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MISSOURI HOUSE OF REPRESENTATIVES

Senator Claire McCaskill
United States Senate
Special Committee on Aging
Washington, DC 20510-6400

Senator McCaskill and members of the Committee:

I thank you very much for having me today and for your interest in this very important topic. You have requested that I testify to the critical need for a PDMP, our efforts here in Missouri to have a PDMP, my personal story related to this and my commitment to reducing the misuse and abuse of prescription drugs in Missouri.

The Need for PDMP

As you know, Missouri is the only state that does not have a prescription drug-monitoring program. Abuse and misuse of narcotics, with the highest emphasis on opiates, has reached epidemic proportions. The Centers for Disease Control and Prevention (CDC) states that "since 1999, the amount of prescription painkillers prescribed and sold in the US has nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report." This is staggering.

PDMPs have proven successful in curtailing drug diversion, increasing patient care and overdose rates.

- Since Kentucky's PDMP took effect in 2012, they have seen a decrease in "doctor shopping" by 52%. (*"Kentucky House Bill 1 Impact Evaluation", Univ. of Kentucky, March 2015*)
- A California survey of physicians showed 74% had changed their prescribing practices to a patient as a result of using PDMP Patient Activity Reports (PAR). 91% rated the "effectiveness of the PAR in maintaining the care and health of your patient" as good to excellent. (*Briefing on PDMP Effectiveness, dated Sept 2014, Center of Excellence, Brandeis University*)

- Florida saw a 24% decline in prescriptions for oxycodone and an 8% decline for methadone. Two drugs most implicated in prescription overdose and death. *(Briefing on PDMP Effectiveness, dated Sept 2014, Center of Excellence, Brandeis University)*

With Missouri surrounded by 8 states, we are not only harming our own population. My district is the majority of Scott and Mississippi Counties down in the bootheel. My Charleston pharmacies are often times the first stop for doctor shoppers coming from Illinois and Kentucky. My district is also only an hour from Arkansas. All are states with PDMPs. My pharmacists, physicians, law enforcement, churches and social services departments see the results of Missouri's inaction on a daily basis.

Efforts to Pass a PDMP in Missouri

I have been in office since 2013 fighting for this legislation. Representative Engler carried it even before my arrival while he was a Senator. Privacy concerns has caused threats in the Senate for a filibuster. Last year, 2015, the Senate did pass out a Senate compromise bill but once the fiscal note was complete it had a \$6 million dollar a year price tag and those in the trenches – our pharmacist, physicians and law enforcement – all said it was not a workable program. So we were back to square one.

This year I have filed HB 1892, the Narcotics Control Act. We have changed the name due to many fearing the previous title "Prescription Drug Monitoring Program" included all prescriptions – antibiotics, etc. We do have new leadership in the House and Senate this year, both very much in favor of Missouri passing a PDMP. I am hopeful.

Personal Story Related to the Need

I was raised on welfare, in the drug culture, as many call "the wrong side of the tracks". My mother had to deal with mental illness. One of my stepfathers was a dealer; my sister married a dealer at 16 and was a mainline addict. My cousin died at 39 from many years of drug abuse. Right after I turned 15 we were in a terrible car accident and I was needed to help take care of my mother and younger sister. I dropped out of school, got married and pregnant soon after. At 15 I looked at my life. I was a pregnant high school drop out destined to raise my child in the same cycle of poverty and dependency around the same type people who harm others and children because of their drug abuse.

I went to work. Working multiple jobs in whatever I could get hired to do. At 18 I took my GED and then took college classes when I could. It took me 17 years to finish my degree because I did it while working a full time job and raising a family. My children have been raised in the same church where we have attended for 27 years now. Through their lives I have served as Youth Leader and Sunday School teacher making sure they understand that God is the only reason that our lives are different from many in our family.

My children were raised in a middle class home with two parents working and participating in their school activities, church activities and their lives in general. They came home to cooked meals at night and had parents who knew where they were at all times.

At 17 my daughter worked in a local restaurant, attended High School and was an honor roll student. She was accepted at SLU. Very bright, positive, normal teenage girl raised in a two parent middle-class home with many goals and dreams to become a pediatric physical therapist and live a successful life.

She cut her thumb opening a bag of okra at work and was sent to the ER to get it stitched up. There they gave her a prescription of opiates for the pain. Once she ran out of that prescription she started buying them from co-workers. They were very easy to get, seemed harmless since they were prescription, and she loved the euphoric feeling.

That was 13 years ago. We have now had 13 years of ups and downs; rehabs, prison, and my grandson born with opiates in his system. You see the pills become too expensive because your body adjusts to them and you need more and more to stay at that euphoric level. Where heroine and meth might be the boogiemans to a teenager who hasn't experienced drugs, once they are hooked and can't afford the pills, that is where they turn. Their mind is no longer afraid, and their body simply needs the opiate.

My daughter became a mainline user as well. Meth, bath salts, whatever filled the need. My grandson, who I have guardianship of now, was pulled out of a meth lab at only 1 year old. He slept within a few feet of the shake and bake operation.

I tell you this story to show that drug addiction is no respecter of persons. It crosses all socioeconomic statuses. When you go into a high school and ask the kids "what do you want to be when you grow up?" The answers are "a doctor", "a lawyer", "a business owner". None say "I want to be an addict". Yet addiction is the growing epidemic of our time.

My Commitment to Reducing the Misuse and Abuse of Opioids

I realize that a PDMP is not a silver-bullet. It is one major tool for our toolbox and I will continue to fight until we see it come to fruition. I am also working with The Recovery Network of Missouri to start a bi-partisan Recovery Caucus.

Our goals are:

- To enhance recovery outcomes in Missouri
- Identify a Missouri solution to fund recovery support and services
- To educate legislators on the needs and gaps in recovery services

I met with several legislators from different states in DC last month. Their states all had active PDMPs and were on a phase two per se of recovery efforts working to identify addiction early to put people on a path back to a healthy life and curtail the state's costs by putting money into recovery efforts on the front side, verses the penal system which we know has a residual effect through social services and mental health departments.

Closing

We must change the face of addiction. That is why I am here.