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United States Senate

COMMITTEE ON VETERANS' AFFAIRS

WASHINGTON, DC 20510

January 21, 2026

The Honorable Gene Dodaro
Comptroller General of the United States
Government Accountability Office
441 G Street, N.W.
Washington, D.C. 20548

Dear Mr. Dodaro,

Veterans with mental health conditions may require the use of medication, and ensuring they have safe and effective treatments is a critical component of care within the Department of Veterans Affairs' (VA) health system. Recent reporting has raised serious concerns about the prevalence of polypharmacy—or multiple medication use—among veterans.¹ Polypharmacy, while not inherently bad, can result in dangerous drug interactions, overreliance, abuse, and even death. For example, research suggests that prescribing both opioids and benzodiazepines—a type of medication used to treat anxiety or post-traumatic stress disorder (PTSD)—can increase veterans' risk of death from suicide.² Given these concerns, it is imperative that VA ensure it is offering effective treatment, including medication as well as non-pharmacologic options such as therapy, to reduce the risk of negative outcomes.

At a Senate Veterans' Affairs Committee hearing examining medication management at VA on December 3, 2025, we discussed VA's efforts to promote safe prescribing and expand access to alternative treatments, including psychedelics. The hearing highlighted the importance of mental health treatment planning for veterans to include treatment from both VA and community care providers, especially given the nationwide shortage of mental health providers. Furthermore, information discussed at the hearing highlighted the importance of comprehensive medication management and oversight across providers to ensure veterans' access to safe and effective mental health care.

We are pleased that VA took action to implement recommendations from a 2019 GAO report assessing VA's documentation of treatment decisions for veterans with mental health.³ Importantly, VA also issued a directive in April 2023 requiring veterans' treatment plans to be readily identifiable in their electronic health record as a single, comprehensive, and integrated mental health treatment plan.

¹Shalini Ramachandran and Betsy McKay, "Combat Cocktail: How We Overmedicate Veterans," Wall Street Journal, August 2, 2025.

²National Academies of Sciences, Engineering, and Medicine, *Veterans, Prescription Opioids and Benzodiazepines, and Mortality, 2007–2019: Three Target Trial Emulations* (Washington, D.C.: 2025).

³GAO, *VA Mental Health: VHA Improved Certain Prescribing Practices, but Needs to Strengthen Treatment Plan Oversight*, [GAO-19-465](#) (Washington, D.C.: June 17, 2019).

However, in light of concerns raised in media reporting and testimony at the recent hearing, we remain concerned that veterans may not be able to consistently access the full array of medications and non-pharmacologic options and that gaps may exist in VA's oversight of mental health treatment.

We ask that GAO complete an independent audit focusing on the following:

- Factors that may contribute to VA providers' treatment decisions for veterans with mental health conditions (e.g., staffing shortages and types of mental health providers available at VA).
- VA's prescribing practices and efforts to monitor the treatment of veterans prescribed psychotropic medications, including available data on the number of veterans with PTSD and other prevalent mental health conditions who have been prescribed one or more medications.
- Prescribing practices of psychotropic medications for veterans receiving care through community care, including whether community providers document decisions to provide psychotropic medications or nonpharmacologic treatment in veterans' mental health treatment plans.
- VA's monitoring of mental health treatment plans, including consideration of different treatment options to include nonpharmacologic options.
- Challenges VA providers face in ensuring that veterans have timely access to care and a full array of mental health treatment options, and steps VA is taking to mitigate any challenges.
- VA's efforts to reduce risks associated with polypharmacy, including deprescribing initiatives, provider education, and patient education regarding medication risks and benefits.

We look forward to working with GAO to conduct oversight on this important issue. If you have any questions about this request, please do not hesitate to contact our Senate Committee on Veterans' Affairs staff.

Sincerely,



Jerry Moran
Chairman
Senate Committee on Veterans' Affairs



Richard Blumenthal
Ranking Member
Senate Committee on Veterans' Affairs