

United States Senate

WASHINGTON, DC 20510

September 6, 2017

Governor Jim Justice
West Virginia State Capitol
1900 Kanawha Blvd. E.
Charleston, West Virginia 25305

Dear Governor Justice:

As you know, West Virginia is at the epicenter of an opioid epidemic that is devastating communities across the country. This epidemic requires swift action from officials at all levels of government. I recognize that, as Governor, you have been among those on front lines, fighting to tackle this crisis and working to find answers for the people of West Virginia. As you know, doing so requires comprehensive solutions that address the many components of this public health emergency.

I am 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.

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.¹ 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 year² with West Virginia’s opioid prescribing rate remaining roughly 44% higher than the national average in 2016.³

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.⁴ 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 daily supply of medication a patient is allowed to receive when filling a first time opioid prescription.

¹ https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse#_ftn5

² Massachusetts Department of Public Health, “The Massachusetts Opioid Epidemic” (online at: <http://www.mass.gov/chapter55/#chapter55>).

³ 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>).

⁴ <https://www.cdc.gov/drugoverdose/data/prescribing.html>

WASHINGTON, DC

172 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-6472

CHARLESTON

500 VIRGINIA STREET, EAST
SUITE 950
CHARLESTON, WV 25301
(304) 347-5372

BECKLEY

220 NORTH KANAWHA STREET
SUITE 1
BECKLEY, WV 25801
(304) 347-5372

MARTINSBURG

300 FOXCROFT AVENUE
SUITE 202A
MARTINSBURG, WV 25401
(304) 262-9285

MORGANTOWN

48 DONLEY STREET
SUITE 504
MORGANTOWN, WV 26501
(304) 292-2310

Last Congress, I worked with my colleague, Senator Elizabeth Warren, to address the significant role that diverted prescription drugs have played in the opioid epidemic, while still providing flexibility for patients and doctors. We sponsored 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.

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.

West Virginia law allows for partial filling of opioid prescriptions upon the request of the patient. In order to help us better understand how West Virginia is taking advantage of partial fill legislation as a tool in the broader strategy to combat the opioid epidemic, as well as other tools that the state is using in this crisis, I respectfully ask that you respond to the following questions:

1. 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?
2. 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 the state pharmacy board?
3. Have you encountered any challenges in your efforts to implement federal partial fill legislation that you wish to bring to our attention?

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

If you have any questions about this request, you may contact Dana Richter in my office. Please provide written answers in electronic form, no later than October 2, 2017, by emailing them to dana_richter@capito.senate.gov . Thank you for your assistance in responding to this request, and thank you for your tireless work on behalf of West Virginia in order to address this public health crisis.

Sincerely,



Shelley Moore Capito
United States Senator