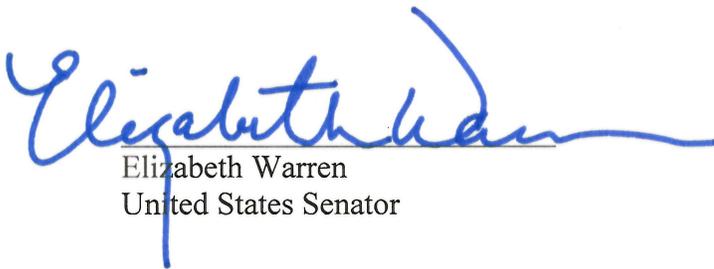
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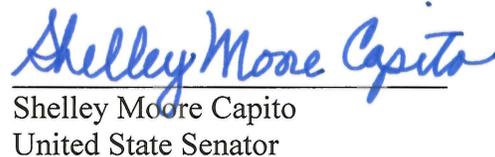
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Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Paul LePage  
#1 State House Station  
Augusta, ME 04333

Dear Governor LePage:

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>95</sup>

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As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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<sup>95</sup> 21 USC 829(f)

5. What information or assistance would be helpful on a federal level to support your state's efforts to encourage doctors and patients to take advantage of partial fill options?
6. Are there additional federal efforts you believe would be helpful in limiting the amount of unused medications in the home?

Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Rick Snyder  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>101</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>102</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>103</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>104</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

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<sup>105</sup> 21 USC 829(f)

5. What information or assistance would be helpful on a federal level to support your state's efforts to encourage doctors and patients to take advantage of partial fill options?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Mark Dayton  
130 State Capitol  
75 Rev. Dr. Martin Luther King, Jr. Boulevard  
St. Paul, MN 55155

Dear Governor Dayton:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>106</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>107</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>108</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>109</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

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4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>110</sup> 21 USC 829(f)

5. What information or assistance would be helpful on a federal level to support your state's efforts to encourage doctors and patients to take advantage of partial fill options?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Eric Greitens  
Capitol Building  
Room 216, P.O. Box 720  
Jefferson City, MO 65102

Dear Governor Greitens:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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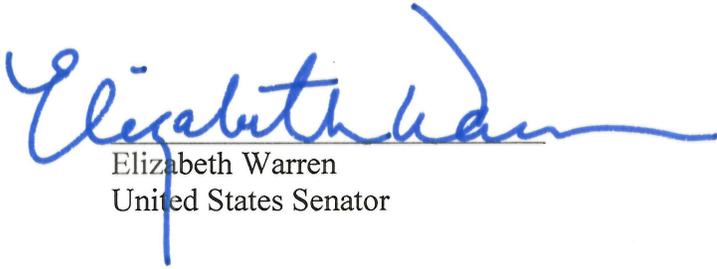
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Phil Bryant  
P.O. Box 139  
Jackson, MS 39205

Dear Governor Bryant:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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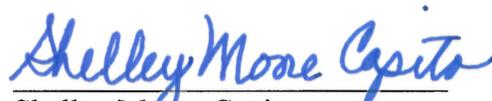
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Steve Bullock  
State Capitol  
Helena, MT 59620

Dear Governor Bullock:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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3. Have you developed any successful strategies for increasing pharmacist and health provider awareness of the option to partially fill prescriptions, including working with professional associations and your state pharmacy board?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>125</sup> 21 USC 829(f)

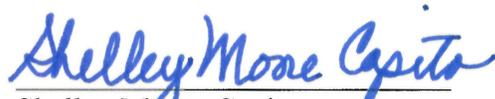
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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Roy Cooper  
Office of the Governor  
20301 Mail Service Center  
Raleigh, NC 27699

Dear Governor Cooper:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>156</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>157</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>158</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>159</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>160</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

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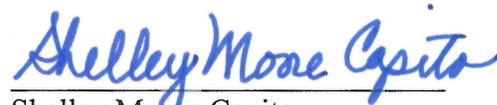
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Doug Burgum  
Dept. 101  
600 E. Boulevard Ave.  
Bismarck, ND 58505

Dear Governor Burgum:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>161</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>162</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>163</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>164</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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sought to address this problem through strict limits on the total day's-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>165</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

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4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Pete Ricketts  
P.O. Box 94848  
Lincoln, NE 68509

Dear Governor Ricketts:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>126</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>127</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>128</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>129</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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sought to address this problem through strict limits on the total day's-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Chris Sununu  
Office of the Governor  
107 North Main Street, Room 208  
Concord, NH 033031

Dear Governor Sununu:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Chris Christie  
The State House  
P.O. Box 001  
Trenton, NJ 08625

Dear Governor Christie:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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<sup>145</sup> 21 USC 829(f)

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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Susana Martinez  
State Capitol  
Fourth Floor  
Santa Fe, NM 87501

Dear Governor Martinez:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>146</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>147</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>148</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>149</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>150</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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<sup>150</sup> 21 USC 829(f)

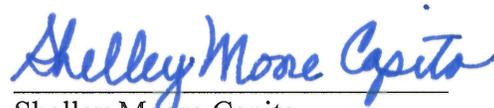
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Brian Sandoval  
State Capitol  
Carson City, NV 89701

Dear Governor Sandoval:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>131</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>132</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>133</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>134</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Andrew Cuomo  
State Capitol  
Albany, NY 12224

Dear Governor Cuomo:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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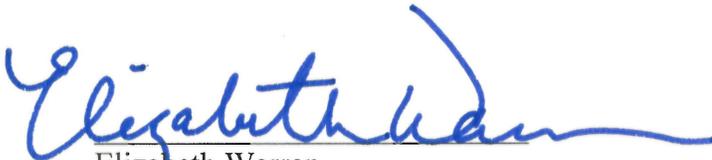
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable John Kasich  
30<sup>th</sup> Floor  
77 South High Street  
Columbus, OH 43215

Dear Governor Kasich:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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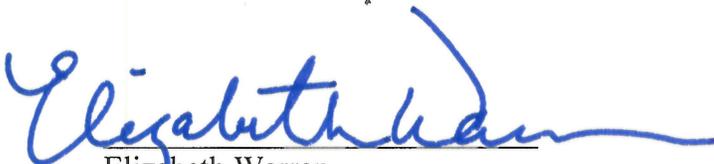
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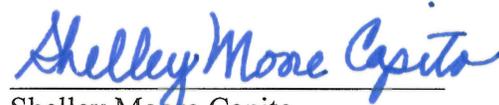
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Mary Fallin  
Capitol Building  
2300 Lincoln Blvd., Rm. 212  
Oklahoma City, OK 73105

Dear Governor Fallin:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>175</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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<sup>175</sup> 21 USC 829(f)

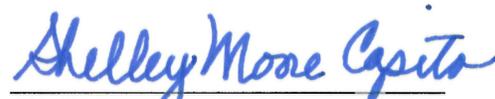
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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren ([Ashley\\_coulombe@warren.senate.gov](mailto:Ashley_coulombe@warren.senate.gov)). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter ([dana\\_richter@capito.senate.gov](mailto:dana_richter@capito.senate.gov)) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Kate Brown  
State Capitol, Room 160  
900 Court St. N.  
Salem, OR 97301

Dear Governor Brown:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>176</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>177</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>178</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>179</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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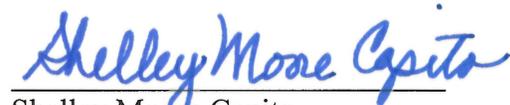
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Tom Wolf  
Room 225  
Main Capitol Building  
Harrisburg, PA 17120

Dear Governor Wolf:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>181</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>182</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>183</sup>

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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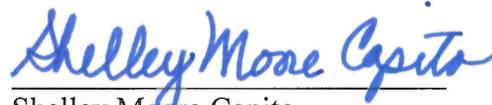
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Gina Raimondo  
State House  
Providence, RI 02903

Dear Governor Raimondo:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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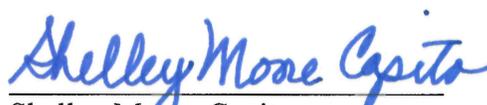
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Henry McMaster  
1205 Pendleton Street  
Columbia, SC 29201

Dear Governor McMaster:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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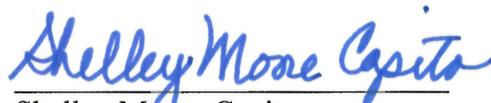
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Dennis Daugaard  
500 East Capitol Street  
Pierre, SD 57501

Dear Governor Daugaard:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>196</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>197</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>198</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>199</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

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4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>200</sup> 21 USC 829(f)

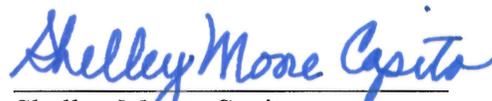
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Bill Haslam  
Tennessee State Capitol  
Nashville, TN 37243

Dear Governor Haslam:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>204</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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<sup>205</sup> 21 USC 829(f)

5. What information or assistance would be helpful on a federal level to support your state's efforts to encourage doctors and patients to take advantage of partial fill options?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Greg Abbott  
P.O. Box 12428  
Austin, TX 78711

Dear Governor Abbott:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

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High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>209</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

United States Senate  
WASHINGTON, DC 20510

September 6, 2017

The Honorable Gary R. Herbert  
Utah State Capitol  
Suite 200  
Salt Lake City, UT 84114

Dear Governor Herbert:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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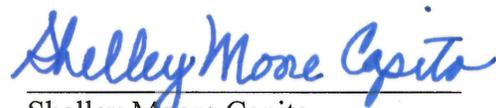
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Terry McAuliffe  
State Capitol  
Third Floor  
Richmond, VA 23219

Dear Governor McAuliffe:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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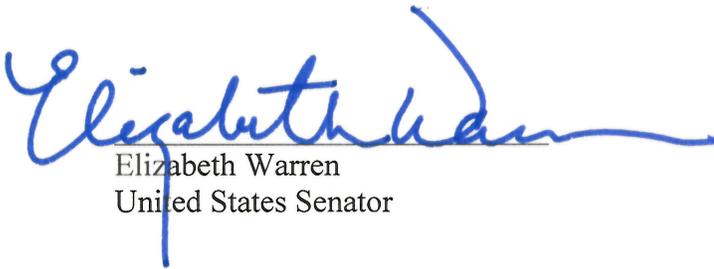
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Phil Scott  
109 State Street  
Pavilion Office Building  
Montpelier, VT 05609

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As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>216</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>217</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>218</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>219</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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3. Have you developed any successful strategies for increasing pharmacist and health provider awareness of the option to partially fill prescriptions, including working with professional associations and your state pharmacy board?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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<sup>220</sup> 21 USC 829(f)

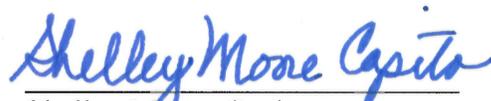
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Please provide written answers in electronic form, no later than September 30, 2017, by emailing them to Ashley Coulombe in the office of Senator Elizabeth Warren (Ashley\_coulombe@warren.senate.gov). If you have any questions about this request, you may contact Ashley Coulombe in the office of Senator Elizabeth Warren or Dana Richter (dana\_richter@capito.senate.gov) in the office of Senator Shelley Moore Capito. Thank you for your assistance in responding to this request, and thank you for your work to address this public health crisis.

Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Jay Inslee  
Office of the Governor  
P.O. Box 40002  
Olympia, WA 98504

Dear Governor Inslee:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>226</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>227</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>228</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>229</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have

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sought to address this problem through strict limits on the total day's-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

Last Congress, we sought to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors, by sponsoring bipartisan legislation known as the *Reducing Unused Medications Act*. This bill – which was signed into law in July 2016 as part of the *Comprehensive Addiction and Recovery Act* – amends the Controlled Substances Act to allow partial filling of any Schedule II prescription, including painkillers such as OxyContin and Vicodin.<sup>230</sup>

Our idea was simple: empower patients to have a conversation with their doctors and pharmacists about how many prescription drugs they felt comfortable having in their home. For example, the new statute means that a doctor can prescribe a patient two weeks' worth of opioid medication in case a patient's pain lasts that long, but the patient or doctor can also request that their pharmacist only fill enough of the prescription for a three-day supply – and then, return to the pharmacy if pain persists to pick up the remainder of their prescription. The passage of federal partial fill policy means that this option is now available to doctors and patients across the country, unless specifically prohibited by state law.

As public officials work together to address the opioid epidemic, we must continue to build partnerships, take creative approaches, and look for every opportunity – big or small – to implement policies that prevent addiction and save lives. Reducing the number of prescription opioids that patients have in their home is just one of many things we can do to curb the misuse and abuse of these drugs, and we recognize that every state needs to tackle this crisis in a way that works for its unique population. However, we also encourage you to collaborate with your state medical associations, pharmacy boards, and patient groups to explore how this federal law can complement your other ongoing efforts to combat the opioid crisis.

In order to help us better understand how states may be taking advantage of federal partial fill legislation as a tool in their broader strategy to combat the opioid epidemic, as well as other tools that your state may be using in this crisis, we respectfully ask that you respond to the following questions.

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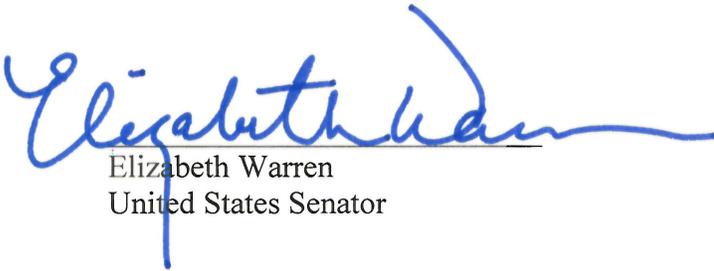
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4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Scott Walker  
115 East State Capitol  
Madison, WI 53707

Dear Governor Walker:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

We are writing to you today to discuss one of those promising solutions: state-level implementation of “partial fill” policies, which can help limit the volume of unused medications in circulation.

We know that the prescribing of dangerous painkillers has significantly contributed to the opioid crisis. The U.S. is the largest global consumer of opioid medications and consumes almost 100% of the world’s supply of hydrocodone.<sup>231</sup> Despite efforts to improve prescribing guidelines for acute and chronic pain and educate prescribers accordingly, these dramatic increases in opioid prescriptions have not slowed. From 2000 to 2015, the number of opioid prescriptions in Massachusetts has increased by about 7% each year<sup>232</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>233</sup>

High levels of opioid prescribing can lead to a large number of unused medications, which fuels the opioid epidemic. According to the Centers for Disease Control and Prevention (CDC), almost 80% of people at the highest risk of overdose obtained pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>234</sup> This means it is critical to limit the number of pills that travel home from the pharmacy in the first place. Some proposals have sought to address this problem through strict limits on the total day’s-worth of medication a patient is allowed to receive when filling a first-time opioid prescription.

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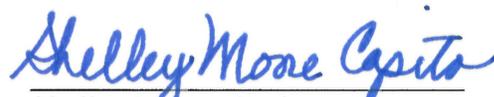
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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

The Honorable Matthew Mead  
State Capitol Building  
Room 124  
Cheyenne, WY 82002

Dear Governor Mead:

As you know, our country is facing an opioid epidemic that is devastating our communities and requires swift action from officials at all levels of government. We recognize that, as a Governor, you have been among those on the front lines, fighting to tackle this crisis and working to find answers for your communities. We need strong, common sense solutions that address the many components of this public health emergency.

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United States Senator



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