

Inside Democracy: Q&A with Representative Buddy Carter

by Todd Smith, Steve Gordon, & Jesse Weathington | May 30, 2018 | James Magazine |
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Inside Democracy: From the Peach State to the Potomac

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U.S. Representative Buddy Carter represents the First Congressional District of Georgia, which covers the southeast portion of the state and includes Waycross, Savannah and the Golden Isles. He has served in the House of Representatives since 2015 and currently serves on the Energy and Commerce Committee. We recently asked the Congressman to visit with us and our *Inside Democracy* readers.

As the only pharmacist in Congress, how do you believe Congress can work to lower prescription drug prices for Georgians and Americans across the country?

Since coming to Congress, it's been a top priority of mine to utilize my background as the only pharmacist in Congress to tackle the impact of drug prices on Americans. As a pharmacist for more than thirty years, I saw first-hand when elderly couples had to choose between their medications and groceries. It's unacceptable.

This needs to be a team effort with Congress, the president, and the entire administration and I am thrilled that President Trump recently released a plan to lower drug costs. This plan includes exposing the man behind the curtain, the pharmacy benefit managers.

I believe every part of the chain has a role to play in lowering prescription drug prices and has a responsibility to do so. However, the most effective and immediate impact that we can have on drug prices is to demand transparency among the Pharmacy Benefit Managers (PBMs). These “middlemen” are supposed to negotiate better prices for prescription drugs. However, once they get their hands on a drug, no one can explain why the cost skyrockets before it gets to the patient. What happens to the price after it leaves the manufacturer and gets to the pharmacist? As a pharmacist I couldn’t tell you because the PBM keeps it a secret. The largest PBM makes more than McDonalds, Pfizer, and Ford combined, while patients are seeing higher drug costs. We must start with transparency in the chain if we’re ever going to lower prescription drug costs for Americans.

Additionally, President Trump’s plan includes eliminating “gag clauses.” Did you know many times pharmacists are contractually prohibited from telling patients that there is a cheaper option? That is because of a gag clause. I introduced legislation to eliminate gag clauses because patients deserve access to the most affordable prescription options possible. I am very glad to see President Trump is on board.

President Trump’s blueprint is strong, but there is a lot of work to do and I am committed to working with President Trump and the administration to lower drug costs for all Americans.

What is going on with the Savannah Harbor Expansion Project?

Earlier this year, the U.S. Army Corps of Engineers, Savannah District, marked the end of deepening of the outer Savannah harbor ahead of schedule. Reaching the midpoint of the Savannah Harbor Expansion Project (SHEP) is an exciting and critical milestone for not only the project, but for the entire state and nation. With a return on investment of 7.3 to 1, every step closer to completion is a step closer to realizing the full economic impact this project will have on the nation and the world.

Now, we will begin inner harbor dredging soon. I am continuing to fight for federal funding for this critical project. Earlier this year, Congress passed a funding bill which included just over \$50 million for SHEP. Additionally, I am working with the

Transportation and Infrastructure Committee on an important cost-update authorization necessary to keep federal funding uninterrupted.

I am proud to represent the fastest growing port in the country in the United States Congress, and I will continue to fight to ensure the federal government meets its obligation to this top infrastructure project. I am dedicated to continue working with fellow members of Congress, Office of Management and Budget Director Mulvaney, and President Trump until this project fully becomes a reality.

What are you doing to address the opioid crisis in Georgia and across America?

Last Congress, the committee I serve on, the Energy and Commerce Committee, led two major initiatives that were signed into law that provide a record amount of critical resources for combating the crisis: the Comprehensive Addiction and Recovery Act (CARA) and the 21st Century Cures Act. Our current bipartisan legislative efforts go beyond these laws to bring even more resources to end this crisis.

Our committee has taken a two-track push to combat the opioid crisis. The Health Subcommittee has spearheaded the legislative effort, while the Oversight and Investigations Subcommittee continues its ongoing investigations. I have the privilege of serving on both subcommittees.

Recently, the full committee voted to move 59 bills that address the opioid crisis to the House floor. This includes legislation targeted towards the Controlled Substances Act, public health, Medicare, Medicaid, and the Food and Drug Administration. Many of these bills are products of bipartisan efforts and compromise.

Included in this package were three of my own bills. H.R. 5582, the Abuse Deterrent Access Act of 2018, directs the Centers for Medicare and Medicaid Services to evaluate the access to abuse-deterrent opioids in Medicare plans. H.R. 4275, the Empowering Pharmacists in the Fight Against Opioid Abuse Act, will help pharmacists detect fraudulent prescriptions. This legislation will help develop and disseminate materials, giving pharmacists greater understanding and ability to decline to fill controlled substances when they suspect the prescriptions are fraudulent, forged, or appear to be for abuse or diversion. Finally, H.R. 5483, the Special Registration for Telemedicine Clarification Act of 2018, will clarify telemedicine waivers. Currently, federal law permits the Attorney General to issue a special registration to health care providers to prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist. Unfortunately, the waiver process

has never been implemented through regulation, and some patients do not have the emergency access they need to treatment. This bipartisan bill directs the Attorney General, with the Secretary of Health and Human Services, to promulgate interim final regulations within 30 days of passage of the law.

A few other pieces of legislation that passed our committee would allow Medicaid reimbursement for certain inpatient substance abuse facilities, require FDA to develop potential industry incentives to develop non-addictive pain killers, and would integrate prescription drug monitoring usage into the clinical workflow.

This epidemic is killing 115 Americans a day and no community is safe. I am going to continue the fight to end this crisis.

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State botches sex-offender registry



The U.S. Department of Justice this month denied Georgia's request for grant funding to help maintain its sex offender registry after it was found that the state failed to meet several federal requirements. Those issues included a failure to display sex offenders' current place of work on the public website. By costing the state some \$250,000 in expected funding, the state officials in charge of maintaining Georgia's sex