



Working Together for an Affordable Future

September 5, 2014

The Honorable Kevin Brady  
Chairman, Sub-Committee on Health  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Brady:

The National Coalition on Health Care is a nonpartisan, nonprofit (501c3) organization of more than 80 stakeholder organizations representing health care consumers, providers, payers and purchasers. Working with our members and other partners, NCHC uses public education, policy development and advocacy to promote a more affordable, high-quality health system.

Fraud and abuse waste tens of billions of taxpayer dollars every year. A study by the RAND Corporation and former CMS administrator Don Berwick estimated the total impact of fraud and abuse at \$98 billion in 2011 alone.<sup>1</sup> Stronger, more effective fraud prevention and detection can make a dent in this waste – if Congress provides fraud fighters the proper tools.

For this reason, NCHC is pleased to see several provisions of the bipartisan, bicameral Preventing Proper Medicare Expenditures (PRIME) Act of 2013 included in your discussion draft. Those provisions include:

- Requiring valid national prescriber identification on pharmacy claims
- Strengthening the Senior Medicare Patrol
- Incentivizing state participation in the Medicare-Medicaid Data Match program and its efforts to track down fraud across both programs

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NCHC urges you to proceed with care in crafting a pharmacy patient review and restriction program as described in Section 17 of the discussion draft. PRR programs implemented in Medicaid have demonstrated “the potential to reduce opioid usage to lower, safer levels, and thus save lives and lower health care costs.”<sup>ii</sup> However, any statutory change permitting their use in Part D must allow for exceptions in certain legitimate circumstances, such as medical emergency. Additionally, any such program must adequately monitor for and guard against the misuse of these procedures in order to discourage enrollment of higher-cost patients.

In the remaining weeks of the 113<sup>th</sup> Congress, we hope that the Committee can work on a bipartisan basis to enact broad anti-fraud legislation. For now, the National Coalition on Health Care (NCHC) applauds your willingness to take the first step toward that goal.

Yours truly,



John Rother  
President and CEO

CC: Rep. Dave Camp, Chairman, Committee on Ways and Means  
Rep. Sander Levin, Ranking Member, Committee on Ways and Means  
Rep. Jim McDermott, Ranking Member, Subcommittee on Health, Committee on Ways and Means

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<sup>i</sup> Berwick, Donald M. and Andrew D. Hackbarth, “Eliminating Waste in US Health Care,” *Journal of the American Medical Association*, 307, no. 14 (2012):1513–6. Accessed online at <http://jama.jamanetwork.com/article.aspx?articleid=1148376>.

<sup>ii</sup>Centers for Disease Control and Prevention, *Patient Review and Restriction Programs: Lessons learned from state Medicaid programs*, CDC Expert Panel Meeting Report-Atlanta, GA Aug 27-28,2012. Accessed online at [http://www.cdc.gov/homeandrecreationalafety/pdf/PDO\\_patient\\_review\\_meeting-a.pdf](http://www.cdc.gov/homeandrecreationalafety/pdf/PDO_patient_review_meeting-a.pdf)