

**Opening Statement of the Honorable Fred Upton
Subcommittee on Oversight and Investigations
Hearing on “Medicare Part D: Measures Needed to Strengthen Program Integrity”
July 14, 2015**

(As Prepared for Delivery)

Medicare Part D is a critically important program for our nation's seniors. Unfortunately, similar to our other entitlement programs, Medicare Part D remains vulnerable to fraud and abuse. Just last month, the Medicare Task Force conducted a nationwide Medicare fraud takedown. This joint law enforcement operation led to charges against 243 individuals for approximately \$712 million in false billings. While this was an important effort, much more needs to be done.

According to recent reports from the Department of Health and Human Services Office of Inspector General, the Centers for Medicare and Medicaid Services needs to take additional actions to strengthen the integrity of the Medicare Part D program. The reports find CMS is either failing or refusing to implement common sense recommendations issued by its OIG. For example, CMS needs to ensure excluded providers are not allowed to continue to bill under Part D. Additionally, CMS should require plan sponsors to report potential fraud and abuse. Implementing these recommendations is especially important in light of the startling increase in Medicare Part D spending on commonly abused opioids.

Medicare Part D is an expansive program, requiring constant vigilance. Just as bad actors will continue to try to find ways to take advantage of the program, we must take proactive steps to protect the program's integrity, taxpayers' dollars, and our nation's seniors. A good first step is CMS implementing the OIG's recommendations.

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