

Written Testimony on H.R. 1545, VA Prescription Data Accountability Act

Mr. Chairman and distinguished colleagues of the Subcommittee of Health, thank you for inviting me to speak on behalf of my proposed bill – H.R. 1545, the *VA Prescription Data Accountability Act*.

My bill would resolve a peculiar problem with the VA's initiative to connect VA medical facilities to state Prescription Drug Monitoring Programs. As you know, in 2012, the VA was authorized by Congress to provide state PDMPs the prescription data of VA beneficiaries. As a member of the House Veterans Affairs Committee and as the co-founder and co-chair of the Bipartisan Heroin Task Force, I recognize PDMPs as an important tool to prevent the spread of prescription opioids to our communities.

The VA has provided prescription opioids at a rate nearly twice that of the general population. Many veterans utilize both the VA and private providers to meet their healthcare needs. Additionally, many drugs – including opioids – can be dangerously and lethally combined with other drugs. Often, these lethal combinations are accidental and could have been resolved with better available information. These are reasons why it is critical to ensure the VA is fully connected to state PDMPs.

Thankfully, the VA has taken action to connect all its medical facilities to available PDMPs. All indications are that the VA is on schedule to connect all VA medical facilities with PDMPs.

However, the VA has reported that they cannot provide non-Veteran data to these state PDMPs. This problem is two-fold: VA's authority is currently confined to "Veterans and their dependents," and VA's IT systems cannot adequately discriminate between "dependents" and "non-dependent" users of the VA. Consequently, hundreds of thousands of non-Veterans do not have their data reported. That would include the largest population of non-Veterans - beneficiaries of CHAMPVA - as well as some active service members.

My bill would expand VA's authority to include all VA beneficiaries that are prescribed a drug. This will close the gap without requiring VA to update its electronic health records, a process that is neither quick nor inexpensive. Consequently, the VA and the CBO have preliminarily reported that my bill would have little to no cost.

Thank you for the opportunity to speak on behalf of my legislation.