

HR 4876

Medicare Prescription Drug Abuse Prevention Act of 2016

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Mar 23, 2016

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Mar 29, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/4876>

Sponsor

Name: Rep. Meehan, Patrick [R-PA-7]

Party: Republican • **State:** PA • **Chamber:** House

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Neal, Richard E. [D-MA-1]	D · MA		Mar 23, 2016
Rep. Reed, Tom [R-NY-23]	R · NY		Apr 12, 2016
Rep. Tiberi, Patrick J. [R-OH-12]	R · OH		Apr 27, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 25, 2016
Ways and Means Committee	House	Referred to	Mar 29, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 524	Related bill	Jul 22, 2016: Became Public Law No: 114-198.
114 S 1913	Related bill	Jul 30, 2015: Read twice and referred to the Committee on Finance.

Medicare Prescription Drug Abuse Prevention Act of 2016

This bill amends title XVIII (Medicare) of the Social Security Act to: (1) authorize a Medicare prescription drug plan (PDP) sponsor to establish a drug management program under which the PDP sponsor may limit an at-risk beneficiary's access to coverage for frequently abused drugs to include only those drugs that are prescribed by selected prescribers and dispensed by selected pharmacies; and (2) require a PDP sponsor to have in place a utilization management tool to prevent drug abuse.

With respect to a drug management program, a PDP sponsor must: (1) provide specified notice to a beneficiary who has been identified by the Centers for Medicare & Medicaid (CMS) as "at-risk" and consequently enrolled in the program; and (2) in selecting prescribers and dispensers, ensure that the beneficiary continues to have reasonable access to drugs. These determinations shall be subject to expedited reconsideration and appeal. A PDP sponsor must review and consider an at-risk beneficiary's preferences regarding prescriber and pharmacy selection.

Certain individuals, including those receiving hospice care or residing in a long-term care facility, are exempted from enrollment in a drug management program.

CMS must, for purposes of quality or performance assessments, review and consider complaints received from at-risk beneficiaries regarding lack of access due to their enrollment in a drug management program. In addition, CMS must establish rules and procedures requiring a PDP sponsor to provide specified program data.

Actions Timeline

- **Mar 29, 2016:** Referred to the Subcommittee on Health.
- **Mar 25, 2016:** Referred to the Subcommittee on Health.
- **Mar 23, 2016:** Introduced in House
- **Mar 23, 2016:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.