



HB14-1099
Optometrists Prescription Drug Authority

The Colorado Department of Regulatory Agencies (DORA) **opposes** HB14-1099.

- There is no doubt optometrists are responsible prescribers of hydrocodone combination drugs, such as Vicodin.
- However, based on a likely change to the federal classification of Vicodin, the bill would render inadequate the regulatory checks on prescribing highly addictive substances.
- Currently, the DEA classifies Vicodin and similar drugs as Schedule 3 drugs. The likely DEA reclassification would move Vicodin to Schedule 2, indicating its “high potential for abuse.”
- This bill proposes to carve out Vicodin and similar drugs from Schedule 2 in Colorado law in order to continue to permit optometrists to prescribe such drugs.
- Although the bill would not give explicit authority for optometrists to dispense all drugs in Schedule 2 (including Oxycontin, Percocet, etc.), in practice that is what would happen because optometrists would receive a DEA registration card with permissions for all of Schedule 2. (See Exhibit.)
- DORA believes such a gap in the regulatory system is unwise, and optometrists have other options to provide pain relief to patients (e.g., non-narcotic alternatives).

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	02-28-2014	FEE PAID	\$551
SCHEDULES	BUSINESS ACTIVITY	MLP-PHYSICIAN ASSISTANT	ISSUE DATE	12-16-2010

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 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Registered activity within schedule is restricted by your state.
 Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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LAUREN LARSON TESTIMONY ON HB14-1099 BEFORE HOUSE
HIE COMMITTEE, FEBRUARY 6, 2014

Madam Chair, Madam Vice Chair, Members of the Committee, I represent the Colorado Department of Regulatory Agencies. I am Lauren Larson, Director of the Division of Professions and Occupations at DORA. Our Division regulates more than 50 professions, including optometrists.

I am here today to discuss DORA's position on HB14-1099 Optometrists Prescription Drug Authority. First, I want to emphasize that although I am here to present an unfavorable position on the bill, my remarks are in no way to suggest there is anything improper about the current prescribing practices of optometrists, nor the authority they are seeking. Simply put, DORA opposes HB1099 because our system of federal and state regulation that governs controlled substances is inadequate to accommodate the unique carve-out optometrists seek for hydrocodone combination drugs, such as Vicodin.

The federal Drug Enforcement Agency, the DEA, classifies all drugs into Schedules 1-5. The lower the Schedule number, the more potential for addiction. Currently, the DEA classifies Vicodin as a Schedule 3 drug. Vicodin and similar drugs combine the narcotic hydrocodone with other pain relievers such as acetaminophen and

ibuprofen--they are called hydrocodone combination drugs. The DEA is anticipated to reclassify hydrocodone combination drugs from Schedule 3 to Schedule 2, indicating their high potential for abuse.

Now it is not uncommon for a drug to change schedules. But this change for Vicodin, combined with the provisions in HB1099, would render inadequate the regulatory checks on prescribing highly addictive substances. How would that happen?

HB1099 proposes to carve out Vicodin from Schedule 2 in Colorado law in order to continue to permit optometrists to prescribe such drugs. Optometrists have been prescribing this drug safely for a long time--naturally, optometrists wish to act to preserve that authority. DORA's concern is that although the bill does not give explicit authority for optometrists to dispense all drugs in Schedule 2 (including Oxycontin, Percocet, etc.), in practice that is what would happen because optometrists would receive a DEA registration card with permissions for all of Schedule 2. I have distributed a copy of a DEA registration card so you may see what it looks like. Notice the authorities in the box include drug Schedules, such as Schedules 2 and 3, but not specific drugs. Prescribers may obtain from drug wholesalers, most of whom are out of state, any drug in the Schedules listed on their card. They may then dispense these drugs from their offices.

So the bill would create a gap in the regulatory system. Optometrists would lack State authority to dispense Schedule 2 drugs except for hydrocodone combination drugs, yet they would possess a credential from the DEA with full authority for Schedule 2. Creating such a gap in the regulatory system is unwise, especially at a time when the state's prescription drug abuse problem is of epidemic proportions. Please note that the profession reports that all optometrists in the State, combined, only prescribe a couple dozen Vicodin prescriptions in a year, and that pharmacology experts tell us that Schedule 3 provides several alternatives to Vicodin for patient pain relief.

In closing, please note that DORA will continue to work with the sponsors of this bill to identify a solution that does not create a gap in the regulatory system.

Thank you, and I would be pleased to answer any questions you may have. Also attending today's hearing is Chris Gassen, DORA's Program Director for the Pharmacy Board, who is a phenomenal resource on the drug distribution system in our state. He is also available for questions. Thank you once again.