

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educational Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I offer my support of H.R. 5775, the PROPER Act. This bill, introduced by my colleagues Representatives PAULSEN and KIND, would require Medicare Advantage and Medicare part D plans to provide information to beneficiaries on the risks associated with prolonged opioid use, as well as coverage information about alternatives, like nonpharmacological therapies, devices, and nonopioid medications.

It is important to ensure that our providers in hospitals and outpatient settings have up-to-date and accurate information about opioid use. But it is equally critical that this information is provided to beneficiaries.

Additionally, providing information on coverage of alternative therapies could help beneficiaries who may want to try a nonopioid pain management therapy to do so, thus avoiding a prescription where it may not be necessary.

This bill also requires that by January 1, 2019, all pain-related questions be removed from the hospital consumer assessment of healthcare providers and systems survey, with some exceptions.

If hospitals are graded on how much pain patients are feeling, they likely would seek to minimize the patient's pain through pain management drugs like opioids.

In order to properly address this crisis in the Medicare program, we must

ensure that beneficiaries have the information necessary to make informed decisions about their pain management plan.

Madam Speaker, just as we are working to improve provider education, we must not leave our Medicare beneficiaries behind.

I support this bill because it would ensure that Medicare Advantage and Medicare part D plans provide their beneficiaries with information on the risks of prolonged opioid use, as well as information about coverage for alternatives for pain management.

Earlier in this debate, I mentioned a woman who testified that although she was experiencing severe back pain, she did not want to risk taking addictive pain medication and instead turned to acupuncture. It worked for her, and she told me that because of her acupuncture treatment, she was able to live pain free.

Now, this is not to say that every alternative will work for every patient, but we should give patients the ability to choose their own pain management therapy. I believe H.R. 5775 is an important step toward this goal.

Madam Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. CURBELO of Florida. Madam Speaker, the PROPER Act will bring much needed education to our seniors.

This bill was brought through the committee process in a bipartisan fashion, and now on the floor I strongly urge my colleagues on both sides of the aisle to vote in favor of H.R. 5775, the PROPER Act.

This is another example of how Republicans and Democrats can come together, can work together, to help struggling families in our country, and in this case seniors, who should be aware of all the different options that are available to them for pain treatment and should certainly be aware of the many risks associated with opioid use.

Madam Speaker, I am grateful to all my colleagues and to committee staff for all their work on this legislation, and I strongly encourage everyone to support it, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. TENNEY). The question is on the motion offered by the gentleman from Florida (Mr. CURBELO) that the House suspend the rules and pass the bill, H.R. 5775, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PREVENTING ADDICTION FOR SUSCEPTIBLE SENIORS ACT OF 2018

Mr. ROSKAM. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5773) to amend title XVIII of the Social Security Act to require

Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries, require electronic prior authorization for covered part D drugs, and to provide for other program integrity measures under parts C and D of the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5773

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Preventing Addiction for Susceptible Seniors Act of 2018" or the "PASS Act of 2018".

SEC. 2. ELECTRONIC PRIOR AUTHORIZATION FOR COVERED PART D DRUGS.

(a) INCLUSION IN ELECTRONIC PRESCRIPTION PROGRAM.—Section 1860D-4(e)(2) of the Social Security Act (42 U.S.C. 1395w-104(e)(2)) is amended by adding at the end the following new subparagraph:

"(E) ELECTRONIC PRIOR AUTHORIZATION.—

"(i) IN GENERAL.—Not later than January 1, 2021, the program shall provide for the secure electronic transmission of—

"(I) a prior authorization request from the prescribing health care professional for coverage of a covered part D drug for a part D eligible individual enrolled in a part D plan (as defined in section 1860D-23(a)(5)) to the PDP sponsor or Medicare Advantage organization offering such plan; and

"(II) a response, in accordance with this subparagraph, from such PDP sponsor or Medicare Advantage organization, respectively, to such professional.

"(ii) ELECTRONIC TRANSMISSION.—

"(I) EXCLUSIONS.—For purposes of this subparagraph, a facsimile, a proprietary payer portal that does not meet standards specified by the Secretary, or an electronic form shall not be treated as an electronic transmission described in clause (i).

"(II) STANDARDS.—In order to be treated, for purposes of this subparagraph, as an electronic transmission described in clause (i), such transmission shall comply with technical standards adopted by the Secretary in consultation with the National Council for Prescription Drug Programs, other standard setting organizations determined appropriate by the Secretary, and stakeholders including PDP sponsors, Medicare Advantage organizations, health care professionals, and health information technology software vendors.

"(III) APPLICATION.—Notwithstanding any other provision of law, for purposes of this subparagraph, the Secretary may require the use of such standards adopted under subclause (II) in lieu of any other applicable standards for an electronic transmission described in clause (i) for a covered part D drug for a part D eligible individual."

(b) SENSE OF CONGRESS REGARDING ELECTRONIC PRIOR AUTHORIZATION.—It is the sense of the Congress that—

(1) there should be increased use of electronic prior authorizations for coverage of covered part D drugs for part D eligible individuals enrolled in prescription drug plans under part D of title XVIII of the Social Security Act and MA-PD plans under part C of such title to reduce access delays by resolving coverage issues before prescriptions for such drugs are transmitted; and

(2) greater priority should be placed on increasing the adoption of use of such electronic prior authorizations among prescribers of such drugs, pharmacies, PDP sponsors, and Medicare Advantage organizations.

SEC. 3. PROGRAM INTEGRITY TRANSPARENCY MEASURES UNDER MEDICARE PARTS C AND D.

(a) IN GENERAL.—Section 1859 of the Social Security Act (42 U.S.C. 1395w–28) is amended by adding at the end the following new subsection:

“(i) PROGRAM INTEGRITY TRANSPARENCY MEASURES.—

“(1) PROGRAM INTEGRITY PORTAL.—

“(A) IN GENERAL.—Not later than two years after the date of the enactment of this subsection, the Secretary shall, after consultation with stakeholders, establish a secure Internet website portal (or other successor technology) that would allow a secure path for communication between the Secretary, MA plans under this part, prescription drug plans under part D, and an eligible entity with a contract under section 1893 (such as a Medicare drug integrity contractor or an entity responsible for carrying out program integrity activities under this part and part D) for the purpose of enabling through such portal (or other successor technology)—

“(i) the referral by such plans of substantiated fraud, waste, and abuse for initiating or assisting investigations conducted by the eligible entity; and

“(ii) data sharing among such MA plans, prescription drug plans, and the Secretary.

“(B) REQUIRED USES OF PORTAL.—The Secretary shall disseminate the following information to MA plans under this part and prescription drug plans under part D through the secure Internet website portal (or other successor technology) established under subparagraph (A):

“(i) Providers of services and suppliers that have been referred pursuant to subparagraph (A)(i) during the previous 12-month period.

“(ii) Providers of services and suppliers who are the subject of an active exclusion under section 1128 or who are subject to a suspension of payment under this title pursuant to section 1862(o) or otherwise.

“(iii) Providers of services and suppliers who are the subject of an active revocation of participation under this title, including for not satisfying conditions of participation.

“(iv) In the case of such a plan that makes a referral under subparagraph (A)(i) through the portal (or other successor technology) with respect to activities of substantiated fraud, waste, or abuse of a provider of services or supplier, if such provider or supplier has been the subject of an administrative action under this title or title XI with respect to similar activities, a notification to such plan of such action so taken.

“(C) RULEMAKING.—For purposes of this paragraph, the Secretary shall, through rulemaking, specify what constitutes substantiated fraud, waste, and abuse, using guidance such as what is provided in the Medicare Program Integrity Manual 4.7.1. In carrying out this subsection, a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for substantiated fraud, waste, or abuse.

“(D) HIPAA COMPLIANT INFORMATION ONLY.—For purposes of this subsection, communications may only occur if the communications are permitted under the Federal regulations (concerning the privacy of individually identifiable health information) promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(2) QUARTERLY REPORTS.—Beginning two years after the date of enactment of this subsection, the Secretary shall make available to MA plans under this part and prescription drug plans under part D in a timely manner (but no less frequently than quarterly) and

using information submitted to an entity described in paragraph (1) through the portal (or other successor technology) described in such paragraph or pursuant to section 1893, information on fraud, waste, and abuse schemes and trends in identifying suspicious activity. Information included in each such report shall—

“(A) include administrative actions, pertinent information related to opioid overprescribing, and other data determined appropriate by the Secretary in consultation with stakeholders; and

“(B) be anonymized information submitted by plans without identifying the source of such information.

“(3) CLARIFICATION.—Nothing in this subsection shall be construed as precluding or otherwise affecting referrals described in subparagraph (A) that may otherwise be made to law enforcement entities or to the Secretary.”.

(b) CONTRACT REQUIREMENT TO COMMUNICATE PLAN CORRECTIVE ACTIONS AGAINST OPIOID OVER-PRESCRIBERS.—Section 1857(e) of the Social Security Act (42 U.S.C. 1395w–27(e)) is amended by adding at the end the following new paragraph:

“(5) COMMUNICATING PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—

“(A) IN GENERAL.—Beginning with plan years beginning on or after January 1, 2021, a contract under this section with an MA organization shall require the organization to submit to the Secretary, through the process established under subparagraph (B), information on the investigations and other actions taken by such plans related to providers of services who prescribe a high volume of opioids.

“(B) PROCESS.—Not later than January 1, 2021, the Secretary shall, in consultation with stakeholders, establish a process under which MA plans and prescription drug plans shall submit to the Secretary information described in subparagraph (A).

“(C) REGULATIONS.—For purposes of this paragraph, including as applied under section 1860D–12(b)(3)(D), the Secretary shall, pursuant to rulemaking—

“(i) specify a definition for the term ‘high volume of opioids’ and a method for determining if a provider of services prescribes such a high volume; and

“(ii) establish the process described in subparagraph (B) and the types of information that shall be submitted through such process.”.

(c) REFERENCE UNDER PART D TO PROGRAM INTEGRITY TRANSPARENCY MEASURES.—Section 1860D–4 of the Social Security Act (42 U.S.C. 1395w–104) is amended by adding at the end the following new subsection:

“(m) PROGRAM INTEGRITY TRANSPARENCY MEASURES.—For program integrity transparency measures applied with respect to prescription drug plan and MA plans, see section 1859(i).”.

SEC. 4. EXPANDING ELIGIBILITY FOR MEDICATION THERAPY MANAGEMENT PROGRAMS UNDER PART D.

Section 1860D–4(c)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395w–104(c)(2)(A)(ii)) is amended—

(1) by redesignating subclauses (I) through (III) as items (aa) through (cc), respectively, and adjusting the margins accordingly;

(2) by striking “are part D eligible individuals who—” and inserting “are the following:

“(I) Part D eligible individuals who—”; and

(3) by adding at the end the following new subclause:

“(II) Beginning January 1, 2021, at-risk beneficiaries for prescription drug abuse (as defined in paragraph (5)(C)).”.

SEC. 5. MEDICARE NOTIFICATIONS TO OUTLIER PRESCRIBERS OF OPIOIDS.

Section 1860D–4(c)(4) of the Social Security Act (42 U.S.C. 1395w–104(c)(4)) is amended by

adding at the end the following new subparagraph:

“(D) OUTLIER PRESCRIBER NOTIFICATION.—

“(i) NOTIFICATION.—Beginning not later than two years after the date of the enactment of this subparagraph, the Secretary shall, in the case of a prescriber identified by the Secretary under clause (ii) to be an outlier prescriber of opioids, provide, subject to clause (iv), an annual notification to such prescriber that such prescriber has been so identified and that includes resources on proper prescribing methods and other information specified in accordance with clause (iii).

“(ii) IDENTIFICATION OF OUTLIER PRESCRIBERS OF OPIOIDS.—

“(I) IN GENERAL.—The Secretary shall, subject to subclause (III), using the valid prescriber National Provider Identifiers included pursuant to subparagraph (A) on claims for covered part D drugs for part D eligible individuals enrolled in prescription drug plans under this part or MA–PD plans under part C and based on the threshold established under subclause (II), conduct an analysis to identify prescribers that are outlier opioid prescribers for a period specified by the Secretary.

“(II) ESTABLISHMENT OF THRESHOLD.—For purposes of subclause (I) and subject to subclause (III), the Secretary shall, after consultation with stakeholders, establish a threshold, based on prescriber specialty and geographic area, for identifying whether a prescriber in a specialty and geographic area is an outlier prescriber of opioids as compared to other prescribers of opioids within such specialty and area.

“(III) EXCLUSIONS.—The Secretary may exclude the following individuals and prescribers from the analysis under this clause:

“(aa) Individuals receiving hospice services.

“(bb) Individuals with a cancer diagnosis.

“(cc) Prescribers who are the subject of an investigation by the Centers for Medicare & Medicaid Services or the Office of Inspector General of the Department of Health and Human Services.

“(iii) CONTENTS OF NOTIFICATION.—The Secretary shall, based on input from stakeholders, specify the resources and other information to be included in notifications provided under clause (i).

“(iv) MODIFICATIONS AND EXPANSIONS.—

“(I) FREQUENCY.—Beginning 5 years after the date of the enactment of this subparagraph, the Secretary may change the frequency of the notifications described in clause (i) based on stakeholder input.

“(II) EXPANSION TO OTHER PRESCRIPTIONS.—The Secretary may expand notifications under this subparagraph to include identifications and notifications with respect to concurrent prescriptions of covered Part D drugs used in combination with opioids that are considered to have adverse side effects when so used in such combination, as determined by the Secretary.

“(v) OPIOIDS DEFINED.—For purposes of this subparagraph, the term ‘opioids’ has such meaning as specified by the Secretary through program instruction or otherwise.”.

SEC. 6. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act and the amendments made by this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5773, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. ROSKAM. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I stand in strong support of H.R. 5773, a bipartisan bill centered on curbing opioid overuse by increasing program integrity efforts and increasing resources for beneficiaries to help ensure that they are properly adhering to their prescribed pain medications.

My home State of Illinois is experiencing a notable increase in opioid-related overdose deaths. According to the Illinois Department of Public Health, there has been a 44.3 percent increase in drug overdoses from 2013 to 2016. This staggering statistic is not limited to my district alone. This crisis has affected all of our districts, and for some, the four walls of our own homes.

For this reason, Congress is taking action today to continue our work to deliver solutions to the opioid epidemic that is plaguing far too many American families.

H.R. 5773, which I have introduced with my colleagues Representatives KNIGHT, SEWELL, and SINEMA, packages several previously introduced bills.

Specifically, H.R. 5773 includes policies under my bill H.R. 5716, the Commit to Opioid Medical Prescriber Accountability and Safety for Seniors Act, otherwise known as the COMPASS Act, introduced with Representative LARSON, that ensures prescribers are notified of their opioid prescribing patterns to help educate them on proper prescribing.

Second, the bill includes H.R. 4841, the Standardizing Electronic Prior Authorization for Safe Prescribing Act, led by Representatives SCHWEIKERT and MIKE THOMPSON, to standardize electronic prior authorization to reduce physician burden and ensure medically necessary access to drugs, like opioids, that have dangerous side effects and high risk of abuse.

And third, this bill contains policies from H.R. 5715, the Strengthening Partnerships to Prevent Opioid Abuse Act, led by Representatives RENACCI and SEWELL that will establish a portal to better facilitate communication between plan sponsors and the Medicare program to prevent opioid overuse and overprescribing.

And finally, the bill contains policies from H.R. 5684, the Protecting Seniors from Opioid Abuse Act, championed by my colleagues Mr. KELLY of Pennsylvania and Mr. THOMPSON of California,

which expands Medication Therapy Management services to those who are at risk of opioid overuse.

Madam Speaker, I look forward to working with my colleagues to advance policies like all the bills we have today that will further prevent opioid overuse and overprescribing, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addiction for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addiction for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills,

the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I am pleased to support H.R. 5773, the PASS Act, introduced by Congress Members SEWELL and ROSKAM.

This bill focuses on policies to help Medicare plans prevent opioid use in the Medicare program without limiting access to needed medications for our seniors.

First, H.R. 5773 requires that Medicare prescription drug plans establish mandatory lock-in programs for seniors who are at risk of opioid overuse.

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These programs curb fraud, abuse, and misuse of prescribed medications, while at the same time ensuring that seniors who have legitimate need of these medications can access them.

For example, these controls prevent doctor and pharmacy shopping and will prevent duplicative and medically inappropriate drug therapies that can lead to prescription drug abuse. This bill would also require that any beneficiaries who are at risk for opioid overuse be eligible for the benefits provided under the Medication Therapy Management Program.

This program helps patients understand all of their medications and how they are working together. It allows a pharmacist or other health professional to give beneficiaries a comprehensive review of all of their medications and talk to them about any interactions, risks, or side effects.

This bill would also include a provision introduced by Representatives MIKE THOMPSON and DAVID SCHWEIKERT that would streamline the electronic prior authorization system, which is meant to ensure that certain drugs are covered by an insurer before the drug is dispensed.

The PASS Act also includes a provision introduced by Representatives SEWELL and RENACCI which streamlines communications between the Center for Medicare and Medicaid Services and Medicare part C and D plans regarding program integrity.

Finally, H.R. 5773 would direct the Secretary of the Department of Health and Human Services to annually notify Medicare part D prescribers who are identified as outlier prescribers compared to their colleagues in their specialty and region. This has certain exclusions, for example, patients receiving hospice care, but will be used to help prescribers, who may not realize

that they are an outlier, to reevaluate their practices and make adjustments before any harm is done.

I encourage my colleagues to support this legislation, and I reserve the balance of my time.

Mr. ROSKAM. Madam Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY of Pennsylvania. Madam Speaker, I thank Mr. ROSKAM so much for his time.

Madam Speaker, this opioid epidemic is killing 116 people of all ages every day, and it is horribly impacting western Pennsylvania's families and communities. There isn't a silver bullet to end the suffering. It is going to take communities working together to treat addiction and find lasting methods of prevention.

I am proud of the work that we have done in the people's House to put forward quality, bipartisan solutions to provide better alternatives and treatment for all Americans.

I want to thank Chairman ROSKAM for including my legislation, H.R. 5684, the Protecting Seniors from Opioid Abuse Act, into this package.

This bipartisan bill with my colleagues, Mr. THOMPSON, Mrs. McMORRIS RODGERS, and Mr. DOYLE, will help at-risk seniors manage their medications and avoid prescription drug abuse. This bill gives seniors who are at risk for prescription abuse access to the Medication Therapy Management Program. This successful program allows seniors to sit down with a pharmacist or other health professional and receive expert advice on how to best manage their prescriptions.

I think for most of us, when you go to pick up your prescriptions, oftentimes you are asked: Do you want us to sit down and go over this with you? Oftentimes, there is a line behind you. Or they say: You can just check the box here and go ahead and pick up your prescription. That is not the answer to what we are trying to do.

With the Medication Therapy Management Program, we actually sit down with the seniors and explain the interaction between some of the drugs that they are taking and some of the drugs that have been prescribed for them. So it is critical that they have access to this information.

The Center for Medicare and Medicaid Services has already confirmed that this approach works. To reduce opioid overuse and to avoid dangerous drug interactions, expanding access to medication therapy management for at-risk beneficiaries will ensure that these serious drugs are used properly before it is too late.

This epidemic is devastating our Nation's communities and our families. I hope that we continue to work together as a unified Congress to fight this deadly crisis. I appreciate the chairman's time, and I urge support of this bill.

Ms. JUDY CHU of California. Madam Speaker, I yield myself the balance of my time.

Our country is truly facing a crisis when it comes to opioids, and the Medicare population isn't immune from this. We must be careful in our approach and ensure that the policies we enact in Congress don't leave out those who have a legitimate medical need for these medications, like those with cancer, those in hospice, or those with genetic conditions like sickle cell disease.

H.R. 5773 is a modest step in the right direction, and I look forward to continuing to work with my colleagues on ways to address the opioid crisis within the Medicare program.

Madam Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. ROSKAM. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I have spent a lot of time, as I know we all have, listening to my own constituency, the west and northwest suburbs of Chicago. I have listened to physicians, police chiefs, educators, caregivers, and others, and I have heard a common theme, and the common theme is: We need legislation that encourages the use of alternative treatments, that increases provider education and assists with detection of those who are at risk. The Preventing Addiction for Susceptible Seniors, PASS Act, will help do this.

I would like to thank my colleagues on the Ways and Means Committee for working together in a bipartisan effort by recognizing this crisis and coming together in offering this solution. I would also like to thank our colleagues on the Energy and Commerce Committee for their commitment to working on this, particularly my counterpart who chairs the Health Subcommittee, Dr. BURGESS, and Chairman WALDEN as well.

This bill was brought through the committee process in a bipartisan fashion, and now, on the floor, I strongly urge my colleagues on both sides of the aisle to vote in favor of H.R. 5773, the PASS Act, to prevent overuse and overprescribing in the Medicare program.

Mr. Speaker, I yield back the balance of my time.

Mr. RENACCI. Mr. Speaker, I rise today in support of H.R. 5773, which includes a bill I introduced called the Strengthening Partnerships to Prevent Opioid Abuse Act.

My home state of Ohio has been at the center of the opioid epidemic for years. Too many Ohio families have had their lives shattered by this crisis. The most recent statistics show that nearly 5,200 people died from an opioid overdose in 2017. In my district, multiple counties have seen sharp increases in overdoses and their largest number of annual deaths ever. While Ohio is only the 7th largest state by population, it ranks second in opioid deaths per-capita.

Unlike other drug epidemics, the opioid epidemic is well-known for its prevalence among older populations. This should be no surprise. In fact, one out of every three Medicare beneficiaries is prescribed opioids each year, and 500,000 beneficiaries were prescribed

amounts that are considered dangerous according to the CDC. I find it deeply troubling that a program meant to help seniors with their medications may be an avenue to addiction for some.

My bipartisan bill would create an online information-sharing system through which the Medicare program can partner with Medicare Advantage and Part D drug plans to identify cases in which seniors are being overprescribed and providers are engaging in fraud, waste, and abuse. Currently, neither of these parties knows exactly what the others are doing, which hampers each's ability to adequately address the opioid epidemic and issues related to overprescribing and drug diversion.

By strengthening the partnerships between these actors and requiring information from plan sponsors on the actions they take against providers who are overprescribing or engaging in fraud and abuse, we will be better poised to prevent addiction among America's seniors.

On behalf of the more than 7,000 Ohioans who have died of prescription opioid overdoses since 2006, and the hundreds of thousands of Medicare beneficiaries being overprescribed today, I encourage my colleagues to support H.R. 5773 and help us combat this devastating epidemic.

The SPEAKER pro tempore (Mr. FRANCIS ROONEY of Florida). The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 5773, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend title XVIII of the Social Security Act to require electronic prior authorization for covered part D drugs and to provide for other program integrity measures under parts C and D of the Medicare program."

A motion to reconsider was laid on the table.

STOP EXCESSIVE NARCOTICS IN OUR RETIREMENT COMMUNITIES PROTECTION ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5676) to amend title XVIII of the Social Security Act to authorize the suspension of payments by Medicare prescription drug plans and MA-PD plans pending investigations of credible allegations of fraud by pharmacies, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5676

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stop Excessive Narcotics in our Retirement Communities Protection Act of 2018" or the "SENIOR Communities Protection Act of 2018".