US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

Better Communication and Oversight Could Improve How the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Manages Funds

Audit | 24-00524-104 | May 28, 2025

BE A
VOICE FOR
VETERANS
REPORT WRONGDOING
vaoig.gov/hotline | 800.488.8244

OUR MISSION

To serve veterans and the public by conducting meaningful independent oversight of the Department of Veterans Affairs.

CONNECT WITH US

Subscribe to receive updates on reports, press releases, congressional testimony, and more. Follow us at @VetAffairsOIG.

PRIVACY NOTICE

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, the OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

Executive Summary

Chronic pain is a nationwide public health concern that often affects large numbers of veterans. Accordingly, VA and Congress have historically prioritized pain management. In 1998, the Veterans Health Administration (VHA) established a national pain management strategy to address potential negative outcomes associated with chronic pain. In 2004, VA created a National Pain Management Program Office within VHA.[1] Subsequent to the creation of this office, Congress enacted the Comprehensive Addiction and Recovery Act (CARA) of 2016 to improve opioid therapy and pain management for veterans. Within CARA, the Jason Simcakoski Memorial and Promise Act (referred to as Jason's Law throughout this report) requires each VHA medical facility to have a pain management team (PMT) to coordinate and oversee pain management therapy for veterans experiencing acute and chronic pain that is unrelated to cancer.[2]

Several years after CARA was enacted, VHA expanded the National Pain Management Program Office by combining the Opioid Safety and Prescription Drug Monitoring Program with the Pain Management Program in July 2020. As a result of this consolidation, the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) was established as the successor to the National Pain Management Program Office. The national program executive director of the PMOP is responsible for policy and operational oversight of the program, which includes providing guidance and funding to support the implementation of program initiatives and ensure the requirements of CARA and Jason's Law are met.[3]

In fiscal years (FYs) 2022 through 2024, the PMOP received $647 million in specific purpose funds to provide targeted support for pain management and opioid safety programs primarily at the medical-facility level.[4] Specific purpose funds are designated appropriations from Congress or funding from the VA department-level budget that are earmarked to accomplish stipulated department goals.[5] VA designated a portion of the funds in its medical services and medical support and compliance appropriation accounts as specific purpose funds to support PMOP operations and initiatives. Specific purpose funds referred to in this report are funding from the VA department-level budget as opposed to specialized appropriations from Congress.

---

[1] VHA Specialty Care Program Office, *Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) FY23 Strategic Plan*, September 2022, p. 4.

[2] Comprehensive Addiction and Recovery Act (CARA) of 2016, Pub L. No. 114-198, 130 Stat. 695, §§ 901 and 911(c).

[3] VHA Specialty Care Program Office, *PMOP FY23 Strategic Plan*, p. 5–6.

[4] The PMOP received $212.7 million in FY 2022, $212.8 million in FY 2023, and $221.5 million in FY 2024—totaling $647 million over the three-year period. See appendix A for details on the budget estimation and formulation for the PMOP.

[5] VHA Specialty Care Program Office, *Budget Formulation and Execution Guide*, March 3, 2022, p. 3.

The VA Office of Inspector General (OIG) conducted this audit to evaluate the PMOP's management of specific purpose funds to support the program.[6]

What the Audit Found

The OIG found the PMOP could improve how it manages specific purpose funds to achieve its goals. Combining FYs 2022 and 2023, the program returned about $126.7 million in unused funds in part because medical facilities could not hire staff.[7] Moreover, the program did not always communicate in a timely manner with Veterans Integrated Service Networks (VISNs) and medical facilities, which hampered medical facilities' abilities to spend PMOP funds.[8] The program also sometimes omitted key personnel from essential communications, including PMOP coordinators and VISN and medical facility leaders. Finally, VHA and the PMOP need to strengthen oversight to help ensure VHA's medical facilities have fully compliant pain management teams in place at each facility, thereby meeting the requirements of Jason's Law.

The Program Returned Millions of Unused Funds

The PMOP returned about $93.4 million of the $212.7 million that it received in FY 2022 (44 percent). In FY 2023, the program returned about $33.2 million of the $212.8 million it received (16 percent). While the overall amount returned decreased in FY 2023, some medical facilities continued to return substantial amounts of funding. For example, three of the four medical facilities the audit team visited returned the following amounts of FY 2023 funding:

- The James A. Haley Veterans' Hospital in Tampa, Florida, returned about $2.6 million of the $6.8 million allocated (38 percent).
- The Dallas VA Medical Center in Texas returned about $479,000 of the $906,000 allocated (53 percent).
- The Atlanta VA Medical Center in Georgia returned about $2.3 million of the $3.8 million allocated (60 percent).[9]

The program returned only about $8.8 million of the $221.5 million it received in FY 2024 (4 percent).

[6] The audit's scope included FYs 2022 and 2023. While the scope did not include all FY 2024's details, the team did review the amount allocated and returned in FY 2024, as well as the acute pain services expansion program because the communication issue was brought to the team's attention by a PMOP coordinator. See appendix B for details on the report's scope and methodology.

[7] Throughout this report, the term "medical facilities" refers to VA healthcare systems and medical centers.

[8] VHA divides the United States into 18 regional networks, known as VISNs, which work together to better meet healthcare needs and provide greater access to care. Veterans Health Administration, "Veterans Integrated Services Networks (VISNs)," accessed October 23, 2024, https:/www.va.gov/HEALTH/visns.asp.

[9] Numbers do not total precisely due to rounding.

Ineffective Communication Hampered Medical Facilities' Abilities to Spend Funds

The OIG found the program did not always communicate effectively with VISNs and medical facilities so that they could plan how to use their funds efficiently to hire staff as intended. For example, memoranda used to communicate funding information were not sent to VISNs in a timely manner in FY 2022. The program sent a field funding memorandum to the VISN directors on December 21, 2021. It sent a request for applications memorandum to the VISN directors on February 1, 2022. As a result of the late memoranda, medical facilities could not hire many of the positions they had requested because half the fiscal year was already over by the time requested FY 2022 positions were approved in March 2022. According to the PMOP, 527 out of 1,124 positions were unfilled in FY 2022 (47 percent). By the end of FY 2023, only 285 out of 1,129 positions were unfilled (25 percent). The OIG team noted that the medical facilities continued to improve as only 141 out of 1,033 positions were unfilled at the end of FY 2024 (14 percent).

Furthermore, the OIG found the PMOP did not always communicate with key officials to implement initiatives. For example, the national anesthesia program selected 10 medical facilities to pilot an acute pain services expansion program initiative with the PMOP in FY 2024. Although the PMOP was aware of the selected medical facilities in August 2023, it did not send the memorandum to notify the VISN directors until January 2024. As a result of not communicating with key officials, in addition to other factors such as limits on full-time-equivalent positions, staff from five of the 10 selected medical facilities told the audit team that they did not intend on participating in the program—which contributed to the amount of PMOP funding returned.

Despite Funding Being Available, the Program Did Not Meet PMT Requirements

VHA has a legal obligation to comply with Jason's Law by having a PMT at every VHA medical facility. In September 2019, VHA designated the Pain Management Program Office (the precursor to the PMOP), in collaboration with the Office of the Deputy Under Secretary for Health for Operations and Management, as the office responsible for ensuring compliance with the requirements in Jason's Law.[10] According to the *PMOP FY 2023 Strategic Plan*, one of the program's goals was to have a fully compliant PMT in every VHA medical facility by September 30, 2023.[11] But VHA was still not complying with the requirement at the end of FY 2024—46 of 139 medical facilities were still not in full compliance (33 percent).

[10] The Office of the Deputy Under Secretary for Health for Operations and Management is now the Office of the Chief Operations Officer.

[11] VHA Specialty Care Program Office, *PMOP FY23 Strategic Plan*.

To monitor compliance, the program launched a tracking application in January 2024. Medical facilities are required to update their PMT status on a quarterly basis using the new Pain Management Team Tracking Application.[12] While this is a notable step in the right direction, the OIG team found that, as of October 2024 (eight years after Jason's Law was signed), only 67 percent of VHA medical facilities reported they were compliant with the requirement.[13] Therefore, it is vital that the PMOP and the Office of the Chief Operations Officer (the office responsible for overseeing VISN and medical facility operations) work together to ensure VHA's medical facilities meet the PMT requirement.

PMT Requirements Were Not Clearly Defined, and PMT Status Information Has Not Been Validated

Confusion over PMT requirements has contributed to the noncompliance rate. While Jason's Law mandated PMTs at all VA medical facilities, it did not provide specific requirements for the composition or functions of these teams. Instead, it delegated the responsibility for establishing standard protocols at each medical facility to the Secretary of Veterans Affairs. Although VHA sent a memorandum in May 2017 to communicate the PMT requirements, VISN and medical facility PMOP coordinators told the audit team they are uncertain about PMT composition and the functions the teams must deliver to comply with Jason's Law. This uncertainty made it confusing for medical facility officials to determine whether their facilities were complying with the PMT requirement.

Complicating matters further, medical facilities self-report whether they are complying with Jason's Law. When each facility decides compliance based on its own interpretation of the guidance, the risk of reporting unreliable data increases. Accordingly, it is imperative that the information reported by VHA's medical facilities is validated so that there is reasonable assurance of an accurate status regarding VHA's rate of compliance with Jason's Law.

The program took corrective actions to clarify PMT composition and functions by making presentations at the FY 2024 VHA Regional Pain Conferences held in March, April, and May 2024. But this guidance is informal and needs to be codified in official VHA policy to prevent future confusion.

[12] Assistant under secretary for health for clinical services/chief medical officer, "For Action: Compliance with Comprehensive Addiction and Recovery Act of 2016 (CARA) Pain Management Team (PMT) Requirements," memorandum to VISN directors, January 23, 2024.

[13] This statistic was compiled based on information self-reported by medical facility officials.

What the OIG Recommended

The OIG made five recommendations to the under secretary for health.[14] These included instructing the program to communicate pertinent PMOP funding information with key personnel before the start of the next fiscal year so that VISNs and medical facilities can adequately plan and take appropriate actions to complete hiring and to spend funds before the end of the fiscal year. The OIG also recommended the under secretary for health ensure the program clarifies and defines PMT requirements in the new VHA Directive 1151, *Pain Management and Opioid Safety*; establish a way to periodically validate PMT status information; and require the program and the chief operating officer to assess and ensure corrective actions are taken to address each medical facility's lack of progress in achieving compliance with the requirement to have a PMT, as mandated by Jason's Law.

VA Management Comments and OIG Response

The acting under secretary for health concurred with all recommendations in the report and requested closure of recommendations 1 and 2. The OIG found VA's actions taken for recommendations 1 and 2 responsive to the recommendations' intent and considers those two recommendations closed. For recommendations 3 through 5, the acting under secretary for health provided action plans that are responsive to the intent of the recommendations. VHA will clarify and define PMT requirements in VHA guidance and will finalize a PMT dashboard to ensure required functions of PMTs are fulfilled. Additionally, the PMOP will audit facility PMTs as needed. Facilities not in compliance will be required to provide their VISNs with an action plan. Additionally, VISNs will provide the PMOP with quarterly updates on facilities not yet compliant. Finally, the PMOP will provide a quarterly report to the chief operating officer. The OIG will continue to monitor VA's progress and will close the remaining recommendations when the acting under secretary for health has provided sufficient evidence that the corrective actions have been adequately implemented. See appendix C for the full text of the acting under secretary for health's comments.

LARRY M. REINKEMEYER
Assistant Inspector General
for Audits and Evaluations

[14] The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

Contents

Abbreviations

CARA	Comprehensive Addiction and Recovery Act
FY	fiscal year
OIG	Office of Inspector General
PMOP	Pain Management, Opioid Safety, and Prescription Drug Monitoring Program
PMT	pain management team
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted this audit to evaluate the Veterans Health Administration's (VHA's) management of specific purpose funds used by the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP). Chronic pain is a national public health problem. In 2018, the Centers for Disease Control and Prevention reported one in five Americans live with some form of chronic pain (or about 50 million people), which accounts for an estimated $560 billion each year in direct medical costs, lost productivity, and disability programs.[15] Pain is one of the most frequently reported symptoms by veterans receiving care at VHA medical facilities. Further, research has shown veterans with chronic pain are more likely to have emotional distress and to engage more frequently in risky behaviors, such as substance abuse.[16]

To address the potential negative outcomes associated with chronic pain, VHA instituted a national pain management strategy in 1998, thereby prioritizing pain management. VA established the National Pain Management Program Office within VHA in 2004.[17] Several years later, Congress enacted the Comprehensive Addiction and Recovery Act (CARA) of 2016 to further improve opioid therapy and pain management for veterans.[18] Within CARA is the Jason Simcakoski Memorial and Promise Act (referred to as Jason's Law throughout this report); it requires all VHA medical facilities to have a pain management team (PMT) responsible for coordinating and overseeing pain management therapy for pain unrelated to cancer.[19]

The Pain Management, Opioid Safety, and Prescription Drug Monitoring Program

Four years after CARA and Jason's Law were enacted, VHA expanded the National Pain Management Program Office by combining the Opioid Safety and Prescription Drug Monitoring Program with the Pain Management Program in July 2020. As a result of this consolidation, VHA renamed the National Pain Management Program Office as the PMOP.[20] The national program executive director of the PMOP is responsible for policy and operational oversight of the program, which includes providing guidance and funding to support implementation of

[15] VA and Department of Defense, *VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain*, May 2022, p. 5.

[16] VHA Specialty Care Program Office, *Veterans Integrated Services Network and Facility PMOP Triad Roles and Responsibilities Guidance*, February 20, 2024, p. 5.

[17] VHA Specialty Care Program Office, *Pain Management, Opioid Safety, and Prescription Drug Monitoring Program FY23 Strategic Plan*, September 2022, p. 4.

[18] Comprehensive Addiction and Recovery Act (CARA) of 2016, Pub L. No. 114-198, 130 Stat. 695.

[19] CARA, §§ 901 and 911(c). Throughout this report, the term "medical facilities" refers to VA healthcare systems and medical centers.

[20] VHA Specialty Care Program Office, *PMOP FY23 Strategic Plan*, p. 5.

program initiatives and ensuring the requirements of Jason's Law are met.[21] Accordingly, the program educates veterans, their families, and clinical team members on the integration of nonpharmacological modalities, evidence-based medication prescribing, pain procedures, and safe opioid use and the expansion of virtual care for pain management.[22] The program strives to ensure that VA provides high-quality pain care, timely access, and safe controlled-substance prescriptions for veterans across the nation.

To help achieve this objective, VHA's medical care budget in fiscal years (FYs) 2022 through 2024 included $647 million in specific purpose funds.[23] Specific purpose funds are designated appropriations from Congress or funding from the VA department-level budget that are earmarked to accomplish stipulated department goals.[24] In this instance, VA designated a portion of the funds in its medical services and medical support and compliance appropriation accounts as specific purpose funds to support PMOP operations and initiatives. Designated for pain management and opioid safety programs, this funding has been primarily distributed to medical facilities with national support to ensure these programs are successfully implemented and veterans' access to pain management care increases. The PMOP received $212.7 million in FY 2022, $212.8 million in FY 2023, and $221.5 million in FY 2024. Specific purpose funds referred to in this report are funding from the VA department-level budget as opposed to specialized appropriations from Congress.

[21] VHA Specialty Care Program Office, *PMOP FY23 Strategic Plan*, p. 5–6.

[22] "Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP)" (website), Specialty Care Program Office, accessed October 23, 2024, https://vaww.specialtycare.va.gov/programs/pain_medicine.asp. (This website is not publicly accessible.)

[23] Department of Veterans Affairs, *Veterans Equitable Resource Allocations*, 26th ed., April 2022. Funding for medical care is divided into general purpose funds allocated based on patients treated and specific purpose funds allocated based on special or programmatic requirements, national support functions, and projects where economies of scale can be achieved at a national level. Specific purpose funds are used for clearly defined programs or purposes such as community care, homelessness, pain management and opioid safety, and suicide prevention.

[24] VHA Specialty Care Program Office, *Budget Formulation and Execution Guide*, March 3, 2022, p. 3.

VHA Governance Structure and Responsibilities

Several offices within VHA are responsible for overseeing PMOP operations, the program's budget, or both. Figure 1 illustrates VHA's governance structure as it relates to the PMOP.

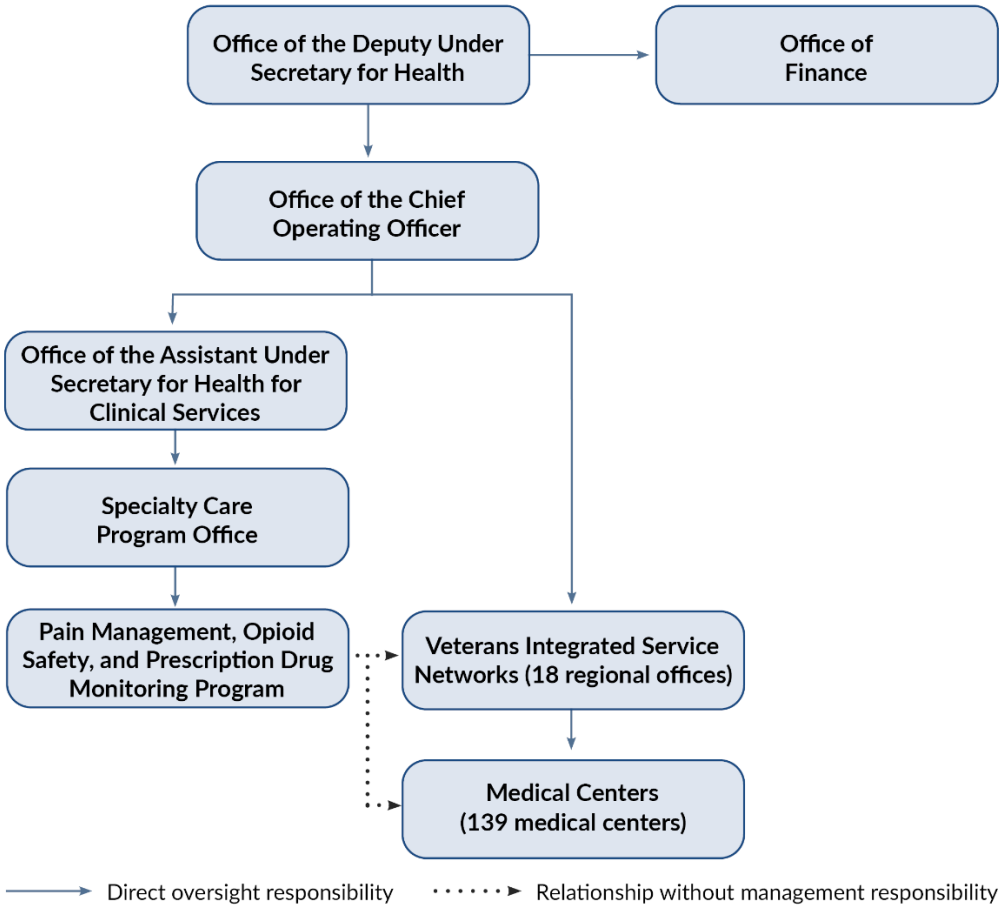

Figure 1. *Organization of VHA entities associated with overseeing the PMOP.*
Source: VA OIG analysis of the VA Functional Organization Manual.[25]

The VHA Office of Finance is responsible for developing the VHA budget and allocating funds. Within the Office of Finance, the Resource Management Office is responsible for providing oversight, advice, and support in managing the annual budget allocations for program offices, which include the PMOP.

The Office of the Deputy Under Secretary for Health is responsible for integrating programs and policies across VA's healthcare system. This office provides oversight and guidance for VHA

[25] On November 22, 2024, VA announced the appointment of the chief operations officer. This position replaced the Office of the Assistant Under Secretary for Health for Operations.

program officials, network directors, and medical facility directors. The deputy under secretary for health oversees 12 areas including finance, clinical services, and operations—three areas relevant to the budgeting, allocation, and execution of PMOP funding.[26]

The Office of the Assistant Under Secretary for Health for Clinical Services monitors and ensures the integrity, quality, and value of clinical services at VHA facilities. The Clinical Services Office oversees all specialty care programs, one of which is the PMOP. Within the assistant under secretary's office, the Specialty Care Program Office oversees 23 specialty care areas. One of these specialty care areas is pain management and opioid safety. Thus, the PMOP falls under the Specialty Care Program Office. The Specialty Care Program Office is responsible for reviewing the PMOP budget, approving requested changes to the budget, and meeting with PMOP officials to finalize the budget.

The PMOP relies on Veterans Integrated Service Networks (VISNs) and medical facilities to function as collaborative units to support PMOP policies and guidelines.[27] Each VISN has a PMOP coordinator, a patient aligned care team pain champion, and a pain consultant. In addition, each medical facility has its own trio of personnel: a PMOP coordinator, a patient aligned care team pain champion, and a pain point of contact.[28] The PMOP has agreed to permanently fund each of these positions at both the VISN and facility level.[29] Each year, the PMOP is responsible for reviewing the draft budget the Specialty Care Program Office provides and submitting requested changes for items not included in the draft budget. The program also coordinates with VISNs and medical facilities regarding execution of the PMOP budget and monitors execution throughout the year.

VHA's Process for Specific Purpose Funding

The VA budget submitted to Congress often includes specific dollar amounts to carry out programs and related initiatives proposed by VHA in its budget request. VHA designates these funds as specific purpose funds. If these purposes are not explicitly stated in the final appropriations law that is enacted, they are not binding on VA and the funds are available for any

[26] The nine other areas are community care; discovery, education, and affiliate networks; health informatics; healthcare transformation; human capital management; patient care services; quality and patient safety; strategy; and support.

[27] VHA divides the United States into 18 regional networks, known as VISNs, which work together to better meet healthcare needs and provide greater access to care. Veterans Health Administration, "Veterans Integrated Services Networks (VISNs)," accessed October 23, 2024, https:/www.va.gov/HEALTH/visns.asp.

[28] VHA Specialty Care Program Office, *Veterans Integrated Services Network and Facility PMOP Triad Roles and Responsibilities Guidance*. The PMOP coordinators are one full-time equivalent position at both the VISN and the medical center. The other positions are only one-fourth of a full-time equivalent position, so 75 percent of their time is spent doing other clinical duties.

[29] See appendix A for more details.

purpose that the appropriation can be used for.[30] The PMOP is funded primarily with the medical services appropriation account and also the medical support and compliance account.[31] The entire PMOP budget consists of specific purpose funding available for one year.[32]

The VHA Office of Finance instructs VISNs and medical facilities to return unused funds to the appropriate program office at specified times, at which time the program office determines whether it can use the funds in other ways that still support the purpose the funds were received for.[33] VHA's financial policy and instructions for specific purpose funding allow the program office to use these returned funds as long as the purpose remains within the designated program and the same account.[34] If the program office still cannot spend all the specific purpose funds within the fiscal year, the office is expected to return the remaining amount to VHA's Office of Finance.

[30] Government Accountability Office (GAO), "Availability of Appropriations: Amount," chap. 6 in *Principles of Federal Appropriations Law*, 3rd ed., vol. 2, February 2006, https://www.gao.gov/assets/2019-11/202819.pdf. 31 U.S.C. § 1301(a). Appropriated funds "shall be applied only to the objects for which the appropriations were made except as otherwise provided by law."

[31] VA FY 2024 Budget Submission, vol. 2, *Medical Programs*, Appropriation Language, March 2023, pp. 329–330. The medical services account funds items such as salaries and expenses of healthcare employees and medical supplies and equipment necessary for providing inpatient and outpatient care and treatment. The medical support and compliance appropriations account is primarily used to pay for administrative expenses.

[32] For more on the PMOP budget estimation and formulation, see appendix A.

[33] Another VA financial policy gives department heads and program directors authority to make those adjustments within their available funds if they do not represent a significant departure from the spending program approved in the President's budget: VA Financial Policy, "Reprogramming of Funds," in vol. 2, *Various Appropriations Law Related Topics* (August 2014), chap. 7.

[34] VA Financial Policy, "Reprogramming of Funds"; VHA Office of Finance, *FY 2022 Specific Purpose Funding Instructions*, February 17, 2022. VA may shift funds within an account to use them for purposes other than those contemplated at the time of the appropriation if the use is consistent with applicable purpose restrictions. VA Financial Policy, "VA's Budget Cycle and Fund Symbols," in vol. 2, *Appropriations, Funds, and Related Information* (August 11, 2022), chap. 2. The audit team acknowledges a May 2024 memorandum from the under secretary for health states 5 percent of specific purpose funds for programs not mandated were planned to be reprogrammed by June 2024.

Results and Recommendations

Finding 1: Better Communication Would Improve How the PMOP Manages Funding

The PMOP returned about $93.4 million of the $212.7 million that it received in FY 2022 (44 percent). These unused funds were returned in part because the program did not communicate funding information in time for facilities to be able to hire staff. In FY 2023, the program returned about $33.2 million of the $212.8 million that it received (16 percent). While the returned amount decreased, some medical facilities continued to return substantial amounts of their FY 2023 funding—indicating funding management could continue to be improved. The OIG recognizes that the program improved significantly in FY 2024 as it returned only about $8.8 million of the $221.5 million that it was allocated in FY 2024 (4 percent).

Nevertheless, the OIG found the PMOP sometimes did not communicate with key personnel, including VISN and medical facility leaders. This lack of communication at times affected buy-in of PMOP-funded initiatives. Effective communication is important because it contributes to how the PMOP manages specific purpose funding, which allows the program to better achieve its goals.

The following determinations formed the basis for this finding and led to the OIG's recommendations:

- Over time, the program returned millions in unused funds.
- Ineffective communication at times hampered medical facilities' abilities to spend funds.

What the OIG Did

The audit team reviewed applicable laws, regulations, policies, and program procedures and guidelines related to the budgeting, allocation, execution, and oversight of PMOP funding. The team obtained documentation and reviewed the methodology the program used to formulate the PMOP budget and determine allocations to VISNs and medical facilities. The team interviewed program officials to evaluate how they managed budgeting, allocation, execution, and oversight of PMOP funding. And the team reviewed FY 2021 through FY 2024 budget submissions to understand past growth of PMOP funding. The team also

- reviewed PMOP initiatives to determine how funding was intended to be used to achieve program goals and to identify whether the program was successful in meeting its goals;
- examined communications between the PMOP, VISNs, and medical facilities regarding available PMOP funding and how it could be used; and

- obtained and analyzed data to determine the amount of specific purpose funding for the PMOP that was allocated and returned to the program for judgmentally selected VISNs and medical facilities.

In addition, the audit team interviewed and obtained documentation from VISN and medical facility officials—such as PMOP coordinators, fiscal staff, and human resources staff—to understand the challenges associated with using PMOP funds to hire staff to support the PMOP. See appendix B for more information on the audit's scope and methodology.

Over Time, the Program Returned Millions in Unused Funds

The PMOP returned about $126.7 million in FYs 2022 and 2023. The program returned roughly $93.4 million of the $212.7 million that it was allocated to use in FY 2022 (44 percent), in part because the timing of the funding communications from the PMOP did not give medical facilities enough time to hire staff within the fiscal year. In FY 2023, the program returned about $33.2 million of the $212.8 million allocated (16 percent). While this was an overall improvement, some medical facilities continued to return substantial amounts of unused funding in FY 2023. For example, three of the four medical facilities the audit team visited returned the following amounts of FY 2023 funding:

- The James A. Haley Veterans' Hospital in Tampa, Florida, returned about $2.6 million of the $6.8 million received (38 percent).
- The Dallas VA Medical Center in Texas returned about $479,000 of the $906,000 received (53 percent).
- The Atlanta VA Medical Center in Georgia returned about $2.3 million of the $3.8 million received (60 percent).[35]

The program returned only about $8.8 million of the $221.5 million that it received in FY 2024 (4 percent). Part of the returns was due to a memorandum issued in May 2024 by the under secretary for health, which stated that 5 percent of specific purpose funds for programs not mandated were planned to be reprogrammed by June 2024 to general purpose funding to help close the projected funding needs identified by the VISNs.

Ineffective Communication at Times Hampered Medical Facilities' Abilities to Spend Funds

The OIG found that the program did not communicate with VISNs in time for the networks and their medical facilities to plan and hire staff, which is the main use of PMOP funding. The program could help facilities with hiring for pain management positions by communicating

[35] Numbers do not total precisely due to rounding.

funding information to facilities during planning for the fiscal year. In addition to poor timing, the program sometimes did not communicate with key personnel at facilities, such as PMOP coordinators and VISN and medical facility leaders. Successful management of funding relies not only on the timing of communication but also on who the program communicates with so that buy-in from leaders is present before funding is distributed.

Communication Was Not Always Timely

At times, the PMOP communicated funding information to VISNs and medical facilities late. For example, the PMOP used field funding and request for applications memoranda to communicate funding information to VISNs and medical facilities.[36] According to these memoranda, the VISNs and medical facilities then communicated their funding requests to the PMOP.[37] The program sent a field funding memorandum to the VISN directors on December 21, 2021—roughly at the end of the first quarter of FY 2022 and well after the fiscal year had begun in October. Furthermore, the program sent a request for applications memorandum to the VISN directors on February 1, 2022. VISNs had until February 28, 2022, to request funding for their medical facilities, but the program did not approve applications until the end of March.

The program first issued field funding memoranda to the VISNs in FY 2021. The memoranda were sent from the assistant under secretary for health for clinical services to the VISN directors. According to the memoranda, medical facilities submitted their requests for funding to the PMOP. The funding requested supports the hiring of dedicated staff for oversight and coordination of pain and opioid initiatives and to build pain management teams based on gaps and the staffing resources required to close those gaps. In FY 2022, the PMOP sent a field funding memorandum to provide guidance regarding the release of funding for the same positions. VISN PMOP coordinators or VISN pain consultants were responsible for consolidating medical facility requests, obtaining concurrence from VISN leaders, and submitting the VISNs' requests to the PMOP.

Also in FY 2022, the PMOP began offering funding through FY 2026 for three new initiatives to support the expansion of pain care services. These initiatives were intended to promote evidence-supported treatment options for pain management care. In addition to the field funding memorandum, the program used a request for applications memorandum sent from the assistant under secretary for health for clinical services to communicate the availability of funding for the new initiatives. The program sent this memorandum in the hopes it would receive applications from various medical facilities: large and small, rural and urban. Staff hired in support of the

[36] Field funding memoranda were issued to fund dedicated staffing at VISNs and medical facilities and to support the expansion of pain care services. The request for applications memorandum was issued to support the expansion of pain care services specific to defined areas of evidence-supported treatment options, such as active management of pain, medication management in PMTs, and whole-health coaches in PMTs.

[37] See appendix A for more information about these memoranda.

initiatives were required to provide clinical care exclusively for their facility's PMT, and they were required to be long-term permanent staff whose positions would be required to be funded by medical facilities once PMOP funding stops after 2026.

For these memoranda to serve their purpose of estimating funding needs accurately, they must be sent early enough for facilities to adequately plan for and execute hiring. In FY 2022, because half the fiscal year was already over by the time requested positions were approved (due to late memoranda), the medical facilities could not hire for many of the positions they had requested. According to the PMOP, 527 positions were unfilled out of the 1,124 positions that the program anticipated filling in FY 2022 (47 percent). The PMOP returned about $93.4 million to the VHA Office of Finance in FY 2022 in part because these positions were unfilled. By the end of FY 2023, 285 positions were unfilled out of the 1,129 positions that medical facilities anticipated filling (25 percent), and the PMOP returned $33.2 million. While the OIG team focused on FYs 2022 and 2023, the team noted that the medical facilities significantly improved in FY 2024 as only 141 positions were unfilled out of 1,033 that the program intended to fill that year (14 percent).

The PMOP can make it easier for facilities to execute PMOP funds and hire staff by communicating with VISNs and medical facilities regarding available PMOP funding before the beginning of a fiscal year. Doing so would allow VISNs and medical facilities to have time to plan, and it would provide them a full year to hire staff so that a smaller amount of funds is returned at the end of each fiscal year.

Importantly, the FY 2022 communication delays were unnecessary because advance appropriations allowed the program to know how much funding would be available at the beginning of each new fiscal year. Each year, VISNs and medical facilities begin receiving PMOP funding allocations around October or November. This occurs because VA has advance appropriations authority for its four medical care appropriations accounts: medical services, medical support and compliance, medical facilities, and medical community care. Congress authorized advance appropriations to prevent potential delays in the delivery of medical care to veterans that could arise if funding lapsed.[38] The advance appropriations are enacted one fiscal year before the appropriations become available. Thus, VHA's advance appropriations for FY 2022 were enacted when VHA's FY 2021 appropriations were signed into law.[39] In other words, the program has the information necessary to provide funding guidance before the beginning of a new fiscal year.

Finally, the audit team recognizes VHA has historically faced delays in hiring due to barriers beyond its control. The audit team also acknowledges the PMOP issued an action plan in

[38] Congressional Research Service, Department of Veterans Affairs FY 2024 Appropriations, R48056, May 1, 2024.
[39] Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 1667-1668.

December 2022 to address hiring challenges. However, according to the PMOP, VHA still needs to overcome the following obstacles to hire pain management staff:

- a lack of candidates
- VHA sites competing for quality candidates
- an increase in staff taking virtual positions
- rural locations not being able to attract candidates, regardless of incentives
- VA not being competitive enough to attract clinicians from the private sector
- delays in the hiring process
- hiring actions handled by administrative officers who are also dealing with other hiring priorities
- difficulty getting positions approved at the medical-facility level
- facilities not wanting to fund positions after PMOP funds are no longer available

That said, these challenges make it even more important that communication is done in a timely manner.

Communication Sometimes Omitted Essential Participants

In FY 2024, the PMOP provided funding for an acute pain services expansion program before informing VISN and facility leaders. According to the PMOP, the national anesthesia program communicated with physicians in the anesthesiology service at medical facilities about this program. In August 2023, the national anesthesia program informed the PMOP of 10 pilot sites selected. The total cost of this program was about $3.2 million. The PMOP stated it held meetings in October and November 2023 with VISN PMOP coordinators, pain consultants, and patient aligned care team pain champions to present the initiative. In November 2023, the PMOP provided funding to medical facilities. However, the OIG found that the PMOP did not send a memorandum to VISN directors notifying them that some of their facilities had been selected as pilot sites for this program until January 2024—after the funding had already been allocated. The following examples illustrate the limited communication that occurred and its effect.

Example 1

The Miami Healthcare System PMOP coordinator told the audit team that she was not included in any discussions regarding this program. She said the healthcare system was confused when it received the funding in November 2023. She discussed the new program with the acute pain lead (an anesthesiology physician) at the healthcare system, and he informed her that he had applied for

the program. Nonetheless, she said that the healthcare system is returning the funding because the program was not approved at the local facility level.

Example 2

The PMOP coordinator at the Portland VA Medical Center in Oregon told the audit team that she did not know about the acute pain services expansion program until after anesthesiology staff had completed the application process. She said the executive leadership team was not comfortable with funding the positions after PMOP funding ends in three years. In addition, she explained that the medical center was above the FY 2023 limit for full-time-equivalent positions and had to eliminate some, so the medical center already returned the funding.

As a result of not communicating with key officials, in addition to other factors such as limits to full-time-equivalent positions, staff from five of the 10 selected medical facilities told the audit team that they did not intend to participate in the program.

Internal control standards require communication of quality information to enable staff to perform key roles necessary for achieving objectives.[40] Medical facility leaders have many competing priorities to consider before initiating hiring actions for additional healthcare providers. Therefore, it is essential that officials in the PMOP communicate with these leaders to determine whether they are interested in requesting funding for new PMOP initiatives and to give them adequate time to plan for and begin hiring. By doing so, the program will also reduce the amount of funding returned by VHA's medical facilities.

Finding 1 Conclusion

The PMOP has taken many noteworthy steps to enhance and expand VHA's pain management and opioid safety program. Nonetheless, better communication from the PMOP to the medical facilities would allow the program to improve how it manages specific purpose funding to achieve PMOP goals.

The OIG found the PMOP did not always effectively communicate with VISNs and medical centers so that they could plan how to use their funds efficiently to hire pain management and opioid safety staff. In FY 2022, instead of sending memoranda to the VISNs before the beginning of the fiscal year so that medical center officials could adequately plan their hiring efforts, the program sent the memoranda out well after the fiscal year had already begun. Timely communication allows VISNs and medical facilities to plan and hire staff to execute program goals and initiatives. In addition, the program did not always communicate important funding

[40] GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

information with key officials before allocating funding for PMOP initiatives—affecting leader buy-in and contributing to the amounts of PMOP funding medical facilities returned.

Recommendations 1–2

The OIG made two recommendations to the under secretary for health:[41]

1. Instruct the program to communicate pertinent annual funding guidance related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives before the start of the upcoming fiscal years so that Veterans Integrated Service Networks and medical facilities can adequately plan and take appropriate hiring actions needed to spend their funds.
2. Ensure the program communicates pertinent funding information related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives with key personnel—such as program coordinators and Veterans Integrated Service Network and medical facility leaders.

VA Management Comments

The acting under secretary for health concurred with recommendations 1 and 2 and requested closure of both, explaining that the PMOP communicated pertinent annual funding guidance to the VISNs before the start of FYs 2024 and 2025. In addition, the PMOP has implemented a process to communicate funding guidance through memoranda from the assistant under secretary for health. The PMOP also meets regularly with key stakeholders to communicate upcoming initiatives and provide implementation support. See appendix C for the full text of the acting under secretary for health's comments.

OIG Response

The actions taken are responsive to the intent of the recommendations; therefore, the OIG considers recommendations 1 and 2 closed. For FY 2024, the PMOP began improving communication and continued to do so in FY 2025, sending memoranda before the start of the fiscal year.

[41] The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

Finding 2: Improved Oversight Is Needed to Ensure PMOP Requirements Are Met

VHA has a legal obligation to comply with Jason's Law by having a fully operational pain management team (PMT) at every VHA medical facility. However, VHA and the PMOP have not taken adequate steps to ensure VISNs and medical facilities meet this goal. Consequently, the program did not achieve compliance with Jason's Law despite having the funds to do so. This occurred because PMT requirements were unclear, status data were not validated, and oversight was not effective.

In response to a VHA internal audit report conducted in FY 2019, the PMOP became responsible for ensuring VHA's compliance with Jason's Law.[42] Yet, as of October 2024, eight years after the enactment of Jason's Law, only 67 percent of VHA's medical facilities reported they were compliant with the requirement to have a fully operational PMT at every VHA medical facility. It is vital that the PMOP and the Office of the Chief Operating Officer (which is responsible for overseeing VISN and medical facility operations) work together to strengthen how the PMOP budget is executed to ensure program goals are met.

Priority should be given to achieving compliance with Jason's Law before allocating PMOP funding to noncompliant medical facilities for new program initiatives, such as the acute pain services expansion program initiated in FY 2024. In addition, the Office of the Chief Operating Officer needs to hold VISN and medical facility officials accountable for achieving compliance with the requirement that each VHA medical facility has a fully operational PMT as required by Jason's Law.

The following determinations formed the basis for this finding and led to the OIG's recommendations:

- Despite funding being available, the PMOP did not meet PMT requirements.
- PMT requirements were not clearly defined.
- PMT status information has not been validated.

What the OIG Did

The audit team reviewed Jason's Law to identify the requirements mandated by Congress. The team also obtained and examined VHA and PMOP policies and guidance that specified what VISNs and medical facilities needed to accomplish to be fully compliant with the law. The team interviewed program, VISN, and medical facility officials to better understand how well they were meeting the requirements. The team also

[42] VHA, *Pain Management Team Audit*, IA-19-P002, September 2019.

- reviewed the PMOP field funding memoranda to determine how the funding was intended to be used to meet the requirement, and
- obtained and evaluated status data to examine how well the VISNs and medical facilities were fulfilling the requirements.

Despite Funding Being Available, the PMOP Did Not Meet PMT Requirements

In January 2019, the Office of the Under Secretary for Health charged VHA's internal audit office with validating whether VHA was complying with the requirement mandated by Jason's Law to have a PMT at every medical facility. That audit found that 95 of 140 medical facilities reported being fully compliant (68 percent), 39 reported being partially compliant (28 percent), and six reported not having a PMT (4 percent).[43] At the end of FY 2024, VHA's medical facilities reported 93 of 139 medical facilities were fully compliant (67 percent).[44]

Jason's Law requires each VHA medical facility to have a PMT comprising healthcare professionals who are responsible for coordinating and overseeing pain management therapy for veterans experiencing acute and chronic pain that is unrelated to cancer.[45] In September 2019, VHA designated the Pain Management Program Office (the precursor to the PMOP)—in collaboration with the Office of the Deputy Under Secretary for Health for Operations and Management—as the office responsible for ensuring compliance with the requirements in Jason's Law.[46] In FY 2021, the PMOP started providing specific purpose funding to VISNs and medical facilities to support compliance with Jason's Law and expand VHA's pain management and opioid safety program. Field funding memoranda sent to VISNs instructed VISN officials to prioritize the following items when requesting temporary funding from the PMOP:

- Compliance with the requirement to have PMTs in all VHA medical facilities
- Development and expansion of at least one interdisciplinary pain rehabilitation program within each VISN that is accredited by the Commission for the Accreditation of Rehabilitation Facilities
- Expansion of interfacility telehealth for pain management

[43] VHA reported on 140 medical facilities based on the VHA national program director for pain management's interpretation of the 2017 VHA PMT memorandum requirements.

[44] According to a PMOP official, two medical facilities were listed separately in VHA's 2019 internal audit but are now listed as one facility, resulting in 139 total medical facilities.

[45] CARA § 911(c).

[46] The Office of the Deputy Under Secretary for Health for Operations and Management is now the Office of the Chief Operations Officer.

According to the *PMOP FY 2023 Strategic Plan*, one of the program's goals was to have a fully compliant PMT in every VHA medical facility by September 30, 2023.[47] Nevertheless, VHA was still not complying with the requirement at the end of FY 2024, despite funding being available to fulfill the requirement and despite funding other initiatives. For example, the program allocated funding to the following medical facilities in FY 2024 to hire clinical staff and provide comprehensive inpatient pain management consultative services under the acute pain services expansion program even though the facilities were not complying with Jason's Law:

- The VA Maryland Health Care System did not comply because it was missing the addiction provider role, yet it received $328,105 for the expansion program.
- The VA Salt Lake City Health Care System did not comply because it was missing the addiction and rehabilitation provider roles, yet it received $385,105 for the expansion program.

The program launched a PMT tracking application in January 2024 in which medical facilities are required to update their status on a quarterly basis.[48] The first report was due on February 15, 2024. As of February 2024, the tracking application showed 67 of 139 facilities were fully compliant (48 percent), 70 were partially compliant (50 percent), and two did not have a PMT (1 percent). The tracking application showed improvement by the end of FY 2024—as medical centers applied new guidance provided by the program during the FY 2024 VHA Regional Pain Conferences in March, April, and May 2024.[49] Table 1 highlights the status of VHA's compliance with Jason's Law over time.

[47] VHA Specialty Care Program Office, *PMOP FY23 Strategic Plan*.

[48] Assistant under secretary for health for clinical services/chief medical officer, "For Action: Compliance with Comprehensive Addiction and Recovery Act of 2016 (CARA) Pain Management Team (PMT) Requirements," memorandum to VISN directors, January 23, 2024.

[49] The FY 2024 survey results were as of October 4, 2024.

Table 1. Status of VHA's Compliance with Jason's Law

Compliance status	September 2019	February 2024	October 2024
Facilities compliant	95 (68%)	67 (48%)	93 (67%)
Facilities partially compliant	39 (28%)	70 (50%)	44 (32%)
Facilities noncompliant (no PMT)	6 (4%)	2 (1%)	2 (1%)
Total facilities not in full compliance	**45 (32%)**	**72 (52%)**	**46 (33%)**

Source: VA OIG analysis of VHA's PMT audit completed in September 2019 and its PMT surveys completed in February and October 2024.

Note: Numbers do not total precisely due to rounding.

The OIG team acknowledges staffing changes can affect compliance rates from year to year; therefore, 100 percent compliance may not always be achievable. However, full compliance should be consistently prioritized. It is concerning that eight years after the signing of Jason's Law, 46 of VHA's 139 medical facilities were still not in full compliance (33 percent). In comparison, 45 of 140 were not compliant in FY 2019 (32 percent). At the close of FY 2024, the PMT tracking application showed that, of the medical facilities without a compliant PMT

- nine were missing a medical provider,
- 30 were missing addiction providers,
- 13 were missing behavioral providers, and
- 17 were missing rehabilitation providers.

For the medical facilities that the audit team visited, the survey showed the following:[50]

- The Joseph Maxwell Cleland Atlanta VA Medical Center in Georgia was compliant.
- The James A. Haley Veterans' Hospital in Tampa, Florida, was compliant.
- The Kansas City VA Medical Center in Missouri was partially compliant—missing medical, addiction, and rehabilitation providers. For that VISN (VISN 15), four medical facilities were partially compliant and one medical facility had no team.
- The Dallas VA Medical Center in Texas was compliant.

The chief operating officer must hold VISN and medical facility officials accountable for achieving compliance with the requirement that each VHA medical facility has a fully

[50] The OIG audit team did not verify the survey results.

operational PMT as required by Jason's Law. Priority should be given to achieving compliance with Jason's Law before allocating PMOP funding to noncompliant medical facilities for new program initiatives.

PMT Requirements Were Not Clearly Defined

VISN and medical facility PMOP coordinators told the audit team about uncertainty surrounding PMT composition and the care and functions the teams must deliver to comply with Jason's Law. The PMOP pain management director agreed with the coordinators' assessment. This uncertainty made it confusing for medical facility officials to determine whether they were complying with the requirement. While Jason's Law mandates PMTs at all VA medical facilities, it does not provide specific requirements for the composition or functions of the teams. Instead, it delegates the responsibility for establishing standard protocols at each medical facility to the Secretary of Veterans Affairs. In response to the law, VHA issued a memorandum to medical facility and network directors in May 2017 to communicate the requirements that medical facilities needed to meet.[51] The memorandum required medical facility directors to certify that the healthcare professionals in their PMTs had, at a minimum, expertise in the following four clinical areas:

- Pain medicine
- Addiction medicine to evaluate for opioid use disorder and to provide access to medication-assisted treatment[52]
- Behavioral medicine, with the availability of at least one evidence-based behavioral therapy[53]
- Rehabilitation medicine

In addition, the functions of each team needed to include

- evaluation and follow-up for patients with complex pain conditions,
- consultation for medication management and prescription of pain medication, and

[51] Deputy under secretary for health for operations and management, "Comprehensive Addiction and Recovery Act Requirements from Section 911(c) Pain Management Team Facility Report," memorandum to VISN and medical facility directors, May 18, 2017.

[52] VHA reported that according to the American Society of Addiction Medicine, addiction medicine is recognized as a specialized area of medical practice by the American Board of Medical Specialties, the American Medical Association, and many hospitals and insurance companies.

[53] The VHA PMT memorandum noted that evidence-based behavioral therapies include cognitive behavioral therapy for chronic pain, acceptance and commitment therapy, and mindfulness meditation.

- review of patients with high-risk opioid prescriptions and provision of recommendations to clinical providers.

The memorandum gave medical facility directors flexibility in the exact makeup of their teams, as long as the requirements were met—it did not stipulate a set number of full-time-equivalent employees needed for each PMT.

VHA's internal audit report from FY 2019 pointed out that VHA medical facilities needed more guidance on the expectations for meeting the requirements. Specifically, the medical facilities expressed the need to eliminate ambiguity for items such as

- standards for team composition, including the use of virtual team members and the designation of a single qualified healthcare professional for more than one role;
- standards for what constitutes interdisciplinary care;
- expectations for executing team functions and processes, including using telehealth and e-consults;
- the team's responsibility for prescribing pain medications versus consulting on pain medications; and
- differentiation and integration between PMTs and established pain clinics.

The VHA audit team recommended the under secretary for health update VHA Directive 200953, *Pain Management*, to address and clarify PMT requirements. Although VHA concurred, it had not yet clarified the requirements in formal guidance as of March 2025. However, the OIG acknowledges that according to the PMOP, in May and June 2022, the PMOP held meetings to review the PMT requirements, go over the PMT status of each medical facility, and answer questions regarding PMT functions and composition. VISN PMOP coordinators and VISN stakeholders, among others, from all VISNs were invited to these meetings.

At the time of this OIG audit, PMOP officials were working on a new directive: VHA Directive 1151, *Pain Management and Opioid Safety.* According to the PMOP's director of opioid safety and the prescription drug monitoring program, the program was responding to reviewers' comments on the draft directive as of July 3, 2024.

Furthermore, the program took action to clarify team composition and functions during the scope of this audit by making presentations at the FY 2024 VHA Regional Pain Conferences held in March, April, and May 2024 (as mentioned earlier). During these presentations, the program provided the following information regarding which positions could meet specific PMT functional requirements:

- Physicians, advanced practice registered nurses, and physician assistants with expertise in pain medicine can serve in the role of a medical provider with pain

expertise. This role provides comprehensive evaluations—such as performing in-person physical exams, ordering diagnostic tests, and providing medical treatment, including prescribing pain medications.

- Physicians, advanced practice registered nurses, physician assistants, and clinical pharmacist practitioners with Drug Enforcement Agency–controlled substance-prescribing privileges can serve in the addiction medicine role. This role evaluates for opioid use disorder and access to medications for opioid use disorder.
- Psychologists, social workers, or licensed counselors can serve in the behavioral medicine role. This role provides behavioral pain assessments and therapy.
- Physiatrists and physical therapists with experience in pain management—such as pain neuroscience training—can serve in the rehabilitation medicine role. This role provides restorative therapies with approaches in pain-focused rehabilitation medicine.

Based on this information, if a VA medical facility wants to fulfill the addiction medicine role in its PMT, it can do so with a physician, an advanced practice registered nurse, a physician assistant, or a clinical pharmacist practitioner as long as the person fulfilling that role has privileges to prescribe controlled substances. But this guidance remains informal and needs to be codified in formal VHA policy.

PMT Status Information Has Not Been Validated

Complicating matters further, medical facilities self-report whether they are compliant with Jason's Law. When each facility decides compliance on its own, based on its own interpretation of the guidance, the risk of reporting unreliable data increases. As previously mentioned, the program launched the Pain Management Team Tracking Application in January 2024 to monitor compliance. The instructions for using the application require medical facilities to report clinical staff who work on the pain management team and fulfill a role mandated by Jason's Law. If multiple staff fulfill a mandated role, all staff should be listed. Medical facilities should also report staff who provide pain management care but do not fit into one of the mandated roles, such as pharmacists and whole-health coaches.

After implementing the initial version of the tracking application, the program added three questions to the application for medical facilities to address. For each reported medical care provider, the facilities must answer whether the provider

- can prescribe a controlled substance,
- is responsible for evaluating and diagnosing opioid use disorder, and
- is responsible for prescribing opioid use disorder medication.

Despite PMOP achieving progress in implementing this tool, the information is still self-reported and not validated, so the increased risk for inaccurate information remains. Therefore, it is vital not only that PMT requirements continue to be more clearly defined in formal VHA policy but also that the information reported by VHA's medical facilities is validated so that there is reasonable assurance that VHA's reported compliance with Jason's Law is accurate.

Finding 2 Conclusion

The program and the Office of the Chief Operating Officer need to strengthen their oversight to ensure VISNs and medical facilities comply with the requirements mandated by Jason's Law. The program needs to further define the composition and functions PMTs must adhere to by including clear language in VHA's new directive to eliminate potential confusion. This will support VHA's medical facilities in using PMOP funding to hire suitable clinical staff to achieve the compliance required by federal law. In addition, self-reported compliance may be inaccurate—making it vital for VHA to develop a way to validate status information.

Recommendations 3–5

The OIG made three recommendations to the under secretary for health:[54]

3. Ensure the program clarifies and defines requirements for pain management teams in the new Veterans Health Administration Directive 1151, *Pain Management and Opioid Safety*.
4. Establish means to periodically validate the status information of facilities' pain management teams.
5. Require the program and the chief operating officer to assess and ensure corrective actions are taken to address each medical facility's lack of progress in achieving compliance with the requirement to have a pain management team as mandated by the Jason Simcakoski Memorial and Promise Act.

VA Management Comments

The acting under secretary for health concurred with recommendations 3 through 5 and provided action plans that are responsive to the intent of the recommendations. VHA will clarify and define PMT requirements in VHA guidance and will finalize a dashboard to ensure PMT required functions are fulfilled. The PMOP will audit facility PMTs as needed and facilities not in compliance will be required to provide their VISNs with an action plan. Additionally, VISNs will provide the PMOP with quarterly updates on facilities not yet compliant. Finally, the PMOP

[54] The recommendations addressed to the under secretary for health are directed to anyone in an acting status or performing the delegable duties of the position.

will provide a quarterly report to the chief operating officer. See appendix C for the full text of the acting under secretary for health's comments.

OIG Response

The acting under secretary for health provided acceptable action plans for recommendations 3 through 5; these three recommendations remain open. The OIG will continue to monitor VA's progress and will close the recommendations when the acting under secretary for health has provided sufficient evidence that the corrective actions have been adequately implemented.

Appendix A: Budget Estimate and Formulation

Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Budget Estimate

In fiscal year (FY) 2019, the National Pain Management Program Office developed an estimate for the FY 2021 VA budget that included advance appropriations for FY 2022. This advance appropriation estimate included an increase in funding for FY 2022 to expand the Veterans Health Administration's (VHA's) pain management, opioid safety, and prescription drug monitoring program. Additionally, in August 2019, the program submitted a budget narrative outlining initiatives to establish, enhance, and sustain evidence-supported and federally mandated efforts related to pain management and opioid safety. The proposed budget was chiefly based on the following types of staffing increases:

- Supporting compliance with the pain management team (PMT) requirement mandated by the Jason Simcakoski Memorial and Promise Act (Jason's Law) by providing funding to staff PMTs at all VHA medical facilities. (The program projected providing funding for an average of two full-time-equivalent positions per medical facility at a cost of about $90 million.)
- Supporting the integration of an opioid stewardship position to expand VHA's opioid safety initiative. (The program planned on providing funding to hire staff at all VHA medical facilities by FY 2022 at a cost of about $27 million.)
- Providing about $62.7 million in FY 2022 to staff the Stepped Care Opioid Use Disorder Train the Trainer collaborative care model at all facilities.
- Establishing a tele-hub to provide opioid, pain, addiction prevention and treatment, and related care using telehealth technology by adding specialists in the areas of pain, opioid use disorder treatment, and pharmacy to each Veterans Integrated Service Network (VISN) hub site. (The program anticipated a cost of about $19.4 million in FY 2022 to fund the increased staffing at all VISNs.)

The budget estimate—which increased funding for the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) beginning in October 2020 (the start of FY 2021)—also projected that the program needed about $212.7 million in PMOP funding in FY 2022. The President's budget for FY 2022 likewise requested about $212.7 million to fund the PMOP.[55]

[55] VA FY 2022 Budget Submission, vol. 2, *Medical Programs and Information Technology Programs*, p. 112.

After the initial budget is estimated: Each year, the budget team within the Specialty Care Program Office provides the PMOP a prepopulated budget based on known information. The budget consists of the following:

- **PMOP Employee Cost Projection:** This includes projected salary and benefits costs for both existing employees and positions approved for hire to fill vacancies based on incoming employees' estimated start dates.
- **Memorandums of Agreement Cost Projection:** This includes projected salary and benefits costs for employees whom the Specialty Care Program Office has agreed to fund by executing a memorandum of agreement with the PMOP, a VISN, or a medical facility.[56] For example, in FY 2024, the Specialty Care Program Office agreed to fund the salaries and benefits for staff on the acute pain services implementation team who support the acute pain services expansion program. These staff are at the Louis Stokes Cleveland VA Medical Center in Ohio and the VA Puget Sound Health Care System in Seattle, Washington. This expansion program strives to provide comprehensive inpatient pain management consultative services at pilot medical facilities. The Specialty Care Program Office obtains the cost information from the employees' fiscal offices.
- **Contracts:** The Specialty Care Program Office includes the costs for known contracts executed by the PMOP. Contract costs for those contracts executed at the VISN or medical-facility level are included in the field initiative costs described below.
- **Supplies and Conference Registration Fees:** The PMOP is responsible for entering these costs into the budget provided by the Specialty Care Program Office.
- **Travel Costs:** The PMOP also enters these costs into the budget provided by the Specialty Care Program Office.
- **Field Initiative Costs:** The Specialty Care Program Office includes the costs for the various field initiatives the PMOP started.[57]

The PMOP reviews the prepopulated budget and makes edits to ensure it is complete and accurate. After the PMOP submits the revised budget, the Specialty Care Program Office budget

[56] This memorandum of agreement is used when the Specialty Care Program Office agrees to fund a portion of or all of a field-based employee's time.

[57] Field initiatives are initiatives introduced by the PMOP to support expansion of interdisciplinary pain care services. The program intended for each of these initiatives to support evidence-based treatment options for pain management care.

team meets with the program to review and finalize the budget. Leaders in the Specialty Care Program Office are responsible for approving the budget.

PMOP Budget and Funding Allocations Based on Requests from VISNs and Medical Facilities

The known information that helps form the budget each year comes from VISNs and medical facilities. The program's annual budgets for the field are constructed using cost projections for the VISNs and medical facilities based on filled and unfilled positions that have been approved for PMOP funding because of requests submitted in response to two memoranda: the field funding memorandum and the request for applications memorandum.

Field Funding Memorandum

Beginning in FY 2021, the PMOP provided specific purpose funding to VISNs and medical facilities to support compliance with Jason's Law and enhance veterans' access to pain management services. To estimate PMOP funding needs and allocations, the program said it issued field funding memoranda to the VISNs outlining how specific purpose funding could be used by VISNs and their medical facilities to hire clinical and administrative staff in support of the PMOP. VISNs were suggested to be responsible for consolidating medical facilities' requests for funding into the field funding memoranda to support hiring the staff needed to build fully functional PMTs and to implement other PMOP-funded hiring initiatives based on identified gaps and the staffing resources required to close those gaps.

Medical facilities were responsible for submitting requests for both sustained and temporary funding. Each VISN's PMOP coordinator was suggested to be responsible for consolidating facility requests, obtaining VISN leaders' agreement, and submitting the request to the PMOP.

Sustained Funding

Sustained funding supports dedicated staffing at VISNs and medical facilities to ensure oversight, reporting, and coordination of pain and opioid initiatives for the duration of the program. Each VISN and medical facility is strongly encouraged to hire and establish a PMOP coordinator (one full-time-equivalent position). In addition, each VISN and medical facility is strongly encouraged to support designated clinical leads with

- a VISN pain consultant or a facility pain point of contact (one-fourth of a full-time-equivalent position) and
- a patient aligned care team pain champion (one-fourth of a full-time-equivalent position).

The PMOP coordinator positions are for one full-time-equivalent employee, while all remaining positions are only one-fourth of a full-time-equivalent position.

Temporary Funding

In addition, temporary funding was available through FY 2024 to support the expansion of pain care services at facilities to help close major gaps related to pain management and opioid safety. The type of staffing that could be hired with temporary funding included physicians with pain management expertise, physician assistants, nurse practitioners, nurses, clinical pharmacist practitioners, psychologists, physical and occupational therapists, addiction providers, social workers, chiropractors, and administrative support personnel. Personnel hired with temporary funding were required to be long-term permanent staff—they were not intended to support temporary staffing solutions. Medical facilities need to fund these positions in FY 2025 when the PMOP stops providing the temporary funding.

Request for Applications Memorandum

In FY 2022, the PMOP also began offering funding through FY 2026 for three new initiatives to support the expansion of pain care services, which were intended to promote evidence-supported treatment options for pain management care. The program encouraged all interested facilities to apply for funding to support each initiative:

- Hiring a psychologist alongside a physical therapist who work in a coordinated approach within the pain management team
- Hiring a clinical pharmacist practitioner and a nurse practitioner or physician assistant to expand access to safe and effective pharmacological management for pain, optimize pain medication strategies, and support risk mitigation to improve patient safety and satisfaction—thus, supporting medication management within PMTs
- Hiring whole-health coaches in PMTs to provide care to veterans seeking self-directed, lasting changes aligned with their values to optimize well-being and goal achievement related to health, wellness, and pain management in the care of veterans with chronic pain

As noted in this audit report, the program used a request for applications memorandum sent from the assistant under secretary for health for clinical services to communicate the availability of funding. The program wanted to receive applications from various medical facilities including larger and smaller facilities and facilities in both rural and urban areas. Personnel hired in support of these initiatives must be long-term permanent staff. Therefore, medical facilities need to fund these positions when the PMOP stops providing the temporary funding after FY 2026. The positions hired in support of the initiatives were required to provide clinical care exclusively for their facility's PMT. The program encouraged all interested facilities to apply for funding to support the three new initiatives.

Appendix B: Scope and Methodology

Scope

The audit team conducted its work from November 2023 through March 2025. The audit focused on how well the Veterans Health Administration (VHA) program managed specific purpose funding to support the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) in fiscal years (FYs) 2022 through 2023.[58] The FYs 2022 and 2023 budget submissions included about $212.7 million and $212.8 million, respectively, in PMOP funding for each fiscal year.

Methodology

To understand the PMOP and its funding needs, the audit team reviewed applicable laws, regulations, policies, and program procedures and guidelines related to the budgeting, allocation, execution, and oversight of PMOP funding. The team obtained documentation and reviewed the methodology the program used to formulate the PMOP budget and determine allocations to VISNs and medical facilities. The team interviewed program officials to evaluate how they managed budgeting, allocation, execution, and oversight of PMOP funding. The audit team reviewed FY 2021 through FY 2024 budget submissions to understand past growth of PMOP funding. The team also

- reviewed PMOP initiatives to determine how the funding was intended to be used to achieve program goals and to identify whether the program was successful in meeting its goals,
- examined communications between the PMOP, VISNs, and medical facilities regarding available PMOP funding and how it could be used, and
- obtained and analyzed data to determine the amount of specific purpose funding for the PMOP that was allocated and returned to the program for selected VISNs and medical facilities.

In addition, the audit team interviewed and obtained documentation from VISN and medical facility officials—such as PMOP coordinators, fiscal staff, and human resources staff—to understand the challenges associated with using PMOP funds to hire staff to support the PMOP.

[58] The audit's scope included FYs 2022 and 2023. While the scope did not include all FY 2024's details, the team did review the amount allocated and returned in FY 2024, as well as the acute pain services expansion program because it was brought to the team's attention during a site visit.

The audit team conducted site visits to the following facilities that were judgmentally selected to further evaluate how the PMOP managed budgeting, allocation, execution, and oversight of program funding:[59]

- Joseph Maxwell Cleland Atlanta VA Medical Center in Georgia (VISN 7)
- James A. Haley Veterans' Hospital in Tampa, Florida (VISN 8)
- Kansas City VA Medical Center in Kansas City, Missouri (VISN 15)
- Dallas VA Medical Center in Texas (VISN 17)
- VA Sunshine Healthcare Network in Tampa, Florida (VISN 8)

Internal Controls

The team assessed the VHA's internal controls to determine whether they were significant to the audit objective. This included an assessment of the five internal control components: control environment, risk assessment, control activities, information and communication, and monitoring activities.[60] In addition, the team reviewed the principles of internal controls associated with the objective. The team identified the following three components and five principles as significant to the objective and proposed recommendations to address the deficiencies:[61]

- Component: Control Activities
    - Principle: Design control activities
    - Principle: Internal control activities
- Component: Information and Communication
    - Principle: Communicate internally
- Component: Monitoring
    - Principle: Perform monitoring activities
    - Principle: Evaluate issues and remediate deficiencies

[59] The audit team selected these sites based on factors such as PMOP funding levels and percentages of funding returned. The Kansas City VA Medical Center in Missouri was selected for comparative purposes since it did not return any PMOP funding in FYs 2022 and 2023.

[60] Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

[61] Since the audit was limited to the internal control components and underlying principles identified, it may not have disclosed all internal control deficiencies that may have existed at the time of this audit.

Data Reliability

The team obtained computer-processed data in spreadsheets from VHA. To determine the reliability of this data, the team performed tests to determine whether there were any errors—including missing data attributes, calculation errors, duplicate records, alphabetic or numeric characters in incorrect fields, or illogical relationship among data elements.[62] Furthermore, the team compared the data with individual transfer-of-disbursement-authority records that the team pulled from the Automated Allotment Control System. The data included specific purpose funding amounts received and returned. The team determined the data used were sufficient and reliable to support the conclusions in this report.

Government Standards

The VA Office of Inspector General (OIG) conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that the OIG plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on audit objectives. The OIG believes the evidence obtained provides a reasonable basis for the findings and conclusions based on the audit objectives.

[62] GAO, *Assessing Data Reliability*, GAO-20-283G, December 2019.

Appendix C: VA Management Comments

Department of Veterans Affairs Memorandum

Date: April 24, 2025

From: Acting Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Audit of Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Funding.

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on OIG's draft report on Audit of Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Funding. The Veterans Health Administration (VHA) concurs with the recommendations made to the Under Secretary for Health and provides an action plan in the attachment.

2. VHA values OIG's assistance in recognizing an opportunity to enhance our procedures through the creation, documentation, and execution of standard operating procedures.

The OIG removed point of contact information prior to publication.

(Original signed by)

Steven Lieberman, M.D., MBA, FACHE

Attachments

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Draft Report - Audit of Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Funding

(OIG Project Number 2024-00524-AE-0021)

Recommendation 1: Instruct the program to communicate pertinent annual funding guidance related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives before the start of the upcoming fiscal years so that VISNs and medical facilities can adequately plan and take appropriate hiring actions needed to spend their funds.

VHA Comments: Concur. The Veterans Health Administration (VHA) agrees with the recommendation that Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) communicates pertinent annual funding guidance related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives before the start of the upcoming fiscal years so that Veterans Integrated Services Networks (VISNs) and medical facilities can adequately plan and take appropriate hiring actions needed to spend their funds.

PMOP has already implemented the process of notifying VISNs and medical facilities well ahead of the upcoming fiscal year beginning in fiscal year (FY) 2024 and continued to do so for FY 2025.

For FY 2024, the Assistant Under Secretary for Health (AUSH) memorandum, FY 2024 Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Field Funding, was issued on August 16, 2023. This memorandum communicated pertinent annual funding guidance before the start of the upcoming FY 2024 and outlined the requirements for accepting funds for both VISN and facility leadership.

PMOP then issued an AUSH memorandum, FY 2024 Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Request for Applications, dated November 16, 2023, to VISNs and facilities to request funding for positions to support the full implementation of the Stepped Care Model for Pain Management (SCM-PM) including Pain Management Teams at all facilities. Based on this memo, VISNs and facilities identified their need for positions to be approved for funding in FY 2025. After review of the requests, PMOP then issued the notification to the field on August 29, 2024, through the AUSH memorandum, VISN Notification of the FY 2025 Funding Allocation regarding Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Request for Application, well ahead of FY 2025 when funding was to begin. Around the same time, PMOP issued the additional AUSH memorandum FY 2025 Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Field Funding, on August 16, 2024, to clarify the operational requirement regarding implementation of PMOP funds.

PMOP's improvements in communication of funding of Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives well ahead of the upcoming fiscal year contributed to PMOP's greatly improved financial performance in FY 2024, with 96% of allocated funding obligated. Additionally, the PMOP program will maintain the now established cadence of issuing pertinent annual funding guidance before the start of the upcoming fiscal year to allow VISNs and medical facilities adequate time to communicate regionally and locally the hiring actions needed to spend their funds.

Target Completion Date: Request Closure.

Recommendation 2: Ensure the program communicates pertinent funding information related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives with key personnel—such as program coordinators and VISN and medical facility leaders.

VHA Comments: Concur. VHA agrees that it is essential that PMOP communicates pertinent funding information to key personnel at VISNs and facilities, in particular the PMOP Coordinators and VISN and medical facilities leaders. PMOP has already implemented a process of communicating pertinent funding guidance via official channels with AUSH memorandums. The AUSH memorandum FY 2024 Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Field Funding, dated August 16, 2023, communicated pertinent annual funding guidance related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives before the start of the upcoming FY 2024. This memorandum outlined the requirements for accepting funding as well as outlined specific roles and responsibilities for key stakeholders at both the VISN and facility leadership levels, inclusive of PMOP coordinators. Another example is the AUSH memorandum FY 2024 Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Request for Applications, dated November 16, 2023. It instructed the VISNs and facilities to request funding for positions to support the full implementation of the SCM-PM including Pain Management Teams at all facilities, as mandated by the Comprehensive Addiction and Recovery Act of 2016 (CARA). On August 29, 2024, AUSH issued a memorandum titled VISN Notification of the FY 2025 Funding Allocation in regard to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Request for Application. This was issued to communicate pertinent annual funding guidance to the key stakeholders, including VISN and medical facility leaders, and PMOP coordinators. The purpose of this AUSH memorandum was to notify VISNs and medical center leadership and key stakeholders, including the PMOP coordinators, regarding the finalized position approvals, and associated funding allocation in response to the Request for Application memorandum titled FY 2024 Pain Management, Opioid Safety, and PMOP Request for Application. Additionally, this memorandum outlines the roles and responsibilities of VISN and facility leadership, including the PMOP coordinators as key personnel, in accepting the PMOP funds in support of hiring these positions. Finally, the PMOP Program also issued an AUSH memorandum on August 16, 2024, titled FY 2025 Pain Management, Opioid Safety, and Prescription Drug Monitoring Program Field Funding. The purpose of this memorandum was to communicate pertinent annual funding guidance to key stakeholders at both the VISN and facility leadership levels, inclusive of PMOP coordinators.

In addition to formal funding guidance through AUSH memorandums, PMOP maintains meetings with key stakeholders on a regular basis, including monthly calls with VISN PMOP Coordinators, Pain Consultants, and Primary Care Pain Champions, a PMOP Community call. PMOP informs key stakeholders such as the PMOP Coordinators and the VISN Pain Consultants and Facility Pain Point of Contacts, about upcoming initiatives and provides implementation support through formal and informal communication avenues.

The PMOP program will maintain the established communication channels and continue to include key stakeholders, inclusive of VISN and medical facility leaders, and PMOP coordinators, when providing pertinent funding guidance, to include associated roles and responsibilities related to Pain Management, Opioid Safety, and Prescription Drug Monitoring Program initiatives.

Target Completion Date: Request closure.

Recommendation 3: Ensure the program clarifies and defines requirements for pain management teams in the new Veterans Health Administration Directive 1151, Pain Management and Opioid Safety.

VHA Comments: Concur. VHA agrees to clarify and define the requirements for pain management teams in the upcoming VHA Directive 1151, Pain Management and Opioid Safety. PMOP is currently in the process of drafting Directive 1151 and expects it to be published within the next 12 months. In the interim, PMOP has developed and published additional guidance documents for Pain Management Teams on the PMOP SharePoint, accessible to all in VA.

This information will be updated periodically and will also be shared with the field on PMOP's national calls, including Communities of Practice, and through relevant email groups.

Target Completion Date: March 31, 2026

Recommendation 4: Establish means to periodically validate the status information of facilities' pain management teams.

VHA Comments: Concur. VHA agrees to validate the status information of facilities' pain management teams (PMTs). Since 2024, PMOP obtains the self-reported status of the comprehensive PMT at each VA medical center through the PMOP Pain Management Team Tracking Application. To validate the status of essential pain management team providers, in support of the CARA, a PMT Dashboard will be created to incorporate clinical data that document the provision of clinical care to Veterans, such as patient encounters, unique patients served, and procedure codes. This data will help ensure that PMT members are fulfilling required functions within pain management teams. The PMT Dashboard has been created by the Pain Services Evaluation Program at the Pain Research, Informatics, Multi-Morbidities, and Education Center through a Memorandum of Agreement (MOA) with PMOP and is now being validated to be published within the next months. As a complement to these resources, PMOP will conduct audits of facility PMTs as needed to provide additional oversight and guidance.

Target Completion Date: September 30, 2025.

Recommendation 5: Require the program and the chief operating officer to assess and ensure corrective actions are taken to address each medical facility's lack of progress in achieving compliance with the requirement to have a pain management team as mandated by the Jason Simcakoski Memorial and Promise Act.

VHA Comments: Concur. PMOP will develop a framework and specific requirements in regard to PMT functions, in compliance with the Jason Simcakoski Memorial Act within the CARA legislation. PMOP will provide information to the VISNs and medical facilities about the PMT requirements through the upcoming Pain Directive and through additional information on the PMOP SharePoint, accessible to all in VA.

PMOP will monitor PMT implementation at facilities and provide assessment and tracking of each facility's progress in achieving compliance with the PMT requirements. PMOP will publish a PMT dashboard as the primary source of information to the VISNs and facilities that will be updated quarterly at a minimum.

Facilities not in full compliance with the CARA mandated PMT functions will be required to submit an action plan to their VISNs. The VISN will obtain regular updates from the medical facilities about the implementation of their action plans until full compliance is achieved. The VISNs will provide quarterly updates to PMOP about the progress of their facilities not yet in full compliance.

PMOP will meet with VISN, and medical facilities leadership and key stakeholders as needed to support the development and implementation of action plans. PMOP may hold virtual or in person site visits, if indicated, to support full implementation of the PMT requirements.

PMOP will provide a quarterly report to the COO. The COO will support all VHA medical facilities achieving full compliance.

Target Completion Date: September 30, 2025

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Audit Team	Gregory Gladhill, Director Kamilah Bady Erin Costa Sabrina Gregory Jehri Lawson
Other Contributors	Allison Bennett Rashiya Washington

Report Distribution

VA Distribution

Office of the Secretary
Veterans Benefits Administration
Veterans Health Administration
National Cemetery Administration
Assistant Secretaries
Office of General Counsel
Office of Acquisition, Logistics, and Construction
Board of Veterans' Appeals

Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Government Reform
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

OIG reports are available at www.vaoig.gov.