

April 14, 2024

The Honorable Doug Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

The Honorable Stephen L. Lieberman
Acting Under Secretary for Health
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Collins and Dr. Lieberman:

The opioid epidemic continues to plague America. Another 80,000 lives were claimed in 2023, and millions more Americans have an opioid use disorder (OUD).¹ We are grateful for the United States Department of Veterans Affairs' ("the Department") action on this issue, including significant reductions in opioid prescribing and increased access to opioid use disorder treatment. We write today because there is a simple, commonsense policy change you could make right now to further benefit veterans. Given the backdrop of the opioid addiction crisis in the United States, **the Department can, and should, make all clinically appropriate non-opioid therapies available to all Americans seeking care at a VA facility.** In doing so, the Department can prevent opioid addiction, save lives, and reduce the costs associated with opioid addiction for our veterans, their families and our country.

Nearly half of combat wounded veterans report misusing prescription opioids.² In 2020, 2.4 million, or 12 percent, of our veterans reported having a substance use disorder, with approximately 500,000 of them opioid-related.³ They are not alone. All told, between 6 and 20 percent of Americans become newly persistent opioid users every year following exposure to opioids after an acute pain incident.⁴ These prescribed pills can also lead to further illicit opioid use, as 75 percent of heroin users report initiating with prescription opioid pills.⁵

On January 1st of this year, the *Non-Opioids Prevent Addiction in the Nation ("NOPAIN") Act* went into effect. This law seeks to enhance access to clinically appropriate non-opioid treatments in the Medicare program. A list of qualifying products – drugs and devices – was developed and vetted by the Centers for Medicare and Medicaid Services (CMS) during a rulemaking process.⁶ As of January 1, 11 products meet the eligibility criteria of this legislation.

¹ Dowell D, Brown S, Gyawali S, et al. Treatment for Opioid Use Disorder: Population Estimates — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2024;73:567–574. DOI: <http://dx.doi.org/10.15585/mmwr.mm7325a1>.

² Kelley ML, Bravo AJ, Votaw VR, Stein E, Redman JC, Witkiewitz K. Opioid and sedative misuse among veterans wounded in combat. *Addict Behav.* 2019 May;92:168-172. doi: 10.1016/j.addbeh.2018.12.007. Epub 2018 Dec 10. PMID: 30640149; PMCID: PMC10617000.

³ Substance Abuse and Mental Health Services Administration, "2020 National Survey on Drug Use and Health: Veterans." July 27, 2022. Available online: <https://www.samhsa.gov/data/report/2020-nsduh-veterans>

⁴ Côté C, Bérubé M, Moore L, Lauzier F, Tremblay L, Belzile E, Martel MO, Pagé G, Beaulieu Y, Pinard AM, Perreault K, Sirois C, Grzelak S, Turgeon AF. Strategies aimed at preventing long-term opioid use in trauma and orthopaedic surgery: a scoping review. *BMC Musculoskelet Disord.* 2022 Mar 11;23(1):238. doi: 10.1186/s12891-022-05044-y. PMID: 35277150; PMCID: PMC8917706.

⁵ Lankenau SE, Teti M, Silva K, Jackson Bloom J, Harocopos A, Treese M. Initiation into prescription opioid misuse amongst young injection drug users. *Int J Drug Policy.* 2012;23(1):37-44.

⁶ Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule with comment period. *Federal Register / Vol. 89, No. 229., page 94358.*

We strongly urge the VA National Formulary (“VANF”) to ensure that veterans (who are not covered by Medicare) have the same choices that Medicare beneficiaries do. Current VANF policy limits options available to patients and, as a result, unnecessarily exposes our nation’s veterans to opioid-based analgesic products. This decision puts lives in jeopardy and perpetuates an outdated and inappropriate protocol for treating acute pain.

Guidance from the Centers for Disease Control and Prevention (CDC) states that non-opioids are the preferred method for treating acute pain.⁷ Clinicians should **maximize use of nonpharmacologic and nonopioid pharmacologic therapies** as appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient.⁸ Unfortunately, current VANF policy limits access to such approaches in lieu of the perceived short-term benefits of using cheaper, opioid-based analgesics.

Research highlights the long-term cost savings attributable to the use of non-opioid protocols. Multimodal approaches, which offer patients a variety of non-opioid treatments, have been shown to drive cost savings at facilities.⁹ Additionally, the cost of treating an increased incidence of OUD is shown have devastating costs.¹⁰ A recent report from Moran highlighted that Medicare spent \$33 billion treating OUD in 2022 alone¹¹. An estimated 1 billion dollars is spent each year on veteran’s misuse of prescription opioids.¹² Not only would this policy change have significant benefits to the health and wellbeing of our nation’s veterans and their families, but it would also be a more efficient allocation of federal resources.

The men and women who serve our country as part of our Armed and Uniformed Services deserve the best from us, including setting them up for success after their service. In honor of the sacrifices these brave men and women have made on behalf of our country, we have a duty and a responsibility to ensure they receive the best health benefits we can provide. This includes ensuring they can access the full range of non-opioid analgesic products after surgery. Unfortunately, this issue has failed to be addressed on numerous occasions, resulting in unnecessary loss of life and missed opportunities to provide better services for our nation’s veterans and their families. We urge the Department to follow through on its commitment to ensure American veterans have access to the care that best fits their needs. The sacrifices they made on behalf of their country must be honored.

Thank you for your time and attention to this urgent matter. We look forward to working with the Department on this urgent public health need and partnering on preventing opioid addiction.

⁷ Centers for Disease Control and Prevention. (2025, April 10). Guideline Recommendations and Guiding Principles. Retrieved from: <https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/recommendations-and-principles.html#:~:text=Clinicians%20should%20maximize%20use%20of,outweigh%20risks%20to%20the%20patient.>

⁸ Amaechi O, Huffman MM, Featherstone K. Pharmacologic Therapy for Acute Pain. Am Fam Physician. 2021 Jul 1;104(1):63-72. PMID: 34264611. <https://www.aafp.org/pubs/afp/issues/2021/0700/p63.html#:~:text=Acetaminophen%20and%20nonsteroidal%20anti%20inflammatory,acute%20mild%20to%20moderate%20pain.>

⁹ Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>.

¹⁰ Halaszynski T. Influences of the aging process on acute perioperative pain management in elderly and cognitively impaired patients. Ochsner J. 2013 Summer;13(2):228-47. PMID: 23789010; PMCID: PMC3684333.

¹¹ Health Management Associates. “The Opioid Use Disorder Epidemic’s Impact on the Medicare Program”. Released June 2024. Available online. <https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicare-Program-062724-final.pdf>

¹² Cesur, R., Sabia, J., & Bradford, D. (n.d.). NBER Working Paper Series - National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w26264/w26264.pdf

Please contact Claire Onyechi, Vice President, Outreach and Engagement, Voices for Non-Opioid Choices (claire@nonopioidchoices.org) for follow-up or to speak with the supporting organizations.

Sincerely,

Adult & Teen Challenge
Air Force Sergeants Association
Ambulatory Surgery Center Association
American Association of Colleges of Nurses
American Association of Nurse Practitioners
American Warrior Partnership
Amputee Coalition
Asheville Equine Therapy
Association for the Treatment of Neuroplastic Symptoms.
Aurora Sober Living
A Voice in the Wilderness Empowerment Center
Battle Within
Better Together CT
Braach Shepherds for Veterans
Casting Vets
Center of Addiction and Faith
Chatham Drug Free
CLEAR1
Country Wellness LLC
CADCA
Crux Wilderness Therapy
Dropping 22
Dry Hootch
Elderly Advocates
Endeavor Therapeutic Horsemanship Veteran Program
Equilibrium Wellness Center
Families of Addicts
Freedom Through Recovery
Frontline Healing Foundation
Fox Valley Warrior Aid Alliance
Generation O, The National Organization for Opioid-Exposed Children
Green Beret Foundation
Hawaii Health and Harm Reduction Center
Healing on the Fly
Helping Veterans and Families
Herren Project
Ho'ola Veteran Services/ Ho'ola Farms
Hope and Healing for Warriors
Humble Grunt Works
Iowa Democratic Veterans Caucus
Independence for Veterans
InStep Indianapolis
Iron Tribe Network
Journey House Foundation
The Kennedy Forum

Montachusett Veterans Outreach Center
Medicaid CHIP Services Dental Association
Mental Health America
Mental Health Association in Delaware
Mental Health America of Illinois
Mental Health Colorado
Metro Drug Coalition
Michigan Women Veterans Empowerment
Military-Veterans Advocacy, Inc
Mission Roll Call
National Alliance on Mental Illness
National Association of Social Workers
National Certification Commission for Acupuncture and Oriental Medicine
National Transitions of Care Coalition
New Jersey Veterans Network
Non-Commissioned Officers Association
Nurses Organization of Veterans Affairs
Operation Charlie Bravo
Operation First Response, Inc.
Overdose Lifeline
Pledge for Life Partnership Coalition
Positive Pathways RCO
Prevention Alliance of Tennessee
Project Echelon
PTSD Awareness Summit
REAL LIFE
Recovery Advocates in Livingston
Recovery Mobile Clinic
RetireSafe
Safe Haven Recovery Engagement Center
Salvage USA
Sanctuary Foundation for Veterans
SE Roxbury Community Partnership
SHE RECOVERS Foundation
Society for Opioid Free Anesthesia
Society of Behavioral Medicine
Soldier Strong
TAP United
Team Sharing, Inc.
Twelfth Step Ministries
United Soldiers and Sailors of America
USVETS
VetPark's A.T.V
Veterans Healing Farm
Veterans Health and Wellness Foundation
Veterans Helping Veterans Worldwide
America Freedom Consulting LLC
Veterans National Recovery Center
Veterans Navigation Center
Veteran Oasis
Voices for Awareness Foundation

Voices for Non-Opioid Choices
Warrior Surf Foundation
Warren Coalition
West Warwick Prevention Coalition
Wiley H. Manns Foundation
Will Bright Foundation
Wisconsin Veterans Network
Wyoming Valley Drug and Alcohol Services
Young People In Recovery