

# United States Senate

WASHINGTON, DC 20510

September 6, 2017

Lucinda L. Maine, Ph.D., R.Ph  
Executive Vice President and CEO  
American Association of Colleges of Pharmacy  
1727 King Street  
Alexandria, VA 22314

Dear Dr. Maine,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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>11</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>12</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>13</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 with pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>14</sup> This means it is critical to limit the

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<sup>12</sup> Massachusetts Department of Public Health, “The Massachusetts Opioid Epidemic” (online at: <http://www.mass.gov/chapter55/#chapter55>).

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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.

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>15</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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know pharmacists are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

In order to help us understand how this new policy is being implemented, we ask that you respond to the following:

1. Have you communicated with your members to alert them to new federal legislation allowing the partial filling of prescriptions in states where such an option is not specifically prohibited by state law?
2. 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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<sup>15</sup> 21 USC 829(f)

3. Have you developed any successful strategies for increasing your members' awareness of the option to partially fill prescriptions?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
5. What information or assistance would be helpful on a federal level to support your efforts to encourage your members to utilize partial fill and discuss it with their patients?
6. Are there additional federal efforts your organization believes would be helpful to limit the amount of unused medications in the home?

We hope to continue to work with the American Association of Colleges of Pharmacy to help implement federal policies on the ground where they matter most. 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

Douglas E. Henley, MD, FAAFP  
Executive Vice President and Chief Executive Officer  
American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211

Dear Dr. Henley,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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 with 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

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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>40</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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know physicians are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

In order to help us understand how this new policy is being implemented, we ask that you respond to the following:

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We hope to continue to work with the American Academy of Family Physicians to help implement federal policies on the ground where they matter most. 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

Darrell G. Kirch, M.D.  
President and Chief Executive Officer  
Association of American Medical Colleges  
655 K Street NW, Suite 100  
Washington, D.C. 20001

Dear Dr. Kirch,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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 with 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 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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know physicians are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

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3. Have you developed any successful strategies for increasing your members' awareness of the option to partially fill prescriptions?
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We hope to continue to work with the Association of American Medical Colleges to help implement federal policies on the ground where they matter most. 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

Steven P. Stanos, D.O.  
President  
American Academy of Pain Medicine  
8735 W. Higgins Road, Suite 300  
Chicago, IL 60631

Jianguo Cheng, M.D., Ph.D.  
President-Elect  
American Academy of Pain Medicine  
8735 W. Higgins Road, Suite 300  
Chicago, IL 60631

Dear Dr. Stanos and Dr. Cheng,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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>16</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>17</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>18</sup>

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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 with 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 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>20</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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know physicians are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

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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. Gary L. Roberts  
President  
American Dental Association  
211 East Chicago Ave.  
Chicago, IL 60611

Dear Dr. Roberts,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle the many components of this public health emergency.

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We are reaching out to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know dentists are critical to combatting the opioid epidemic on the ground.

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<sup>25</sup> 21 USC 829(f)

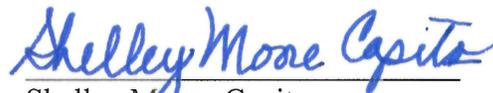
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4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
5. What information or assistance would be helpful on a federal level to support your efforts to encourage your members to utilize partial fill and discuss it with their patients?
6. Are there additional federal efforts your organization believes would be helpful to limit the amount of unused medications in the home?

We hope to continue to work with the American Dental Association to help implement federal policies on the ground where they matter most. 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

Richard W. Valachovic, DMD, MPH  
President and Chief Executive Officer  
American Dental Education Associations  
655 K Street NW, Suite 800  
Washington, DC 20001

Dear Dr. Valachovic,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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 with 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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<sup>51</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)).

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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>55</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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know dentists are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

In order to help us understand how this new policy is being implemented, we ask that you respond to the following:

1. Have you communicated with your members to alert them to new federal legislation allowing the partial filling of prescriptions in states where such an option is not specifically prohibited by state law?
2. 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?

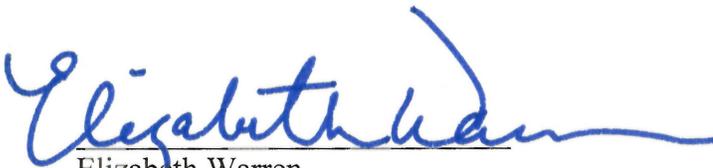
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<sup>55</sup> 21 USC 829(f)

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6. Are there additional federal efforts your organization believes would be helpful to limit the amount of unused medications in the home?

We hope to continue to work with the American Dental Education Association to help implement federal policies on the ground where they matter most. 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

James L. Madara, M.D.  
Chief Executive Officer and Executive Vice President  
American Medical Association  
AMA Plaza  
330 N. Wabash Ave., Suite 39300  
Chicago, IL., 60611

Dear Dr. Madara,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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 with pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>34</sup> This means it is critical to limit the

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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.

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 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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know physicians are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

In order to help us understand how this new policy is being implemented, we ask that you respond to the following:

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

3. Have you developed any successful strategies for increasing your members' awareness of the option to partially fill prescriptions?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
5. What information or assistance would be helpful on a federal level to support your efforts to encourage your members to utilize partial fill and discuss it with their patients?
6. Are there additional federal efforts your organization believes would be helpful to limit the amount of unused medications in the home?

We hope to continue to work with the American Medical Association to help implement federal policies on the ground where they matter most. 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

Thomas E. Menighan, BPharm, MBA, ScD.  
Executive Vice President Chief Executive Officer  
American Pharmacists Association  
2215 Constitution Ave NW  
Washington, D.C. 20037

Dear Mr. Menighan,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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>46</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>47</sup> with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.<sup>48</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 with pills that were legally prescribed to someone – including themselves, friends, or relatives.<sup>49</sup> This means it is critical to limit the

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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.

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>50</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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know pharmacists are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

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

3. Have you developed any successful strategies for increasing your members' awareness of the option to partially fill prescriptions?
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6. Are there additional federal efforts your organization believes would be helpful to limit the amount of unused medications in the home?

We hope to continue to work with the American Pharmacists Association to help implement federal policies on the ground where they matter most. 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

Jeanne D. Waggener, RPh, DPh  
President  
National Association of Boards of Pharmacy  
1600 Feehanville Dr.  
Mount Prospect, IL 60056

Susan Ksiazek, RPh  
President-Elect  
National Association of Boards of Pharmacy  
1600 Feehanville Dr.  
Mount Prospect, IL 60056

Dear Ms. Waggener and Ms. Ksiazek,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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>

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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 with 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.

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 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 in case a patient’s pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know pharmacists are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

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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

Steven C. Anderson, IOM, CAE  
President and Chief Executive Officer  
National Association of Chain Drug Stores  
1776 Wilson Blvd., Suite 200  
Alexandria, VA 22209

Dear Mr. Anderson,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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 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 in case a patient's pain lasts that long, but the patient or doctor can also 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 to the governors of all 50 states to make them aware of this change in federal statute and to inquire about its state-level implementation, but as you know pharmacies are critical to combatting the opioid epidemic on the ground.

As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

In order to help us understand how this new policy is being implemented, we ask that you respond to the following:

1. Have you communicated with your members to alert them to new federal legislation allowing the partial filling of prescriptions in states where such an option is not specifically prohibited by state law?
2. 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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<sup>45</sup> 21 USC 829(f)

3. Have you developed any successful strategies for increasing your members' awareness of the option to partially fill prescriptions?
4. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?
5. What information or assistance would be helpful on a federal level to support your efforts to encourage your members to utilize partial fill and discuss it with their patients?
6. Are there additional federal efforts your organization believes would be helpful to limit the amount of unused medications in the home?

We hope to continue to work with the National Association Drug Stores to help implement federal policies on the ground where they matter most. 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

B. Douglas Hoey, RPh, MBA  
Chief Executive Officer  
National Community Pharmacists Association  
100 Daingerfield Road  
Alexandria, VA 22314

Dear Mr. Hoey,

As you know, 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. Your organization has a unique and critical role in working with policymakers to craft strong, common sense solutions that tackle 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 with 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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<sup>1</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>2</sup> Massachusetts Department of Public Health, “The Massachusetts Opioid Epidemic” (online at: <http://www.mass.gov/chapter55/#chapter55>).

<sup>3</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>4</sup> Centers for Disease Control and Prevention, “Prescribing Data” (December 20, 2016) (online at: <https://www.cdc.gov/drugoverdose/data/prescribing.html>).

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>5</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 in case a patient's pain lasts that long, but the patient or doctor can also 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.

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As public officials at all levels of government work together to tackle this public health crisis, 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. We hope that you encourage your members to embrace the partial filling options, which encourages honest conversations between patients and their doctors about their pain, as well as how much medication they felt comfortable having in the home. As you know, improving these relationships is vital to adequately treating patients. Educating your members about this way 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.

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Sincerely,



Elizabeth Warren  
United States Senator



Shelley Moore Capito  
United State Senator