

Congress of the United States
Washington, DC 20515

July 22, 2020

The Honorable Robert Wilkie
Secretary of Veterans Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, DC 20420

Dear Secretary Wilkie:

We write to you today to again convey the concerns of New Hampshire veterans regarding recent changes to the Department of Veterans Affairs (VA) policy for chiropractic, acupuncture, and muscle massage services. We have raised this issue with you before, but New Hampshire veterans continue to face problems accessing their care. Their struggles accessing care highlight the need for VA policies to reflect the important role that non-drug pain therapies can play in meeting the health care needs of veterans.

Chronic pain represents a serious problem for millions of veterans, with many experiencing severe pain. A 2014 study by the National Institutes of Health found that more than half of all U.S. veterans surveyed experienced pain in the previous three months.¹ If not properly treated, pain can significantly reduce a veteran's quality of life. While often managed with opioids, this approach carries with it a higher risk of substance use disorder, and is of particular concern for New Hampshire, which has the third highest death rate in the country for overdoses involving opioids.² We encourage the VA to ensure coverage for evidence-based treatment for chronic pain, which can be an important tool for veterans to manage pain without the use of powerful opioids. A VA study of the health records of more than 140,000 veterans experiencing chronic pain found that non-drug therapies, such as those included in chiropractic, acupuncture, and muscle massage services, may reduce the risk of adverse outcomes later in life, such as substance use disorders and suicide attempts.³

As we have previously noted in hearings and discussions with your staff, recent changes in VA policy have made it more difficult for veterans in New Hampshire and around the country to access non-drug pain therapies, especially muscle massages. A provider must conduct an initial assessment of the veteran's needs, then follow up after eight visits with a new communication to

¹ Pain Management Fact Sheet, U.S. Department of Veterans Affairs, March 2018, available at: https://www.research.va.gov/pubs/docs/va_factsheets/Pain.pdf.

² National Institute on Drug Abuse, "Opioid Summaries by State," 2018 data, available at: <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state>.

³ Mike Richman, "Study backs long-term benefits of non-drug pain therapy," Official Blog of the U.S. Department of Veterans Affairs, January 21, 2020, available at: <https://www.blogs.va.gov/VAntage/70501/study-backs-long-term-benefits-of-non-drug-pain-therapy/>.

the VA that those therapies are still needed. This additional step places a significant bureaucratic burden on small local providers and may result in disruptions to care for the veteran.

Additionally, the change in policy and insufficient communication with veterans and providers has led to confusion regarding the new policy and how it is being implemented.

Similarly, the changes to VA policy have now capped veterans at 24 massage therapy appointments per year, regardless of their specific condition or whether they suffer from a 100% service-connected disability. These new restrictions prevent veterans from accessing the care that they previously relied upon to help to manage their severe and chronic pain.

We request a response to the following questions:

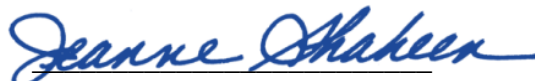
1. Why did the VA implement changes to its non-drug pain therapy authorizations policy?
2. What outreach did you do to consult with veterans and providers prior to changing this policy?
3. What is the justification for placing a cap on the maximum number of massage therapy authorizations per year, regardless of a veteran's condition?
4. What are the specific parameters of the new policy, and what is the process for veterans who are looking to utilize chiropractic, acupuncture, and muscle massage services as part of their pain management treatment plan?
5. How is the VA communicating this new policy to veterans and their providers?

Thank you for the work that you do to support U.S. veterans, and we encourage you to continue that support by communicating clearly and effectively with providers and veterans to address their individual needs and concerns.

Sincerely,



Margaret Wood Hassan
United States Senator



Jeanne Shaheen
United States Senator



Ann McLane Kuster
United States Representative



Chris Pappas
United States Representative