



**STATEMENT FOR THE RECORD
OF
DR. MARIE BLACK
HEALTH POLICY ANALYST
VETERANS' AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
"MEDICATION MANAGEMENT IN VA HEALTHCARE"**

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Chairman Moran, Ranking Member Blumenthal, and distinguished members of this Committee, on behalf of National Commander Dan K. Wiley and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our testimony for the record on medication management at the U.S. Department of Veterans Affairs, including proposed reforms like *The Protect Veteran Access to Telemedicine Services Act* and the *Written Informed Consent Act*.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, servicemembers, their families, and caregivers. Our positions are grounded in more than 106 years of advocacy, beginning at the post level. Every time The American Legion testifies, we bring the veteran community's voice directly to Congress. The American Legion remains committed to ensuring veterans receive the high-quality healthcare they have earned, and we have long played a vital oversight role at VA. Today, that role is more critical than ever.

The American Legion is a resolution-based organization, and the following resolutions support and inform our recommendations below: Resolution No. 19: *Improving Telehealth Access*,¹ and Resolution No. 18: *Written Informed Consent*.²

In every year since 2001, more than 6,000 veterans have died by suicide annually, and according to the VA's 2024 National Veteran Suicide Report more than 40% of these suicides occurred while the veteran was utilizing care at VA. Success in combatting this epidemic have been mixed, despite increased Congressional attention and dramatic increases in funding at VA. Psychopharmacological interventions, are one of the few "evidenced-based" treatment modalities recognized by the VA for mental health treatment but are often ineffective and can result in adverse treatment outcomes. In just one example, VA's website has a comparison tool of different modalities for treating post-traumatic stress (PTS). When listing selective serotonin reuptake inhibitors (SSRIs) and/or serotonin-norepinephrine reuptake inhibitors (SNRIs) against other treatments, VA states, "36 out of every 100 people who receive medications will have meaningful

¹ "Resolution No. 19 (2021): Improving Telehealth Access" The American Legion Digital Archive, <https://archive.legion.org/node/3578>

² "Resolution No. 18 (2023): Written Informed Consent," The American Legion Digital Archive, <https://archive.legion.org/node/15022>

symptom improvement after about 3 months.” By any objective measure, a 36% “success” rate is failing, particularly when accounting for potential negative side effects and failures in prescribing safety that have consistently been identified by the VA’s Office of Inspector General.

This is why controls and oversight of medication management at VA is critical to the health and safety of 6.1+ million veterans under VA care. When functioning properly, VA policies and safety protocols prevent harm, reduces suicide risk, and strengthens trust in VA. When it doesn’t, and when the VA does not follow laws related to informed consent, outlined in 38 CFR 17.32, consequences can be deadly. Modern conflicts have left many veterans dealing with chronic pain, post-traumatic stress (PTS), and traumatic brain injuries (TBI), which are often treated using complex medication regimens that in many cases have little or no efficacy for the treatment of such injuries. These veterans are at much greater risk when communication or oversight breaks down, and when clinicians are too quick to diagnose and prescribe rather than properly screening for TBIs or toxic exposure injuries and identifying the true root cause of the veteran’s mental health struggles.

The simultaneous use of multiple medications (polypharma) is pervasive among the veteran population and broadly recognized as one of the top ten common causes of deaths in the United States.³ During the 1990s and 2000s, prescription opioids were widely used within the VA, with nearly one-fifth of veterans receiving opioid prescriptions by the mid-2000s.⁴⁵ While these medications can reduce pain, they also carry high risks when not carefully monitored. Poor oversight contributes to addiction, medication interactions, and overdose.

With more veterans using community care, coordination between VA and non-VA providers is also critical. Studies have shown that veterans receiving opioids from Medicare Part D pharmacies often experienced prescription overlaps with VA-prescribed opioids, raising the risk of overdose. More than half of these veterans received prescriptions from both systems, double prescribing that could have been prevented with stronger medication safeguards.⁶

Informed consent plays a huge role in this problem, as evidenced by the VA’s Office of Inspector General (OIG) September 2024 report “Mismanaged Mental Health Care for a Patient Who Died by Suicide.”⁷ The report discussed the case of veteran Hunter Whitley, whose mental health nurse practitioner’s (MHNP) “failure to provide the patient education regarding mirtazapine’s boxed warning likely resulted in the patient’s insufficient awareness of the need to self-monitor for

³ VA News, “VIONE changes the way VA handles prescriptions,” The Department of Veterans Affairs, January 25, 2020. <https://news.va.gov/70709/vione-changes-way-va-handles-prescriptions/>.

⁴ “Understanding the Opioid Overdose Epidemic.” Centers for Disease Control and Prevention, June 9, 2025. <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>.

⁵ Communications, DAV. “How-and Why-the VA Changed How It Treats Veterans’ Chronic Pain.” DAV, September 15, 2025. <https://www.dav.org/learn-more/news/2025/how-and-why-the-va-changed-how-it-treats-veterans-chronic-pain>.

⁶ Carico, Ron, Xinhua Zhao, Carolyn T. Thorpe, Joshua M. Thorpe, Florentina E. Sileanu, John P. Cashy, Jennifer A. Hale et al. "Receipt of overlapping opioid and benzodiazepine prescriptions among veterans dually enrolled in Medicare Part D and the Department of Veterans Affairs: a cross-sectional study." *Annals of internal medicine* 169, no. 9 (2018): 593-601. <https://pubmed.ncbi.nlm.nih.gov/30304353/>.

⁷ “Mismanaged Mental Health Care for a Patient Who Died by Suicide and Review of Administrative Actions at the VA Tuscaloosa Healthcare System in Alabama.” Department of Veterans Affairs Office of Inspector General. September 26, 2024. <https://www.vaogig.gov/reports/hotline-healthcare-inspection/mismanaged-mental-health-care-patient-who-died-suicide-and>

suicidal thoughts and seek supportive resources.” In 2025, VA OIG published a report for the VA System in Massachusetts, which identified failures to provide evidence of “required discussion with veterans on the risks and benefits of prescribed medications” in a significant number of veteran healthcare records.⁸ Two other 2025 reports for systems in Virginia and Pennsylvania echoed these concerns.

VA claims there has been progress to reduce opioid prescriptions by an estimated 67% since 2012,⁹ but according to the VA’s OIG, consistent implementation of informed consent, especially for psychotropic medications with Box Warnings for suicide risk from the Food and Drug Administration, remains elusive. Veterans continue to experience abrupt or poorly managed opioid tapering; polypharmacy without adequate monitoring; gaps between pain management, addiction treatment, mental health care, and insufficient informed-consent processes for high-risk medications.

Both draft bills address these systemic issues within VA medication management that contribute to opioid addiction, treatment lapses, and veteran suicide. The American Legion strongly supports both proposals, with one minor amendment.

DRAFT – The Written Informed Consent Act

To direct the Secretary of Veterans Affairs to expand a directive of the Veterans Health Administration regarding informed consent to apply to certain types of medications.

In May 2020, VHA issued Directive 1005 to require written informed consent for long-term opioid therapy. The Written Informed Consent Act introduced on 2 December, 2025, expands this requirement to include other medications, many of which host FDA Box Warnings for suicide risk: antipsychotics, stimulants, antidepressants, anxiolytics, and narcotics.

Each of these medication classes carries long-term risks that veterans must be fully informed about. Antipsychotics can cause metabolic changes and weight gain. Stimulants can cause cardiac complications and sleep issues. Antidepressants can cause impaired sexual function, weight gain, and emotional blunting. Anxiolytics carry a high risk of dependence, cognitive impairment, and chronic fatigue. Narcotics can cause gastrointestinal complications, weaken immune function, and carry a high risk of addiction. Again, many of these drugs have warnings for suicidal thoughts and behaviors, so with that in mind, we have a responsibility not only to our veterans, but their families to ensure they fully understand the potential risks that accompany treatments.

The American Legion has documented numerous cases in which Legionnaires were not adequately informed about the risks of medication. In one notable example, a veteran undergoing cancer treatment was not warned about narcotic effects on driving ability and experienced a serious car

⁸ “Mental Health Inspection of the VA Central Western Massachusetts Healthcare System in Leeds.” Department of Veterans Affairs Office of Inspector General. March 5, 2025. <https://www.vaoig.gov/reports/mental-health-inspection-program/mental-health-inspection-va-central-western-massachusetts>

⁹ VA News, “VA Reduces number of Veterans prescribed opioids by 67% since 2012.” September 21, 2023. <https://news.va.gov/press-room/va-reduces-opioids-by-67-since-2012/#:~:text=Table%20title:%20VA%20reduces%20number%20of%20Veterans%20prescribed,%7C%202012:%2076%2C444%20%7C%202023:%2014%2C733%20%7C>

accident. Another veteran in our Washington, D.C. office who deals with chronic PTSD, back, and leg injuries was - at one point - prescribed seven daily medications, resulting in increased suicidal ideation and, ultimately, a failed suicide attempt.

With polypharmacy so prevalent, VA must adopt all reasonable measures to ensure veterans understand their treatment plans, risks, and alternatives to ensure these cases are rare or nonexistent.

The American Legion supports this legislation through *Resolution No. 18: Written Informed Consent*, which urges VA to conduct regular state Prescription Drug Monitoring Program (PDMP) checks, prevent adverse medication interactions, and implement prompt follow-up wellness checks for veterans prescribed Black Box Warning medications.

DRAFT – The Protect Veteran Access to Telemedicine Services Act

To amend title 38, United States Code, to authorize certain VA health professionals to deliver or dispense controlled substances via telemedicine under certain conditions.

Approximately 2.7 million rural veterans are enrolled in VHA care. Many live in designated Health Professional Shortage Areas (HPSAs) where provider scarcity, facility closures, and geographic barriers make it difficult to access care. A 1-to-2,500 physician-to-patient ratio in some areas makes it nearly impossible to get timely appointments.¹⁰

Telemedicine dramatically expands access to care by increasing the number of available prescribers and offering safe, secure medication without forcing veterans to spend hours on the road.

During the COVID-19 pandemic, emergency authorities temporarily relaxed in-person evaluation requirements under the *Ryan Haight Act* and the *Controlled Substances Act*. This allowed VA providers to prescribe controlled medications via telemedicine practices that proved to be highly safe, effective, and necessary. Three emergency extensions were subsequently approved by DEA/HHS, with the current extension expiring on December 31, 2025.¹¹ As this deadline approaches, the potential for uncertainty looms large. Veterans and clinicians cannot operate under shifting requirements that change from year to year. Codifying these authorities would preserve access for rural and mobility-impaired veterans, prevent dangerous lapses in medication refills, reduce travel burdens and associated stress, and ensure continuity of chronic-care treatment.

One American Legion service officer shared that cross-state tele-prescribing privileges are vital for a veteran traveling between states who relies on the VA Traveling Veteran Program. Telehealth

¹⁰ “Rural Health Care Workforce Development.” Department of Veterans Affairs, Last updated May 2023, https://www.ruralhealth.va.gov/docs/ORH1458-010_Workforce_508c.pdf

¹¹ “Better Communication and Oversight Could Improve How the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Manages Funds.” Oversight.gov, May 25, 2025. <https://www.oversight.gov/reports/audit/better-communication-and-oversight-could-improve-how-pain-management-opioid-safety>.

enabled the veteran to maintain communication with their assigned provider without treatment gaps.

However, The American Legion is concerned with consistent care coordination. We urge the committee to consider a modest amendment to require one in-person appointment per calendar year.

The American Legion supports this draft legislation, with a proposed amendment, through *Resolution No. 19: Improving Telehealth Access*, which urges Congress to permanently allow VA health professionals to practice telemedicine across state lines within the scope of their federal duties.

CONCLUSION

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Committee, The American Legion thanks you for your leadership on these critical issues and for the opportunity to provide this testimony.

We stand ready to continue working with the Committee, VA, and our nation's veterans to ensure consistent, safe, and high-quality care. Questions concerning this testimony can be directed to Logan Barber, Legislative Associate, at lbarber@legion.org.