

**Talking Points**  
**Pain Management and Over-use of Prescription Painkillers**

Good morning, Chairman Sanders, and welcome to you and our colleagues. I would like to thank the witnesses for being here to discuss this important issue of pain management and ways to improve the care and services provided to our nation's veterans.

Mr. Chairman, I also want to emphasize that this is neither the first nor the only quality of care issue that faces the Department. One veteran death related to the delays in care provided by the Department is one death too many. I strongly believe that this Committee needs to hold aggressive oversight hearings into these issues that the Department continues to struggle with, including long wait times for specialty care appointments, the misuse of waitlists, and the issues documented in the Healthcare Inspections conducted by the Inspector General - which by my count is now over 50 since January 2013. Even with all of these issues being publicly reported or included in reports by the IG, this Committee has yet to hold a single oversight hearing on the quality of care veterans are receiving at VA facilities. Mr. Chairman, I would fully support and urge you to hold more oversight hearings into these issues.

Turning to the subject of today's hearing, as many of you know, the United States is facing an epidemic of prescription drug abuse. That's why it is important that we are here today to conduct oversight over the care veterans who have chronic pain receive from VA. It is critical that we ensure that VA is taking the necessary steps to address the over-use of certain medications and the potential risks of misuse and dual prescriptions.

It has been estimated that as many as 50 percent of male veterans and as high as 75 percent of female OEF/OIF veterans struggle with pain. The prevalence of chronic pain will likely increase as more servicemembers transition into the VA system. These numbers demonstrate the need for VA to provide quality pain management services to ensure veterans with chronic pain are able to live productive and healthy lives.

According to the Center for Investigative Reporting, between 2001 and 2012 the number of VA prescriptions within four opiate categories -- including hydrocodone, oxycodone, methadone, and morphine -- surged 270 percent. Additionally, during 2012, VA providers wrote more than 6.5 million prescriptions within the same opiate categories.

I found these numbers alarming, in combination with recent media reports that describe veterans with known and documented drug addictions who are still being prescribed these types of medications. I would just like to highlight a couple stories----

A veteran with PTSD who self-medicated using oxycodone and heroin and later struggled to become clean and sober. This veteran, who is still struggling with PTSD and his addiction, now faces a new battle with the VA system, which continues to prescribe him opiates even though his electronic health record documents his addiction and the subsequent detox provided by VA.

Another veteran, while still on active duty, says he was injecting himself with anti-inflammatory drugs prescribed by military doctors. When he was treated by VA, they only responded to his pain by “loading him up on narcotics.” This veteran goes on to make the following statement, “There were better options to treat my pain, and those weren’t presented to me first. The priority was treating me the fastest, seemingly least expensive way, and it was the most detrimental.”

Now, is this the “patient-centered” or “veteran-centric” care that we constantly hear VA describing? Even in today’s testimony from the Department, we will hear that “care is increasingly personalized, proactive and patient driven.” If these stories reflect what VA believes is personalized, proactive, and patient driven, we have more problems to address than just the quality of care and long wait times.

When it comes to the care we are providing to those who have sacrificed so much for our nation, we can’t afford to get it wrong. This Committee needs to hold VA accountable to ensure they are providing world-class care. Right now, with the media reports and even VA’s own research, I am not sure we are. Today, VA will describe their policies, directives, and initiatives to ensure opioid therapies are prescribed to veterans in a safe manner. It is our obligation to hold VA accountable and ensure that they are providing the highest standard of care to those who are already in the system.

Mr. Chairman, thank you for calling this hearing.