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# United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510

April 23, 2015

The Honorable Robert McDonald  
Secretary of Veterans Affairs  
810 Vermont Avenue, Northwest  
Washington, DC 20240

Dear Secretary McDonald,

At the recent hearing in the Senate Committee on Veterans' Affairs on opioid prescribing practices, I welcomed a commitment made by Interim Undersecretary for Health Dr. Carolyn Clancy to combat the scourge of opioid over-prescribing and addiction. I write to request that the Department of Veterans Affairs (VA) provide a detailed timeline on when these efforts related to opioid prescription will be completed. Even more importantly, I ask VA to dramatically improve treatments for veterans suffering from addiction or other conditions resulting from opioid prescription.

Veterans often see multiple treatment providers, both inside and outside VA, who too often lack access to information about what medications others have prescribed and are unable to see the full picture of a patient's care. The result is over-prescription of opioids and other drugs, as well as the potential for harmful drug interactions. To facilitate greater information sharing, federal regulations promulgated in March 2014 allow clinicians and pharmacists at the Veterans Health Administration's (VHA) facilities to upload information about opioid prescriptions to the relevant state Prescription Drug Monitoring Program (PDMP). However, these databases remain incomplete, because although all VHA facilities can *view* prescription data from providers outside of VA, VA facilities in 29 states lack the ability to *input* that data. This is deeply troubling.

Dr. Clancy indicated she would work over the next few months to ensure every VHA facility is able to upload this information. Such action is long overdue, and I therefore request VA provide me with an expected date by which *all* VHA facilities with providers who prescribe opioids will be able to upload their prescribing information to the relevant state PDMP. Additionally, VA must require all VA clinicians and pharmacists operating in states with PDMPs consult the appropriate PDMP before prescribing opioid pain medications.

VA must also ensure prescribing practices within its facilities recognize the unique characteristics of the patients VA serves. More than half of the veterans utilizing VA health services experience chronic pain, compared with 30 percent of the general population. Veterans also have a higher rate of comorbidities such as post-traumatic stress (PTS) or traumatic brain injury (TBI), both of which can require a complex treatment regimen that opioid medications can disrupt. Medical guidelines indicate prescribing opioids simply to numb the symptoms of PTS, TBI, or other conditions that increase the risk of suicide is completely inappropriate. Rather, VA must continue to take steps to ensure VA health facilities are able to treat the underlying causes of these conditions – in particular, by being properly staffed with high-quality mental health professionals.

I am aware of a number of vacant positions relating to mental health care in VA facilities in Connecticut. I ask that VA provide a detailed timeline of the plan to fill these vacancies, including the recruitment authorities VA intends to use. And as such vacancies are not unique to Connecticut, VA must monitor recruitment nationwide – at the Veterans Integrated Service Network, facility, and individual provider levels. I request that VA conduct a thorough review of the effectiveness of existing strategies to recruit mental health professionals across the country. I plan to work with the Department of Defense to urge greater collaboration between federal departments on the continuum of medical care veterans receive, which I hope will provide VA with greater insight and ability to confront problems like inappropriate opioid prescriptions. I look forward to your responses and to continuing to work together to improve care for our nation's veterans.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Blumenthal". The signature is fluid and cursive, with a prominent "R" at the beginning and a long, sweeping tail.

Richard Blumenthal  
Ranking Member