

Thank you, Chairman Whitehouse, for allowing me to testify today and for your leadership on this important Subcommittee on Crime and Terrorism. Chairman Whitehouse and I serve together on the Health, Education, Labor, and Pensions Committee, where we worked closely together on the Patient Protection and Affordable Care Act, and throughout our time in the Senate I value his expertise on the connections between our health care and our legal systems.

Today's hearing is an example of that connection – how the rampant abuse and trafficking of prescription drugs poses both a public health and law enforcement threat. As it is around the country, prescription drug abuse has become an epidemic in Ohio. In recent years, more Ohioans have died from prescription drug overdoses than car accidents.

In 2008, statistics show that Oxycodone and other prescription drugs caused more overdoses in Ohio that year than heroin and cocaine combined. And prescription pain medications, such as Oxycontin, are largely responsible for increasing overdoses and deaths in Ohio.

Simply put, prescription drug abuse is the fastest growing drug problem in the nation. Almost every day in Ohio, there's a reported story of a child lost to prescription drug abuse or neighborhoods harboring its illicit trade.

In southeastern Ohio, it's particularly tragic. Old factory towns and rural communities have become havens for prescription drug abuse. And these stories are not limited to Ohio. In Rhode Island and across the country, communities are struggling to find ways to respond and develop strategies to reduce the diversion and abuse of prescription drugs.

Last year, I convened a first-of-its-kind roundtable in southern Ohio with federal and local law enforcement, community activists and elected officials, and members from the medical community. They raised a concern with criminal manipulation of Ohio's Medicaid program, which spends upward of \$820 million on prescription medicines.

While most prescription pain medicines are used as prescribed, some criminals defraud the Medicaid system and fleece Ohio's taxpayers by acquiring multiple prescriptions and filling them at multiple pharmacies.

A case of criminals defrauding taxpayers – and the Medicaid system – to sell and divert prescription drugs becomes a one-two punch in the stomach to the system.

That's why last month I introduced the Stop Trafficking of Pills Act which would establish a Medicaid "lock-in" program for Ohio and nationwide to crack down on the use of Medicaid cards to obtain and illegally resell prescription drugs.

This bill would prevent prescription drug abusers from acquiring excess prescription drugs – which they may abuse or illegally resell – by barring them from visiting multiple doctors and pharmacies. Nearly 20 states already have programs like these.

South Carolina's Medicaid lock-in pilot program targeted high-use beneficiaries and spurred a 43 percent decrease in the total number of proscribed prescription pain medications.

Consider Scioto County, in southern Ohio. In this Ohio River town, prescription drugs cause nine of every 10 fatal drug overdoses. In nearly two-thirds of those cases, the individuals involved did not have prescriptions, indicating that they obtained the drugs illegally.

An investigation by the nonpartisan Government Accountability Office, which audited the Medicaid programs of the five largest states, found 65,000 cases in which Medicaid beneficiaries visited six or more doctors and up to 46 different pharmacies to acquire prescriptions. This same report found approximately 1,800 prescriptions written for dead patients and 1,200 prescriptions "written" by dead physicians.

Under a Medicaid Lock-In program, states would identify high-risk prescription drug users – those who are receiving an excessive amount of prescription drugs or those who have been convicted of a drug-related offense. These high-risk prescription drug users would be placed in the program and assigned to one physician and one pharmacy.

It would mean no more doctor shopping or pharmacy hopping. States would also identify prescription drugs that are dispensed under Medicaid and that present a high risk of overutilization.

The legislation also requires the federal government to set up a similar lock-in program for Medicare. Prescription drug abuse in Ohio – and our nation – needs to be treated like the epidemic it is.

Chairman Whitehouse has been a leader on this issue, urging the DEA to implement electronic prescribing for controlled substance and calling for stronger prescription drug monitoring systems.

Today's witnesses will describe the Administration's comprehensive prescription drug strategy and ways FDA can crack down on the abuse. And community activists will describe the victims and families they represent – offering the stories behind the statistics and policies being discussed.

From the policies to the stories, it's clear prescription drug abuse is non-partisan. It's clear it is an issue of life or death in too many parts of our nation, especially Ohio.