

Mr. Chairman, I move to strike the last word.

I want to start by thanking the Committee for including my bipartisan Strengthening Partnerships to Prevent Opioid Abuse Act in this package. I also want to thank Congresswoman Sewell for working with me on this legislation, as well as Congressmen Guthrie and Peters from the Energy & Commerce Committee.

The opioid epidemic is a serious crisis ravaging communities throughout our nation, including my state of Ohio – where nearly 3,500 people died from opioid overdoses in 2016. Many of these deaths were due to illicit drug use, but there were also 564 people who died from overdosing on prescription opioids. These are people who received this medication through drug diversion and resale or through a legal prescription from their doctor that had too high a dosage.

This problem is readily apparent in the Medicare Part D program. In 2016, over 500,000 Medicare beneficiaries were written prescriptions for opioids at nearly 2 ½ times the recommended maximum for long-term usage. Nearly 70,000 beneficiaries were written prescriptions at almost 5 times that recommended max. Whether through providers' lack of training on appropriate dosages or – at worst, through negligence or fraudulent and abusive prescribing – there are hundreds of thousands of seniors who are being unnecessarily exposed to health risks and addiction.

The Centers for Medicare and Medicaid Services does have an Opioid Misuse Strategy, which aims to lower opioid overprescribing, drug diversion, and fraud within the Part D program. While these are all laudable goals, CMS itself has handicapped its ability to measure its progress.

CMS currently requires all health insurers offering Part D or Medicare Advantage plans to institute a compliance program to detect fraud, waste, and abuse and take corrective action against providers engaging in misconduct. However, while it encourages them to report this fraud, waste, and abuse they find, it doesn't actually require them to do so. This makes no sense when CMS has goals to eliminate these very things. How are we supposed to eliminate drug diversion if we don't know the number of fraudulent providers who are engaging in it? How are we supposed to eliminate overprescribing if we don't know what steps are being taken to end it?

Furthermore, when plan sponsors do share information with CMS and ask for help in their investigations, they often find the agency to be a black box. CMS is not required to share with them the results of its own investigations and corrective actions, as well as information on misconduct and fraud schemes reported by other plan sponsors. The lack of transparency and communication significantly undermines each's ability to combat fraud and abuse within the Part D program, as well as to reduce overprescribing.

That's why I introduced the Strengthening Partnerships to Prevent Opioid Abuse Act, which will make commonsense changes to encourage greater data sharing and coordination between CMS and insurers. This will help each of them to reduce overprescribing, fraud, and abuse within Medicare Part D. My bill requires Part D and Medicare Advantage plan sponsors to share information on the investigations and actions they take related to providers who prescribe dangerously high volumes of opioids. It also requires CMS to respond to plans regarding their referrals and the results of its investigations. Finally, it creates an online portal to facilitate this exchange of information so that each can find the providers who are overprescribing or committing fraud and take appropriate action to resolve these problems. When fraudulent providers are removed from plan networks and the Medicare system and overprescribers are better educated on appropriate prescribing methods, fewer seniors will be at risk of overdose and addiction.

I want to thank again the Chairman and the Ranking Member for their hard work, and I encourage my colleagues to vote in support of this legislation. There are too many people in Ohio – and across the nation – who need others to intervene and address the behaviors of bad actors in the Medicare system.