



601 E Street, NW  
Washington, DC 20049

T 202-434-2277  
1-888-OUR-AARP  
1-888-687-2277  
TTY 1-877-434-7598  
www.aarp.org

October 4, 2011

The Honorable Thomas Carper  
513 Senate Hart Office Building  
Washington, DC 20510

The Honorable Scott Brown  
359 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Carper and Ranking Member Brown:

On behalf of our members and all Americans age 50 and older, AARP welcomes today's hearing on the costs of prescription drug abuse in the Medicare Part D program. While only a very small percentage of Medicare Part D ("Part D") beneficiaries are diverting pharmaceuticals they get from Part D to illegal purposes, we can ill afford to spend any Medicare resources this way.

Particularly at a time when we are focused on our nation's long-term deficit, we must identify wasteful spending while not losing sight of the need to protect vital programs like Part D. Today's hearing of the Senate Committee on Homeland Security & Government Affairs' Subcommittee on Federal Financial Management, Government Information, Federal Services, and International Security ("Subcommittee") does just that by shining a light on this abuse in Part D and exploring ways in which the diversion can be stopped without harming the access of Part D beneficiaries to legitimate prescription needs.

Medicare beneficiaries with Part D rely on the program for pharmaceuticals prescribed by their doctors to treat both chronic and acute conditions. Medication compliance by beneficiaries can mean the difference between staying healthy and independent or needing care in a hospital or other institution. The individuals who divert Medicare resources for either their own drug abuse or in order to criminally resell these controlled substances interfere with the important needs of Part D. Not only do their actions result in taxpayer dollars being spent on illegal rather than legitimate needs, but, these criminals also take up physician time through extensive "doctor shopping" that would better be spent on beneficiaries with actual medical and pharmacological needs.

AARP commends both the Centers for Medicare & Medicaid Services ("CMS") and state governments for their efforts to reduce drug diversion and abuse as well as the efforts today of the Subcommittee to ensure that any additional tools needed by both CMS and the states are identified and provided so that this wasteful spending is stopped and Part D can focus on the legitimate needs of the program's beneficiaries.

AARP looks forward to working with the Subcommittee to find ways to resolve this abuse. Please do not hesitate to contact me, or please have your staff contact Ahaviah Diane Glaser of our Federal Health & Family team, at (202) 434-3770 if you have any questions.

Sincerely,

Joyce A. Rogers  
Senior Vice President  
Government Affairs