AAFP
AMERICAN ACADEMY of FAMILY PHYSICIANS

July 8, 2026

The Honorable Douglas A. Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, D.C. 20420

RE: Expanding Access to State Prescription Drug Monitoring Programs; RIN 2900–AS73

Dear Secretary Collins:

On behalf of the American Academy of Family Physicians (AAFP), representing 124,500 family physicians and medical students across the country, I write in response to the Department of Veterans Affairs' (VA) Expanding Access to State Prescription Drug Monitoring Programs (PDMPs) notice of proposed rulemaking. The AAFP appreciates the Department's desire to eliminate confusion regarding who within VA is allowed to access and query state PDMPs in order to prevent the diversion or misuse of prescription medications. Family physicians have witnessed firsthand the impact of prescription drug misuse and substance use disorders on patients and communities. The AAFP appreciates VA's continued commitment to promoting safe and effective prescribing, improving care coordination, and reducing the misuse and diversion of controlled substances. We also support VA's efforts to modernize the exchange of prescription information and integrate clinically relevant data into care delivery workflows.

The AAFP has long supported the use of PDMPs as valuable clinical tools that help physicians identify potential safety concerns, support informed prescribing decisions, and improve patient care. We have likewise consistently supported efforts to improve interoperability among health information systems and facilitate the secure exchange of clinically relevant data across care settings. We therefore support many aspects of this proposed rule, particularly provisions that improve timely access to PDMP information and encourage integration of PDMP information into electronic health records (EHRs) and other health information technology (IT) systems.

Support for PDMP Use, Interoperability, and Clinical Workflow Integration

The AAFP strongly supports efforts to improve the accessibility, usability, and interoperability of PDMP data. However, the success of such efforts depends on state reporting systems that are accessible, timely, interoperable, and comprehensive. State investments in their PDMP systems vary widely and directly impact the effectiveness and accessibility of PDMPs. Physicians and their care teams need access to accurate, timely, and comprehensive medication information at the point of care to support safe prescribing and identify potential risks related to misuse, diversion, duplicative therapy,

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or dangerous medication combinations, and they should not be held responsible for inaccessible or ineffective state PDMPs. We continue to encourage the Drug Enforcement Administration, the Department of Justice, and other relevant federal stakeholders to work with states to improve the functionality, utility, and interoperability of PDMPs.

We are particularly supportive of VA's recognition that interoperability includes integration of PDMP information into EHRs, health information exchanges, and other clinical networks that seek to connect patient data across disparate systems, such as the patient-centered data home network.[i] Seamless access to PDMP information within physician workflows can improve efficiency by reducing administrative burden and helping clinicians make better-informed decisions without requiring multiple logins or separate systems. We encourage VA to continue prioritizing investments in interoperable infrastructure and automated clinical workflows that will best support patient care by delivering actionable information to physicians in real-time.

The AAFP supports provisions that would facilitate interstate exchange of prescription information through state, regional, and nationwide PDMP networks. Patients frequently receive care across state lines, and physicians benefit when clinically relevant prescribing information follows the patient regardless of where care is delivered. **Improving interstate exchange of PDMP information is consistent with long-standing organizational efforts to strengthen care coordination and improve patient safety**.

Additionally, we support VA's efforts to ensure PDMPs contain comprehensive prescription information necessary to fulfill their intended purpose. Complete and accurate data improve the effectiveness of PDMPs and support physicians' ability to identify potential safety concerns and coordinate care across treatment settings. As VA works to implement these requirements, we encourage the Department to continue maintaining robust privacy and security safeguards and ensuring disclosures remain limited to information necessary to achieve the statutory goals of preventing misuse and diversion of prescription medications.

The Importance of Physician-Led, Team-Based Care

While we support the overarching goals of the proposed rule, we recommend several clarifications regarding provisions related to delegates and access to PDMP information. The AAFP supports a wide variety of efforts by policymakers to improve access to health care services with innovative staffing models that include non-physician clinicians such as physician assistants, nurse practitioners, and nurse midwives. The AAFP strongly believes that these and other health care professionals are essential members of the physician-led primary care team that is essential to improving patient care and outcomes. Patients are best served when their care is provided by an interprofessional,

interdependent team led by a physician to support comprehensive care delivery and achieve better health, better care, and lower costs. Nowhere is this more important than at VA, which delivers multifaceted medical care to veterans, including those with traumatic brain injuries and other serious medical and mental health issues. Family physicians are uniquely trained and positioned to holistically address patients' health care needs in the context of their communities, including managing multiple chronic and acute conditions. Our nation's veterans deserve high-quality, accessible health care delivered by a physician-led care team that can fully address patient needs, communicate effectively, and empower care team members to utilize their skills, training, and abilities to the full extent of their professional capacity. Non-physician clinicians, pharmacists, nurses, technicians, and other health professionals play important and valued roles in caring for patients, including supporting medication management and care coordination.

The AAFP recommends that VA clarify the guidelines to guard against conflating access to clinical information with authority to diagnose, develop treatment plans, or prescribe medications, and we acknowledge that the proposed rule appropriately focuses on access to and exchange of prescription information. However, portions of the proposed definitions related to delegates and licensed health care providers could benefit from additional clarification to avoid any implication that access to PDMP data confers independent prescribing authority or expands existing scope of practice.

Recommendations Regarding Delegates, Prescribing Authorities, and Contractor Access and Oversight

We are concerned that certain provisions within the proposed definitions of "delegate" and "licensed health care provider" could be interpreted more broadly than intended by VA. The proposed definition of "delegate" includes a wide range of clinical associates, administrative associates, researchers, contractors, and automated systems acting under the direction or supervision of a licensed VA health care provider. While we understand VA's intent is to facilitate appropriate access to PDMP information, the breadth of the proposed definition could create confusion regarding the distinction between access to prescribing information and authority to make prescribing decisions. The AAFP encourages VA to clarify that delegate access to PDMP information is intended solely to support patient care activities conducted under the direction and supervision of authorized prescribing clinicians. We respectfully recommend the following addition: **Access to PDMP information by a delegate shall be limited to activities conducted under the direction or supervision of an authorized licensed health care provider and shall not be construed as granting independent authority to diagnose, prescribe, develop treatment plans, or otherwise engage in prescribing-related clinical decision-making**.

Similarly, the proposed definition of "licensed health care provider" identifies categories of individuals who may prescribe or fill controlled substances within the scope of their practice as VA employees. However, we recommend VA clarify that the rule is intended to facilitate access to information and does not establish, modify, or expand prescribing authority otherwise granted under federal law, VA policy, or applicable standards of practice. We encourage VA to include the following addition: **Nothing in this section shall be interpreted to create, modify, or expand prescribing authority beyond that otherwise authorized by federal law, VA policy, professional licensure, certification, registration, or applicable standards of practice**.

Additionally, we encourage VA to ensure that contractor access to PDMP information remains linked to clearly defined clinical or operational responsibilities and appropriate oversight structures. Contractors who receive access to PDMP data should remain subject to the same privacy, security, and accountability expectations applicable to VA personnel performing similar functions. The AAFP believes these clarifications would help ensure the final rule advances VA's important goals of improving patient safety, promoting effective use of PDMPs, and enhancing interoperability while preserving clear distinctions regarding professional responsibilities and prescribing authorities.

Conclusion

Thank you for the opportunity to provide written comments on this important proposal. The AAFP appreciates VA's efforts to improve patient safety, reduce diversion of controlled substances, strengthen PDMP utilization, and advance health information interoperability. We believe this proposed rule's focus on improved access to clinically relevant prescribing information can enhance care coordination and support safe prescribing practices for veterans. We urge VA to clarify that delegate access to PDMP information is intended to support physician-led, team-based care and does not create or expand prescribing authority for non-physician personnel. With these clarifications, we believe the final rule can advance patient safety and interoperability objectives while preserving clear distinctions regarding professional roles and responsibilities. For more information or questions, please contact Mandi Neff, Senior Strategist, Regulatory and Policy, at mneff2@aafp.org.

Sincerely,

Jen Brull, MD, FAAFP
Board Chair
American Academy of Family Physicians

[i] Civitas Networks for Health. "Patient Centered Data Home®." *Civitas Networks for Health*. 2022. https://civitasforhealth.org/patient-centered-data-home/.