

SB 17-146

SB 17-146 expands access to the electronic prescription drug monitoring program. This bill expands access in three ways. The first way is that it allows a practitioner with prescribing authority to query the Prescription Drug Monitoring Program (PDMP) about a patient, regardless of whether the practitioner is currently prescribing or considering prescribing any controlled substance. The second way allows a veterinarian to query the PDMP. Thirdly, this bill would allow a pharmacist to query the PDMP if the pharmacist dispenses or considers dispensing a prescription drug. The goal of this bill is to identify and stop people who are trying to get fraudulent prescriptions. I support the passage of Senate bill 17-146.

The government should get involved with the monitoring of controlled substance prescriptions since drug abuse creates negative externalities. A negative externality is a cost that is suffered by a third party due to a transaction. Drug abuse inflicts harm on society through externalities that are not accounted for in the prescription drug market. In 2007, the cost of prescription drug abuse costs to society totaled \$61.6 billion (USD in 2017) (INCP 2014).

Prescription drug abuse is linked to major safety risks and costs to people around the abusers. For example, individuals who drive while under the influence of specific prescription drugs experience adverse effects to perception, coordination, and reaction time (ICPN). Studies have found that those who use prescription drugs are nine times more likely to get into a car crash (ICPN). The average car crash with fatalities caused \$1,130,000 worth of damages (Vehicle 2017)). In 2015, there were 54 fatal car crashes



scription for a bottle is \$101.04. A person who is abusing that drug could need multiple prescriptions a month. Funding multiple prescriptions can lead a

authority), podiatrists, optometrists, resident physicians, and veterinarians can all write a prescription. If an individual seeks a prescription drug, then they must go see one of these professionals.

Generally, to get a prescription, an individual only needs to see a doctor once. If this is the doctor

SB 17-146 would also expand access to veterinarians, allowing them to search the PDMP database. As of now, veterinarians are only able to enter prescriptions into the PDMP database but are not able to query the PDMP. People who are abusing prescription drugs will hurt or harm animals and bring them into animal hospitals to get prescriptions for controlled substances (Bever 2017). If a vet was able to see that the animal owner had a history of multiple prescriptions related to a specific drug, then the veterinarian could report the individual for animal abuse and not prescribe the drug.

While SB 17-146 is a step in the right direction, there is still more policy that the government could create. The Colorado Legislature could increase funding towards finding safer and legal alternative medications that do not have the same addictive characteristics as many prescription drugs on the market now. This reduces the number of people who suffer from addiction because of the chemical characteristics of the drug they are prescribed. Also, the State could subsidize prescription drug abuse treatment to help more individuals struggling with addiction to seek treatment. This would reduce the number of people who commit drug-related crime.

In conclusion, I support the passing of SB 17-146 as a cost-effective solution for tackling prescription drug abuse. This bill will allow for individuals who are abusing prescription drugs to be identified. If fewer people abuse controlled substances, the negative externalities associated with prescription drug abuse, such as public safety, the environment, and crime, will be reduced. I support the passage of SB 17-146.

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