



May 5, 2016

David J. Shulkin, MD
Under Secretary for Health
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Dr. Shulkin:

On behalf of the American Academy of Family Physicians (AAFP), representing 120,900 family physicians and medical students nationwide, I write to urge that all Veterans Administration (VA) prescribers participate in their state prescription drug monitoring programs (PDMPs) regardless of whether the program qualifies as a law enforcement entity. This request stems from a resolution adopted by the AAFP's policy-making body, the Congress of Delegates.

An opinion, issued March 16, 2010, by the VA General Counsel has restricted VA participation in state PDMPs to those which qualify as "law enforcement entities." However, we believe that all VA prescribers should participate in state PDMPs. We recognize that the VA published an interim final rule effective on February 11, 2013, *Disclosures to Participate in State Prescription Drug Monitoring Programs*, which states that "VA may disclose to PDMPs ... information concerning the prescription of controlled substances." However, this voluntary PDMP disclosure has failed to result in VA PDMP reporting necessary information to prevent misuse and diversion of prescription drugs.

The AAFP is deeply concerned that the abuse of prescription opioid painkillers is having a devastating effect on public health and safety in our communities. We recognize the value of PDMPs and the interstate exchange of registry information and we see PDMPs as vital to curbing opioid misuse and diversion. Physician practices must have access to accurate information in real time when writing prescriptions for Schedule II, III, and IV controlled substances to determine if a patient is doctor shopping. Incomplete information could put veterans and other patients at increased risk. So it is critical that VA prescribers not be exempt from mandatory reporting to their state PDMP.

Prescribing physicians must have access to timely, comprehensive information for PDMPs to be effective public health tools. The AAFP realizes that there are patients with inappropriate drug-seeking behavior and, in our [position paper on](#) pain management and opioid abuse; we have called on all states to implement effective, comprehensive and real-time PDMPs to help thwart such behavior.

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Thank you for your attention to this important public health initiative and we look forward to working with you on addressing the problem of prescription drug abuse. If you have any questions or would like to discuss this issue further, please contact Teresa Baker, Senior Government Relations Representative, at 202-232-9033 or tbaker@aafp.org.

Sincerely,



Robert Wergin, MD, FAAFP
Board Chair