



2005 Market Street, Suite 1700  
Philadelphia, PA 19103-7077

215.575.9050 Phone  
215.575.4939 Fax

901 E Street NW, 10th Floor  
Washington, DC 20004

202.552.2000 Phone  
202.552.2299 Fax

[www.pewtrusts.org](http://www.pewtrusts.org)

March 2, 2016

The Honorable Pat Toomey  
United States Senate  
Washington, DC 20510

The Honorable Sherrod Brown  
United States Senate  
Washington, DC 20510

The Honorable Rob Portman  
United States Senate  
Washington, DC 20510

The Honorable Tim Kaine  
United States Senate  
Washington, DC 20510

Dear Senators Toomey, Brown, Portman, and Kaine:

On behalf of The Pew Charitable Trusts, an independent nonpartisan, nonprofit research and policy organization, we are writing to express Pew's strong support for S. 1913, Stopping Medication Abuse and Protecting Seniors Act of 2015. We urge the Senate to include S. 1913 as an amendment to the Comprehensive Addiction and Recovery Act, which is currently under consideration in the Senate. S. 1913 provides a valuable tool to better combat opioid abuse by authorizing the use of drug management programs by Medicare plan sponsors, while including important protections to ensure Medicare beneficiaries have continued access to effective and safe pain management. The drug management programs described in the legislation, which are also known as patient review and restriction programs (PRRs), can play an important role in preventing prescription drug abuse by assigning patients who are at risk for drug abuse to pre-designated pharmacies and prescribers to obtain these drugs.

Pew strongly supports the inclusion of strong beneficiary protections as outlined in Stopping Medication Abuse and Protecting Seniors Act of 2015. The legislation allows beneficiary input on the selection of prescribers and pharmacies to ensure reasonable access, including consideration of geographic location, cost-sharing, travel time and multiple residencies. The plan sponsor may change this selection if it determines that the beneficiary's preference would contribute to prescription drug abuse or diversion by the beneficiary. However, the plan sponsor must provide the beneficiary with at least 30 days written notice of the change in selection and describe the reason for the change. In addition, beneficiaries have the right to appeal this decision. The Centers for Medicare and Medicaid Services (CMS), the agency that is responsible for conducting oversight for all Medicare programs, would be responsible for ensuring that plans adhere to these rules. These protections are designed to ensure that, wherever they live, and whatever their circumstances, patients enrolled in PRRs have access to the medications that they need.

S. 1913 provides a mechanism by which CMS would, in consultation with patient groups, clinicians, plan sponsors and other stakeholders, develop screening criteria to identify beneficiaries at risk for prescription drug abuse. These criteria will be based on clinical factors indicating misuse or abuse of

prescription drugs, including dosage, quantity, duration of use, number of prescribers, and number of pharmacies used to obtain such drugs. In addition, the comptroller general would be required to conduct a post-program assessment of the PRR program in Medicare and produce a report assessing the impediments, if any, that impair the ability of beneficiaries to access clinically appropriate pain management.

The bill also provides beneficiaries a right to appeal their identification as at-risk and subsequent enrollment in a PRR. Furthermore, beneficiaries receiving hospice care, those residing in long-term care facilities, and other beneficiaries that the Secretary elects to treat as exempt would be excluded from enrollment in a PRR.

There is broad bipartisan support to advance this policy as an effective tool to decrease abuse of opioids in the Medicare population. The policy has been proposed in the President's past two budget requests for the Department of Health and Human Services. A proposal similar to the Senate bill was passed in the House of Representatives as part of 21<sup>st</sup> Century Cures Act. We urge the Senate to include S. 1913, Stopping Medication Abuse and Protecting Seniors Act of 2015, as part of the drug abuse legislation currently being debated in the Senate. Thank you again for your bipartisan work to advance this important public health policy.

Sincerely,



Allan Coukell  
Senior Director, Health Programs  
The Pew Charitable Trusts



Cynthia Reilly  
Director, Prescription Drug Abuse Project  
The Pew Charitable Trusts