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United States Senate
WASHINGTON, DC 20510

COMMITTEES:
APPROPRIATIONS
COMMERCE
HEALTH, EDUCATION, LABOR, AND PENSIONS

March 18, 2022

The Honorable Denis R. McDonough
Secretary of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

The Honorable Lloyd Austin III
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301

Dear Secretary McDonough and Secretary Austin:

I am writing today to share my significant concerns regarding the rising opioid and substance use disorder (SUD) epidemic and to request additional information detailing efforts the Department of Veterans Affairs (VA) has taken to address this issue. The COVID-19 pandemic has exacerbated the opioid and SUD epidemic in this country, especially among our nation's veterans. According to the Centers for Disease Control and Prevention (CDC), our nation hit a grim milestone this past year for the first time, as more than 100,000 individuals died of a drug overdose between June 2020 and June 2021.[1] Unfortunately, this crisis has had an outsized impact on our nation's veterans, as the opioid overdose rate among veterans is substantially higher than other U.S. citizens.[2]

Although much work remains to be done, I recognize the progress made by the Veterans Health Administration (VHA) in access to treatment, opioid overdose prevention and reversal, and provider education, including through the Opioid Safety Initiative (OSI) and the Opioid Overdose Education and Naloxone Distribution (OEND) program. As you know, the OEND program expanded access to naloxone, the opioid overdose reversal drug, to patients with opioid disorders as well as patients who are prescribed opioid analgesics. Further, through the Opioid Safety initiative, the VA has reduced prescription opioid use by 64% during the past eight years.[3] Lastly, I applaud the Biden Administration's focus on harm reduction, including increased access to naloxone, as another tool for reducing deaths due to overdose.

Unfortunately, deficiencies in our response remain. I am incredibly concerned about increasing reports of opioid use disorders and overdoses. As you know, the *Jason Simcakoski Memorial and PROMISE Act* (Jason's Law), which I authored and was signed into law in 2016, strengthens oversight of the VA's opioid prescribing practices and provides safer care for veterans. This law has contributed to significant improvements in prescribing practices at the VA and important reductions in the use of prescription opioids.[4] However, our work continues, and it is of the

[1] https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm
[2] https://pubmed.ncbi.nlm.nih.gov/21407033/
[3] https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5492
[4]https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5492#:~:text=WASHINGTON%20%E2%80%94%20The%20U.S.%20Department%20of,year%202020%20through%20quarter%20three.

utmost importance that veterans are able to access the quality SUD resources and treatment that they need in a timely manner.

In particular, I am concerned by the recent Office of Inspector General (OIG) report on *Comprehensive Healthcare Inspection Summary Report: Evaluation of Medication Management in Veterans Health Administration Facilities, Fiscal Year 2020*. Based on almost 1,000 electronic health records reviewed across 36 facilities, the report estimated that providers were not assessing 46 percent of their patients for behavioral risk factors, 28 percent of providers did not document or justify in the electronic health record why they prescribed opioid therapy for their patients, 28 percent of patients did not conduct initial urine samples, and 15 percent of problematic urine samples were not followed up by the provider. Explanations for noncompliance included staffing issues, lack of oversight, lack of attention to detail, and facility requirements already being met.[5]

I know you share these concerns and that we are aligned in our goal of providing the highest quality care to our nation's veterans. In an effort to improve access to care for veterans, I am requesting answers to the following questions:

1. How is the VA enforcing compliance and accountability for providers prescribing opioid analgesics?
2. What additional steps does the Department plan to take in light of the concerning findings from the OIG report?
3. What is the availability of SUD treatment for veterans through the VA?
    a. Does the VA have an estimate of inpatient and outpatient needs for veterans seeking treatment for SUD?
    b. Does the VA have an estimate of SUD treatment availability, including for rural areas where care can be difficult to reach?
4. What is the availability of SUD treatment for individuals covered by TRICARE?
    a. Is there availability for SUD treatment for TRICARE users nationwide?
    b. Is there adequate access to SUD treatment for TRICARE users in rural areas?
5. What steps are the VA taking to improve access to SUD care and Medication Addiction Treatment (MAT) for veterans in rural areas or who have transportation limitations?
6. What steps are the VA taking to address SUD with veterans who are not currently eligible for VA healthcare?
7. How is telehealth being used in SUD care?
8. Please describe how the VA's overdose educational resources, including OEND, address stigma as a barrier to seeking care and treatment for individuals with SUD.
9. How is the VA raising awareness about naloxone coverage under TRICARE for veterans and their families?
10. Are there guidelines in place for VA facilities and clinicians to prescribe naloxone to family members and other individuals close to patients at risk for an opioid overdose?
11. What form and dosage of naloxone are distributed to at-risk patients through the VA's OEND program?

[5] https://www.va.gov/oig/pubs/VAOIG-21-01507-61.pdf

12. Are there any naloxone fill limits or dispensing caps for VA patients? Are higher dose naloxone formulations available on the VA or TRICARE formularies?
13. What does the VA's national standardized note – that presents in an individual's EMR following an overdose – provide in terms of information about harm reduction and tools such as the use of fentanyl test strips, naloxone provision, and safer use practices?
14. When do VA facilities provide fentanyl test strips to individuals at risk of overdose? What education or support does the VA provide alongside these test strips? Are there any legal or regulatory barriers to providing test strips or other harm reduction equipment to individuals at risk, or those close to them?

We must do everything we can to ensure that our veterans have access to the best possible care that meets their needs. Thank you for your partnership in serving veterans, and I look forward to your response.

Sincerely,

Tammy Baldwin
United States Senator