

Congress of the United States
Washington, DC 20515

December 8th, 2017

The Honorable James N. Mattis
Secretary of Defense
1000 Defense Pentagon
Washington, DC 20301-1000

Dear Mr. Secretary:

On October 26th, 2017 President Trump declared the opioid epidemic a national health emergency. We are concerned Department of Defense (DoD) controlled substances prescription practices leave vulnerable our nation's active duty service members, reservists, their families, veterans, and retirees to this crisis. We urge the Department to take proactive steps to report TRICARE beneficiaries' controlled substance prescriptions to state prescription drug monitoring programs (PDMPs) as soon as possible.

Drug overdose is now the leading cause of death for Americans under age 50, overwhelmingly the demographic serving in uniform and their families. The Department's 2016 "Report to Congress on Prescription Drug Abuse" found service member prescriptions for pain medications increased fourfold over an eight year period ending in 2009 and approximately 15 percent of service members returning from Afghanistan were prescribed an opioid. We believe the potential for controlled substance abuse, specifically opioid abuse, within the DoD healthcare system presents an unnecessary risk to our military's readiness. But, we believe this risk can be rectified.

We applaud the Department's efforts in this area cited in the 2017 "Report on Prescription Opioid Abuse and Effects on Readiness." These incremental steps include research on more treatments for opioid addiction, research on next generation pain relievers, and several methods for prevention of overdose deaths. But, in the 2016 report, DoD acknowledged risk of TRICARE beneficiaries "medication shopping" or intentionally obtaining controlled substances from more than one physician or pharmacy. We understand the Department has developed the Controlled Drug Medication Analysis and Reporting Tool (CD-MART) and the Polypharmacy Medication Analysis and Reporting Tool (Poly-MART) as internal mechanisms to stymie access to unnecessary prescription medications.

Despite these actions, we are concerned the Department's progress to date, while laudable, fails to holistically address the risk it assumes when TRICARE beneficiaries visit non-military treatment facilities (MTFs). DoD reported that in the past year, 45 percent of outpatient and 76 percent of inpatient TRICARE visits occurred at facilities other than MTFs. Additionally, the Department cannot know the number of beneficiaries treated at non-MTFs that do not use their TRICARE coverage. At visits to these facilities, civilian healthcare providers treating TRICARE beneficiaries are unable to access the valuable and potentially lifesaving patient information in the Department's internal CD-MART and Poly-MART systems. In 49 states and the District of Columbia, mandatory statewide PDMPs have proven an effective tool at curbing controlled substance abuse and related deaths. Yet, DoD does not share TRICARE beneficiary controlled substance prescription information with these state databases.

Recently, Congress passed H.R. 1545, the “VA Prescription Data Accountability Act 2017.” This legislation requires the Secretary of Veterans Affairs to disclose patient information to the state PDMPs. To address our similar concerns with the Department of Defense, we request the DoD provide the following information within the next 30 days.


- The number of TRICARE beneficiaries categorized by subset (active duty, reservist, dependent, veteran, retiree, etc.) who are treated at MTFs and non-MTFs.
- The number of TRICARE beneficiaries categorized by subset who receive any Schedule II-V controlled medication, in particular opioids, in MTF and non-MTFs.
- The number of TRICARE beneficiaries categorized by subset the Defense Health Agency Prescription Monitoring Program identifies as having demonstrated a high use of controlled substances.
- The proportion of military healthcare providers accessing CD-MART and/or Poly-MART prior to prescribing a controlled substance.
- An update on the implementation and utilization across all MTFs of the Military Health System (MHS) Stepped Care Model.
- The costs associated with DoD’s efforts to combat and treat controlled substance drug abuse.
- Any measures and reasons preventing DoD from disclosing controlled substance prescription information of TRICARE beneficiaries to a state PDMP.

As the opioid epidemic continues to escalate, we firmly believe service member health and readiness necessitates DoD’s participation in these state programs. The DoD internal prescription drug monitoring mechanisms are ineffective at mitigating controlled substance abuse at civilian facilities, where nearly half of all TRICARE beneficiary healthcare treatment occurs. DoD should build a mechanism that allows seamless information sharing with the state databases and not burden civilian health care providers with a new system and/or credentials for accessing TRICARE information. We look forward to working with you to protect and defend our armed forces from the insidious threat of controlled substance and opioid abuse; a strong and ready military is essential to the continued prosperity of our nation.

Sincerely,



Michael R. Turner
Member of Congress



Seth W. Moulton
Member of Congress