

Council of the
INSPECTORS GENERAL
on INTEGRITY and EFFICIENCY

**Combating the Opioid
Crisis: Role of the
Inspector General Community**

July 2019

EXECUTIVE SUMMARY

The United States is in the middle of a severe opioid crisis. More than 70,000 people died from overdoses in 2017, and around two-thirds of these deaths, 47,600, involved opioids. The federal government is ramping up efforts to address the problem, but resolving this issue is complex. It requires the collaboration of numerous agencies within the federal government as well as state and local governments and the private and nonprofit sectors. The path to opioid abuse can start with a single opioid prescription for pain, but there is no one fix for the opioid crisis. Instead, many smaller opportunities exist to make substance abuse less likely and to disrupt drug diversion and criminal trafficking. The federal government plays multiple roles, whether regulating drugs, paying for health care services, encouraging research, enforcing the law, or funding treatment. This paper describes federal and Office of Inspectors General (OIG) efforts to address the opioid crisis both within the health care system and through law enforcement.

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THE OPIOID CRISIS

More than 70,000 people died of overdoses in the United States in 2017, 192 people per day. Around two-thirds of these deaths, 47,600, involved the use of opioids, and the rate of opioid overdose deaths has doubled since 2012. The table below shows drug overdose deaths in 2017 from various types of opioids and how they have changed over one year and five years.

Table 1: Drug Overdose Deaths from Various Types of Opioids

Category (see note)	Overdose Deaths in 2017	Percentage of Total Overdose Deaths	Rate per 100,000 population	Change in Rate Since 2016	Change in Rate Since 2012
Drug overdose deaths	70,237	100%	21.7	10%	66%
Overdose deaths involving:					
Any opioid	47,600	68%	14.9	12%	101%
Synthetic opioids other than methadone (such as fentanyl and tramadol)	28,466	41%	9.0	45%	1025%
Heroin	15,482	22%	4.9	0%	158%
Natural and semisynthetic opioids (such as morphine, codeine, hydromorphone, and oxycodone)	14,495	21%	4.4	0%	26%
Methadone	3,194	5%	1.0	0%	-17%

Notes: Numbers do not total as deaths may involve more than one drug.

Source: National Center for Health Statistics Data Brief No. 329, “Drug Overdose Deaths in the United States, 1999–2017,” November 2018, data tables for Figures 1 and 4.

Previous waves of overdose deaths started in the 1990s from prescription opioids and then in 2010 from heroin, and as the table shows, heroin and natural and semisynthetic opioids still contribute to a significant share of deaths. The current wave of overdose deaths, which began in 2013, has resulted from the increased availability of highly potent synthetic opioids such as illicitly manufactured fentanyl and its analogues.¹ These drugs are often produced by drug traffickers overseas and illegally trafficked into the United States over the border or through the mail or parcel delivery services. Often, they are mixed with other narcotics such as heroin or cocaine or pressed into counterfeit pills. Synthetic opioids were involved in 41 percent of

¹ Puja Seth, Lawrence Scholl, Rose A. Rudd, and Sarah Bacon, “Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants – United States, 2015–2016,” MMWR, 2018, 67:349–358, <https://dx.doi.org/10.15585/mmwr.mm6712a1>.

overdose deaths in 2017. Their death rate has climbed more than eleven-fold in the past five years. The dramatic increase in overdoses has stretched the capacity of local law enforcement and emergency services.

On October 26, 2017, President Donald J. Trump announced that his administration was declaring the opioid crisis a nationwide public health emergency under federal law, and agencies throughout the federal government are ramping up their efforts to combat the crisis.² Opioid abuse affects multiple parts of the nation's health and law enforcement systems. No single agency can fully address it. The 2017 report of the President's Commission on Combatting Drug Addiction and the Opioid Crisis made 56 separate recommendations to improve the government response to opioid abuse in a wide range of areas.³ The recommendations touched several agencies including the Departments of Justice (DOJ), Defense (DOD), Health and Human Services (HHS), Homeland Security (DHS), Labor (DOL), Office of Personnel Management (OPM), and Veterans Affairs (VA) as well as the U.S. Postal Service (USPS).

Congress has also passed legislation to address the crisis. Most recently, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act became law in October 2018.⁴ The law includes provisions to encourage prevention and treatment, prevent drug trafficking and diversion, and to help protect communities. It affects agencies across the federal government.

² The declaration of public health emergency gives the Secretary of Health and Human Services authority to take a variety of discretionary actions to respond. For more information, see "Public Health Emergency Declaration," <https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>.

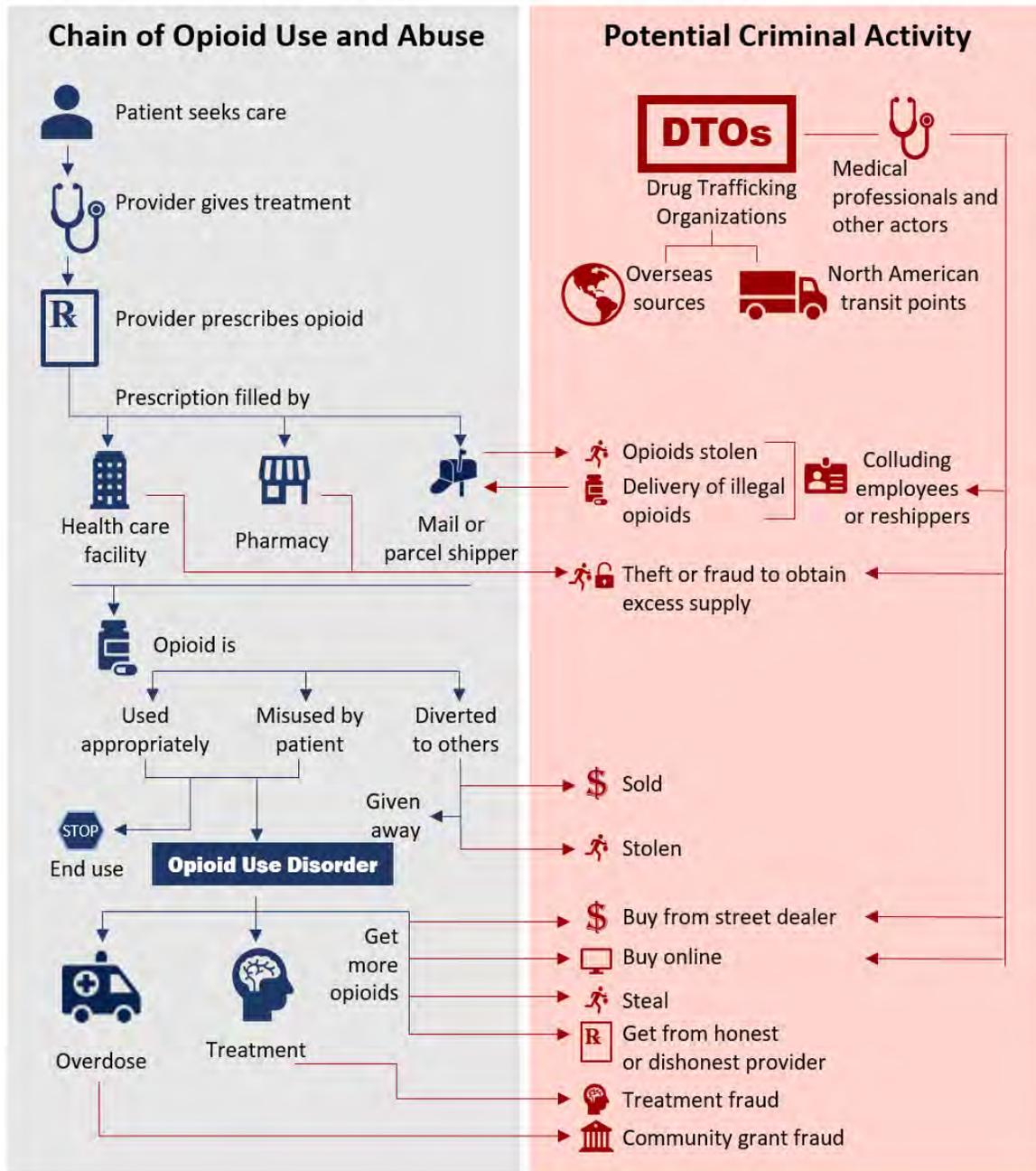
³ President's Commission on Combatting Drug Addiction and the Opioid Crisis, Report, November 2017, https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf.

⁴ Public Law 115-271.

PATH TO OPIOID ABUSE AND ADDICTION

For many people, opioid addiction begins following medical treatment. Figure 1 shows the chain of opioid use and abuse and how it can intersect with illegal drug activity. The federal government plays important roles at multiple points along the path.

Figure 1: Opioid Use and Abuse



CIGIE graphic

While medical treatment is not the only way an individual can become addicted to opioids, The starting point of Figure 1 is a person seeking treatment for a medical condition. A health care provider treats the condition and prescribes an opioid. Opioids have long been prescribed for pain relief following surgery or acute injury or to manage the pain of serious illnesses such as cancer or chronic pain conditions. In 2017, 17 out of every 100 people in the United States received at least one opioid prescription. The number of prescriptions per population has declined since 2012 as concerns about opioid abuse has grown, and there has also been a reduction in high dosage prescriptions.⁵

The next step is filling the prescription. The patient can receive the opioids from a health care facility, a retail pharmacy, or through the mail or a delivery service. There are opportunities for the drugs to be stolen or diverted through fraud from all these channels.

Once the patient has the opioids, there is the potential for the patient to misuse them by taking them inappropriately or to divert them by giving them away or selling them. Excess pills can also be stolen. According to the 2017 National Survey on Drug Use and Health, 53 percent of people who misused pain relievers got the last ones they misused from a friend or relative. This 53 percent is made up of approximately 38 percent who received them for free, 11 percent who bought them, and 4 percent who took them without asking.⁶ Encouraging the proper disposal of excess drugs can safeguard against these outcomes. Many people ultimately stop using opioids without problems, but research suggests that between 8 and 12 percent of patients prescribed opioids for chronic pain develop an opioid use disorder.⁷

Patients who develop an opioid use disorder or addiction may seek additional opioids by doctor shopping or going to “pill mills.” They may steal drugs or seek out illicit narcotics from drug traffickers either on the street or online. Four to 6 percent of people who misuse prescription opioids are estimated to transition to heroin, and 80 percent of people who use heroin first misused prescription opioids.⁸

People who abuse opioids may overdose. A recent CDC paper found that roughly 16 of every 10,000 visits to emergency departments from July 2016 through September 2017 involved suspected opioid overdoses, and the rate of overdose visits increased over the period, growing

⁵ On average, each patient had 3.4 prescriptions. CDC National Center for Injury Prevention and Control, *Annual Surveillance Report of Drug-Related Risks and Outcomes*, 2018, <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>, pp. 6 and 79.

⁶ Percentages are rounded from survey results. The remaining 47 percent got drugs from a doctor or health care provider, a drug dealer, or some other way. Substance Abuse and Mental Health Services Administration (SAMHSA), *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*, September 2018, <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>, p. 22.

⁷ National Institute on Drug Abuse, “Opioid Overdose Crisis,” Revised March 2018, <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>.

⁸ Ibid.

each quarter.⁹ Anecdotal reports suggest the number of overdoses may be stretching the resources of first responders.

Ultimately, the goal is to get people suffering from opioid use disorders and addiction into treatment. However, as HHS OIG noted as part of its 2017 management challenges, only about one-fifth of individuals suffering from opioid use disorder receive specialty treatment, and even fewer receive medication-assisted treatment, which is considered the most successful form of treatment.¹⁰ Substance abuse treatment fraud by unscrupulous providers is also a risk, harming both patients and taxpayers.

The Inspector General community is widely involved in oversight and law enforcement work regarding opioid issues. This paper describes these efforts.

⁹ Alana M. Vivolo-Kantor; Puja Seth, R. Matthew Gladden, Christine L. Mattson, Grant T. Baldwin, Aaron Kite-Powell, Michael A. Coletta, “Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses – United States, July 2016–September 2017,” *MMWR*, 2018;67:279–285, <https://dx.doi.org/10.15585/mmwr.mm6709e1>.

¹⁰ HHS OIG, *Top Management and Performance Challenges Facing HHS*, 2017, <https://oig.hhs.gov/reports-and-publications/top-challenges/2017/2017-tmc.pdf>, p. 15.

FEDERAL RESPONSE AND THE ROLE OF OIGS

The federal government touches nearly every segment in the chain of opioid use and abuse. Federal agencies conduct research into health care issues, craft regulations, pay for health care services, work to stop drug trafficking, and undertake many other roles to combat the opioid crisis. These roles fall into two main areas: countering opioid abuse through the U.S. health care system and combatting criminal drug trafficking, opioid diversion, and health care fraud. In many instances, even before the crisis, OIGs were conducting oversight of these roles as part of their mission to uncover waste, fraud, and abuse and promote efficiencies. Efforts have increased as the crisis has grown. OIGs also work directly to uncover health care fraud and employee misconduct involving opioids to maintain integrity within their agencies.

Countering Opioid Abuse through the U.S. Health Care System

One of the most significant ways the federal government can help address the opioid crisis is by closely reviewing its role as a health care payer. As Table 2 shows, several agencies administer or fund health care programs having billions of dollars in expenditures including HHS, DOD, DOL, and the Office of Personnel Management (OPM).

Table 2: Federal Agencies Funding or Administering Health Care Benefits

Agency	Program	2017 Expenditures
HHS	Medicare	\$ 705.9 B
	Medicaid	\$ 581.9 B
	Children’s Health Insurance Program (CHIP)	\$ 18.2 B
	Indian Health Service	\$ 4.0 B
DOD	TRICARE and other programs	\$ 42.3 B
DOL	Office of Workers’ Compensation (OWCP)	\$ 1.6 B
OPM	Federal Employees Health Benefits (FEHB) Program	\$ 50.3 B
VA	Veterans Health Administration	\$ 72.1 B
TOTAL FOR LISTED PROGRAMS		\$ 1,476.3 B

Sources: Centers for Medicare and Medicaid Services (CMS) National Health Expenditure Data, 2017; National Academy of Social Insurance, *Workers’ Compensation*, October 2018; OPM, *Agency Financial Report, Fiscal Year 2017*, FEHB Outlays.

In addition, federal health benefit programs fund treatment for opioid use disorders, and federal grants are given to increase access to substance abuse treatment. However, the federal

government’s role is broader than just paying for prescriptions and treatments. It also conducts research, regulates drugs, and promotes better opioid practices. The chart below describes these roles.¹¹

OIGs	Actions
<p>Conduct research</p> 	<p>Agencies such as the National Institutes of Health (NIH) and the CDC award grants to support health care research in areas such as pain management, overdose prevention, substance abuse treatment, and improving data access and quality. The VA has an active research arm in chronic pain management, alternative therapies for chronic pain and substance abuse treatment</p> <ul style="list-style-type: none"> ▪ HHS OIG works to protect the integrity of grant programs and ensure funds are used for their intended purpose.
<p>Regulate drugs</p> 	<p>The U.S. Food and Drug Administration (FDA) regulates the approval and safe use of prescription drugs. To improve overdose treatment, it expedited approval of nasal spray version of naloxone. In addition, the FDA is encouraging drug companies to develop opioid formulations that are more resistant to abuse. The agency also has the authority to require drug companies to develop Risk Evaluation and Mitigation Strategies (REMS) for medications with serious safety concerns, including opioids. In August 2018, the FDA approved the Opioid Analgesics REM. It requires training be made available for all health care providers involved in the management of patients with pain, including nurses and pharmacists.</p> <ul style="list-style-type: none"> ▪ HHS OIG is currently evaluating FDA’s use of REMS programs to oversee opioid prescribing practices.¹² <p>The Drug Enforcement Administration (DEA) registers health care providers, pharmacies, hospitals, and other facilities and businesses involved in the production or distribution of controlled substances. Not all registrants are required to provide data to state databases.</p>

¹¹ Appendix B contains a list of work that OIGs are conducting in these areas.

¹² HHS OIG, Work Plan, “FDA Oversight of Risk Evaluation and Mitigation Strategies to Address Prescription Opioid Abuse,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000254.asp>.

	<ul style="list-style-type: none"> DOJ OIG examined the process of adjudicating registrations and improving timeliness in 2014.¹³ <p>DEA also sets quotas for the manufacturing of Schedule I and Schedule II controlled substances. Until recently, DEA rules did not explicitly take diversion and abuse into account for setting quotas. Recent rule changes and the SUPPORT for Patients and Communities Act changed this. The Act establishes mandatory factors for DEA to consider when setting annual quotas for opioids, including diversion, abuse, overdose deaths, and public health impacts. It also requires DEA to explain public health benefits if it approves any increase in the annual opioid quota.</p>
<p>Educate treatment providers, pharmacies, and others</p> 	<p>Agencies are involved in educational efforts to stem opioid abuse and diversion. The CDC has issued a <i>Guideline for Prescribing Opioids for Chronic Pain</i> for treatment providers.¹⁴ The Health Resources & Services Administration (HRSA), which focuses on improving health care for people who are geographically isolated, economically or medically vulnerable, funds training on opioid use disorder in primary care. It also supports information portals and encourages information sharing on emerging public health issues like opioids.</p> <p>The VA developed an Opioid Safety Initiative for prescribers which includes specific management guidelines, a toolkit for prescribers that focuses on patient education, alternative therapeutic approaches to chronic pain, and an emphasis on patient and provider collaboration to manage chronic pain.¹⁵</p> <p>OPM encourages opioid education by requiring FEHB health benefit carriers to implement outreach programs to providers and enrollees regarding opioid risks along with their other efforts to address opioid abuse as part of their 2019 plan proposals.¹⁶</p>

¹³ DOJ OIG, *The Drug Enforcement Administration’s Adjudication of Registrant Actions*, Report No. I-2014-003, May 2014, <https://oig.justice.gov/reports/2014/e1403.pdf>.

¹⁴ “CDC Guideline for Prescribing Opioids for Chronic Pain,” <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>.

¹⁵ VA, “Opioid Safety Initiative (OSI),” https://www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_OSI.asp.

¹⁶ OPM, Federal Employees Health Benefits Program Call Letter January 23, 2018, <https://www.opm.gov/healthcare-insurance/healthcare/carriers/2018/2018-01.pdf>.

	<p>One of the ways DEA works to prevent the diversion of drugs is by education and training within the pharmaceutical and medical community.</p> <ul style="list-style-type: none"> ▪ HHS OIG collaborates with DEA on these educational efforts such as Pharmacy Diversion Awareness Conferences.¹⁷ ▪ HHS OIG participated in efforts to produce a paper on how health care payers can reduce the harm of opioids as part of the Healthcare Fraud Prevention Partnership (HFPP), which allows private and public entities to share data and information to combat health care fraud.¹⁸ USPS OIG is also a member. ▪ In addition, HHS OIG, developed a toolkit that insurers and enforcement organizations can use to analyze their own claims data.¹⁹ ▪ HHS agencies and the HHS OIG also work together to educate providers, the industry, and beneficiaries on the role each one plays in the prevention of prescription drug and opioid-related fraud and abuse.
<p>Monitor prescriptions and treatment practices</p> 	<p>As health care payers and providers, several agencies are participating in efforts to monitor prescriptions and treatment practices to discover emerging problems and find fraud. Health plan design also plays a role. Following legislation, HHS Centers for Medicare and Medicaid Services (CMS) has implemented rules to expand the use of lock-in programs that require beneficiaries suspected of abusing opioids to use a limited number of prescribers and pharmacies. OPM implements strategies such as quantity limits, a pharmacy lock-in program, and prior approval requirements for opioid medications and conducts safety initiatives to identify patients exhibiting opioid abusive behaviors. DOL has implemented opioid controls in the workers' compensation program including requiring that doctors complete a letter of medical necessity for new opioid prescriptions lasting more than 60 days and evaluating the dosage levels and length of use for</p>

¹⁷ Information on past conferences is available at <https://www.deadiversion.usdoj.gov/mtgs/index.html>.

¹⁸ Healthcare Fraud Prevention Partnership in conjunction with NORC @ the University of Chicago, *Healthcare Payer Strategies to Reduce the Harms of Opioids*, January 2017, <https://hfpp.cms.gov/news/hfpp-opioid-whitepaper.pdf>.

¹⁹ HHS OIG, *Toolkit: Using Data Analysis to Calculate Opioid Levels and Identify Patients at Risk of Misuse or Overdose*, Report No. OEI-02-17-00560, July 2018, <https://oig.hhs.gov/oei/reports/oei-02-17-00560.pdf>.



long-term and high dose opioid claimants to assess the most appropriate action to take in each case. DOL also established policies for alternative pain management and treatment for claimants with opioid use disorder.

- OIGs often share these efforts, many times with a specific focus on finding fraud. For example, OPM and OPM OIG collaboratively implemented fraud and abuse reporting requirements for FEHB carriers including reporting of subscribers who are suspected of doctor shopping, opioid abuse, and drug diversion. (Health care fraud work is described in more detail under Combatting Drug Trafficking, Opioid Diversion and Health Care Fraud.)
- HHS OIG is reviewing the oversight of opioid prescribing and the monitoring of opioid use in selected states²⁰. Specifically, OIG reviewed the states' policies and procedures, data analytics, programs, outreach, and other efforts. To support HHS's ongoing efforts to identify and disseminate effective practices to address the opioid epidemic in the United States, these state-wide efforts are highlighted through a factsheet and a one-page highlights document for each of the selected states. These factsheets include information on states' efforts, such as lock-in programs, opioid prescription limits, and reports generated from data analytics.

Analytics are particularly useful for finding unusual or suspicious transactions. CMS conducts analysis through its contractor to find Medicare fraud and other issues. One area of concern is the concurrent use of opioids with potentiator drugs such as benzodiazepines, which can be misused to strengthen the effects of the opioids.

²⁰ HHS OIG, "Review of States' Oversight of Opioids," <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000321.asp>. For Issued factsheets, <https://oig.hhs.gov/oas/opioid-oversight-map/oversight.asp>.

	<ul style="list-style-type: none"> ▪ HHS OIG shares methods and data analysis with CMS. In a recent data brief analyzing 2017 Medicare data, HHS OIG identified more than 57,000 Medicare Part D beneficiaries who did not have a cancer diagnosis and who were not in hospice yet received extreme amounts of opioids. HHS OIG also found nearly 15,000 beneficiaries who appeared to be doctor shopping as well as 282 prescribers with questionable opioid prescribing patterns. These results showed declines from 2016.²¹ ▪ HHS OIG likewise examined Ohio Medicaid data to find examples of extreme opioid use and prescribing and plans to conduct a similar analysis for the Indian Health Service.²² HHS OIG will additionally review oversight of opioid prescribing and monitoring of opioid use in select states.²³ ▪ HHS OIG is currently analyzing Medicare Part D beneficiaries at serious risk of opioid misuse or overdose in order to provide needed information about the characteristics of these beneficiaries; the opioid utilization of these beneficiaries; and the extent to which these beneficiaries have had adverse health effects related to opioids and any overdose incidents.²⁴
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²¹ HHS OIG, *Opioid Use in Medicare Part D Remains Concerning*, Report No. OEI-02-18-00220, June 2018, <https://oig.hhs.gov/oei/reports/oei-02-18-00220.pdf>, pp. 9 and 18. A related report identified at beneficiaries at serious risk of opioid misuse or overdose in five States in the Appalachian region. See HHS OIG, *Concerns About Opioid Use in Medicare Part D in the Appalachian Region*, April 2019, <https://oig.hhs.gov/oei/reports/oei-02-18-00224.pdf>.

²² HHS OIG, *Opioids in Ohio Medicaid: Review of Extreme Use and Prescribing*, Report No. OEI-05-18-00010, July 2018, <https://oig.hhs.gov/oei/reports/oei-05-18-00010.pdf> and “Review of Opioid Use in Indian Health Service,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000322.asp>.

²³ HHS OIG, “Review of States’ Oversight of Opioids,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000321.asp>.

²⁴ HHS OIG, Work Plan, “Characteristics of Part D Beneficiaries at Serious Risk of Opioid Misuse or Overdose,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000342.asp>.

	<ul style="list-style-type: none"> ▪ DOD OIG conducted analysis to examine whether beneficiaries were overprescribed Schedule II opioids. In addition, the DOD OIG’s Defense Criminal Investigative Service (DCIS) and the Defense Health Agency have initiated a joint data mining project aimed at identifying potentially problematic prescribers of opioids to TRICARE beneficiaries. ▪ OPM OIG works collaboratively with FEHB anti-fraud units and pharmacy benefit managers to perform analytical reviews to identify opioid Super-prescribers and beneficiaries exhibiting opioid abuse or doctor-shopping behaviors. OPM OIG also worked with pharmacy benefit managers to examine payment trends on overdose prevention drugs to look for potential high-risk opioid users. ▪ In 2019, the USPS OIG conducted an audit that analyzed opioid prescriptions to Postal Service employees through the federal workers’ compensation program. The audit assessed Postal Service efforts to reduce workplace risks associated with prescription opioid use under the program.²⁵ <p>Agencies also fund monitoring efforts. The CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA), and DOJ’s Bureau of Justice Assistance (BJA) awarded grants for state-run prescription drug monitoring programs (PDMPs). The VA developed mechanisms that allows its providers to use these programs to determine whether patients have obtained opioids outside the VA.</p> <ul style="list-style-type: none"> ▪ HHS OIG is currently examining states’ use of CDC and SAMHSA funding for PDMPs.²⁶
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²⁵ USPS OIG, “Impact of Prescribed Opioids on USPS Employees Under the Federal Workers’ Compensation Program,” Report Number: SAT-AR-19-002, issued June 6, 2019,

<https://www.uspsoig.gov/sites/default/files/document-library-files/2019/SAT-AR-19-002.pdf>.

²⁶ HHS OIG, Work Plan, “Prescription Opioid Drug Abuse and Misuse Prevention – Prescription Drug Monitoring Programs,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000262.asp>. Reports Issued, “Washington State Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program”, Report No. A-09-18-01001, April 15, 2019,

<https://oig.hhs.gov/oas/reports/region9/91801001.asp> and “The University of Kentucky Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program,” Report No. A-04-18-02012, May 30, 2019, <https://oig.hhs.gov/oas/reports/region4/41802012.pdf>

	<p>Finally, OIGs conduct other reviews to find problems.</p> <ul style="list-style-type: none"> ▪ DOD OIG is evaluating controls over opioid prescriptions at selected treatment facilities.²⁷ ▪ VA OIG has conducted inspections to review opioid prescribing practices at individual locations and has found examples of inappropriate practices that suggest compliance varies across the system.²⁸ An inspection also found that community providers paid by the VA to provide care to veterans did not always comply with VA opioid prescribing guidelines.²⁹ ▪ VA OIG also conducted a review of pain management practices including opioid prescribing and the treatment of substance abuse at the request of Members of Congress.³⁰ ▪ OPM OIG audits pharmacy benefit managers used by FEHB carriers to ensure they are implementing proper controls to prevent fraud and abuse, properly accounting for drug rebates, and complying with benefit limits. ▪ DOL OIG is pursuing cases regarding prescribing and dispensing opioids within the workers’ compensation program. ▪ DHS OIG is conducting a review of how the Department, CBP, ICE, TSA, and Secret Service are addressing illegal and prescription opioid use for employees subject to random drug testing.³¹
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²⁷ DOD OIG, “Project Announcement: Controls Over Opioid Prescriptions at Selected Military Treatment Facilities,” <https://www.dodig.mil/reports.html/Article/1498389/project-announcement-controls-over-opioid-prescriptions-at-selected-military-tr/>.

²⁸ For example, see VA OIG, *Review of Opioid Prescribing Practices, Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin*, Report No. 15-02156-346, August 22, 2017, <https://www.va.gov/oig/pubs/VAOIG-15-02156-346.pdf>. For more examples, see Appendix B.

²⁹ VA OIG, *Opioid Prescribing to High-Risk Veterans Receiving VA Purchased Care*, Report No. 17-01846-316, July 31, 2017, <https://www.va.gov/oig/pubs/vaoig-17-01846-316.pdf>.

³⁰ VA OIG, *Review of Pain Management Services in Veterans Health Administration Facilities*, Report No. 16-00538-282, September 17, 2018, <https://www.va.gov/oig/pubs/VAOIG-16-00538-282.pdf>.

³¹ DHS OIG, *DHS Random Drug Testing for Opioids*, <https://www.oig.dhs.gov/node/4501>.

Promote and fund treatment of opioid use disorder



Funding opioid treatment is a major concern across the country. SAMHSA and HRSA are providing grants to increase access to treatment, including to medication-assisted treatment (MAT). SAMHSA is also disbursing state block grants and Opioid State Targeted Response (STR) grants. The DOJ BJA awarded grants to cities, counties, and public health departments to create comprehensive alternatives to incarceration programs for those affected by the opioid epidemic.

- Grant administration is a traditional area for OIG oversight, and HHS OIG is currently conducting or completed various audits related to treatment grants. For instance, HHS OIG is auditing HRSA’s “Access Increases in Mental Health and Substance Abuse Services” which provides funding to health centers to focus on treatment, prevention, and awareness of opioid abuse.³² HHS OIG completed audits of SAMHSA’s awarding process of STR grants in awarding \$1 billion in funding to states to combat opioid addiction and an audit of SAMHSA’s Substance Abuse Prevention and Treatment Block Grant which identified inadequate stewardship of these funds for treatment.³³
- HHS OIG is also currently evaluating early results from the STR grants,³⁴ as well as access to MAT at HRSA-funded health centers.³⁵

Treatment is also funded through regular federal health care programs and affected by their policies. OPM has encouraged FEHB carriers to make formulary and approval changes that

³² HHS OIG, Work Plan, “HRSA’s Oversight of Funds for Access Increases in Mental Health and Substance Abuse Services (AIMS),” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000307.asp> and “Access Increases in Mental Health and Substance Abuse Services Funding for Health Centers,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000377.asp>. For more examples, see Appendix B.

³³ HHS OIG, Work Plan, “The SAMHSA Followed Grant Regulations and Program-Specific Requirements When Awarding STR to the Opioid Crisis Grants,” Report No. A-03-17-03302, March 2019, <https://oig.hhs.gov/oas/reports/region3/31703302.pdf> and “New York Did Not Provide Adequate Stewardship of Substance Abuse Prevention and Treatment Block Grant Funds,” Report No. A-02-17-02009, March 2019, <https://oig.hhs.gov/oas/reports/region2/21702009.pdf>.

³⁴ HHS OIG, Work Plan, “Early Results from the Opioid State Targeted Response Grants,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000326.asp>.

³⁵ HHS OIG, Work Plan, “Access to Medication-Assisted Treatment at Health Centers,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000379.asp>.

	<p>improve treatment access such as favorable coverage for certain MAT drugs.</p> <ul style="list-style-type: none"> ▪ DOD OIG is evaluating the DOD’s management of opioid use disorder including whether it has resolved programmatic barriers to treatment.³⁶ ▪ HHS OIG is auditing whether states complied with requirements when claiming Medicaid reimbursement for treatment services.³⁷ ▪ VA OIG has examined issues with treatment as part of its health care inspections.³⁸ <p>CMS officials have developed a tool for Medicaid agencies to use to assess the care and treatment of Medicaid beneficiaries with substance use disorder.</p> <ul style="list-style-type: none"> ▪ HHS OIG is evaluating the utilization and pricing trends for Naloxone in Medicaid,³⁹ as well as the availability of behavioral health services in Medicaid managed care.⁴⁰ ▪ HHS OIG is also assessing the usefulness of T-MSIS data in monitoring opioid prescribing in Medicaid.⁴¹ <p>SAMHSA sets rules for opioid substance abuse treatment including the procedures that allow entities to become accreditation bodies for treatment providers to ensure standards are met. In 2016 SAMHSA increased the number of</p>
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³⁶ DOD OIG, “Evaluation of the DoD’s Management of Opioid Use Disorder within the DoD,” <https://www.dodig.mil/reports.html/Article/1535596/evaluation-of-the-dods-management-of-opioid-use-disorder-within-the-dod/>.

³⁷ HHS OIG, Work Plan, “Medicaid Claims for Opioid Treatment Program Services,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000234.asp>.

³⁸ For example, see VA OIG, *Opioid Agonist Treatment Program Concerns VA Maryland Health Care System*, Baltimore, Maryland, Report No. 16-01091-06, October 19, 2017, <https://www.va.gov/oig/pubs/VAOIG-16-01091-06.pdf> and *Illicit Fentanyl Use and Urine Drug Screening Practices in a Domiciliary Residential Rehabilitation Treatment Program at the Bath VA Medical Center*, Report No. 17-01823-287, September 12, 2018, <https://www.va.gov/oig/pubs/VAOIG-17-01823-287.pdf>.

³⁹ HHS OIG, Work Plan, “Utilization and Pricing Trends for Naloxone in Medicaid,” <https://www.oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000339.asp>.

⁴⁰ HHS OIG, Work Plan, “Availability of Behavioral Health Services in Medicaid Managed Care,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000244.asp>.

⁴¹ HHS OIG, Work Plan, “T-MSIS Data Assessment: Usefulness of National Data to Monitor Opioid Prescribing in Medicaid,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000335.asp>.

	<p>patients qualifying practitioners can treat with MAT in office settings.</p> <ul style="list-style-type: none"> ▪ HHS OIG is examining nationwide access to office-based MAT providers and whether SAMHSA’s oversight of accreditation bodies complies with federal requirements.⁴²
<p>Reach out to communities</p> 	<p>Agencies also support community efforts to deal with opioids beyond treatment. DOJ funds grants to support community responders. The U.S. Department of Agriculture has also partnered with a research institution to create a Community Assessment Tool that allows users to overlay substance abuse data against socioeconomic and other data to assess what local actions will be most effective in addressing the opioid crisis.⁴³</p> <ul style="list-style-type: none"> ▪ The Center for Disease Control recently stood up Opioid Rapid Response Teams (ORRTs). The mission of this team is to work alongside law enforcement partners to address disruptions in care after a clinic closure by: providing support to State, local, and Tribal jurisdictions; providing clinicians with resources; conducting targeted outreach; expanding access to medication assisted treatment; and building response capacity.⁴⁴ HHS OIG worked closely with CDC in the planning and development of the ORRTs. HHS OIG advised them on protocols, connected them with other law enforcement partners, prepared data and other support/educational materials, and continues to coordinate with them on deployment preparations to help focus their efforts and ensure access to treatment/continuity of care for beneficiaries impacted by opioid related law enforcement efforts. <p>The Indian Health Service and other federal agencies are working with American Indian and Alaska Native communities to address the opioid crisis, including encouraging them to develop Tribal Action Plans to address opioid use and substance use in their communities. DEA has also initiated outreach to these communities, which face high</p>

⁴² HHS OIG, Work Plan, “Access to Buprenorphine-Waivered Providers for the Treatment of Opioid Use Disorder,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000208.asp> and “SAMHSA’s Oversight of Accreditation Bodies for Opioid Treatment Programs,” <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000310.asp>.

⁴³ U.S. Department of Agriculture, Opioid Misuse Community Assessment Tool, <https://opioidmisusetool.norc.org/>.

⁴⁴ <https://www.cdc.gov/opioids/opioid-rapid-response-teams.html>

	<p>rates of opioid-related deaths, regarding access to federal crime data on opioids. DEA’s 360 Strategy also notes the importance of community outreach after enforcement actions to prevent the same problems from cropping up again. Finally, DEA sponsors National Prescription Take Back Days to get excess prescription drugs including opioids off the street.⁴⁵</p> <ul style="list-style-type: none"> ▪ DOJ OIG is auditing DEA’s prescription take back activities to evaluate DEA’s procedures for collecting, holding, and disposing of the drugs.⁴⁶ <p>DOJ OIG is conducting an audit of DEA's community-based efforts to combat the opioid crisis. The preliminary objectives are to: (1) examine DEA’s pilot city-selection methodology, (2) assess DEA’s integration of a performance measurement strategy to enhance its community-based efforts, (3) evaluate DEA’s collaboration with other agencies in combatting the opioid crisis, and (4) assess DEA’s efforts to sustain progress in the communities it assists.</p>
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Combatting Drug Trafficking, Opioid Diversion and Health Care Fraud

The federal government also plays a role in addressing drug trafficking, opioid diversion, and health care fraud. DOJ’s Narcotic and Dangerous Drug Section and DEA Special Operations Division work to coordinate federal investigations and prosecutions of domestic or transnational drug trafficking organizations. DOJ also runs the Organized Crime Drug Enforcement Task Forces (OCDETF) Program to mount a comprehensive attack against organized drug traffickers.⁴⁷ DEA has also established task forces made up of state and local law enforcement officers who work with DEA agents to target the most significant drug trafficking threats.⁴⁸

The DHS, DOJ, OPM, and Postal Service OIGs have been active in conducting oversight of the investigation of opioid trafficking. In addition, the USPS OIG investigates Postal Service employees who may be using the postal infrastructure to traffic illicit drugs. Finally, several

⁴⁵ DEA, “DEA National Takeback,” <https://takebackday.dea.gov/>.

⁴⁶ DOJ OIG, “Drug Enforcement Administration, Ongoing Work,” December 2018, <https://oig.justice.gov/ongoing/dea.htm>.

⁴⁷ DOJ, “Organized Crime Drug Enforcement Task Forces,” October 23, 2018, <https://www.justice.gov/criminal/organized-crime-drug-enforcement-task-forces>.

⁴⁸ DEA, “DEA Programs: State & Local Task Forces,” <https://www.dea.gov/ops/taskforces.shtml>.

OIGs that oversee health care systems focus on fraud committed by health care providers and their members and subscribers.

OIGs	Actions
<p data-bbox="196 407 529 485">Prevent trafficking across U.S. borders</p> 	<p data-bbox="618 407 1419 659">Drug interdiction by air, land, and sea are the responsibility of two DHS services: Customs and Border Protection (CBP) and the U.S. Coast Guard. Immigration and Customs Enforcement (ICE) combats the smuggling and distribution, manufacture, and possession of illegal narcotics. ICE also participates in task forces that conduct comprehensive attacks on major drug trafficking and money laundering organizations.</p> <ul data-bbox="678 695 1395 873" style="list-style-type: none"> ▪ The DHS OIG recently found problems with the performance metrics DHS used to align its interdiction efforts with the Office of National Drug Control Policy’s strategy as well as DHS’s data reporting in this area.⁴⁹
<p data-bbox="196 924 574 1052">Prevent opioid trafficking through mail and delivery services</p>    	<p data-bbox="618 924 1362 1104">Prescription drugs are often shipped via the mail or other delivery services. For example, the VA provides approximately 80 percent of all outpatient prescriptions to veterans via mail order. Health benefit carriers in OPM’s FEHB program also use mail order programs.</p> <ul data-bbox="678 1140 1403 1213" style="list-style-type: none"> ▪ OIGs for agencies that use mail order drug programs have oversight responsibilities for these programs. <p data-bbox="618 1249 1414 1570">In addition, people in the United States are ordering drugs, including dangerous synthetic opioids such as fentanyl, online which are then shipped from drug traffickers abroad by mail or another delivery service. Sometimes, these drugs are split up and resold from within the United States. CBP has the responsibility to intercept packages containing illegal narcotics traveling into the United States. The Postal Service must interface carefully with CBP to ensure packages receive appropriate review.</p>

⁴⁹ DHS OIG, “Drug Interdiction Efforts Need Improvement,” Report No. OIG-17-09, November 8, 2016, <https://www.oig.dhs.gov/sites/default/files/assets/2017/OIG-17-09-Nov16.pdf>.

	<ul style="list-style-type: none"> ▪ USPS OIG has conducted a series of work on inbound mail procedures and coordination with CBP.⁵⁰ The DHS OIG also recently examined CBP’s work inspecting international mail.⁵¹ According to this DHS OIG report, CBP inspects only a limited number of the hundreds of thousands of pieces of incoming airmail each day, largely due to difficulty inventorying and locating targeted mail, as well as having inadequate guidance, equipment, and resources. These airmail inspection deficiencies hinder CBP’s efforts to prevent prohibited items (particularly opioids) from entering the United States. <p>The USPS Inspection Service searches for illegal narcotics traveling through the mail system and works to stop outside parties from stealing legitimate drugs from the mail.</p> <ul style="list-style-type: none"> ▪ USPS OIG conducts oversight over the activities of the Postal Service and Postal Inspection Service regarding opioids. It has conducted two recent audits on opioid issues. One recommended the Postal Service take steps to prepare its entire workforce for the risk posed by synthetic opioids in the mail, and the other examined ways in which the postal network was vulnerable to illicit drug distribution and identified opportunities to limit those vulnerabilities.⁵² ▪ USPS OIG also investigates employee theft of prescription drugs from the mail and collusion by postal employees in trafficking schemes, using analytics to help its efforts.
<p>Stop opioid fraud and diversion</p>	<p>Many agencies have a role in preventing opioid diversion and health care fraud involving opioids.</p> <p>DEA’s Diversion Control Division investigates all types of drug diversion from legitimate channels such as physicians</p>

⁵⁰ For USPS OIG series, see Appendix B;

⁵¹ DHS OIG, CBP’s International Mail Inspection Processes Need Improvement at JFK International Airport, Report No. OIG-18-83, September 24, 2018, [CBP’s International Mail Inspection Processes Need Improvement at JFK International Airport](#).

⁵² USPS OIG, *Opioid Safety Preparedness*, Report No. HR-AR-18-006, June 18, 2018, <https://www.uspsoig.gov/sites/default/files/document-library-files/2018/HR-AR-18-006.pdf>, and *Use of Postal Service Network to Facilitate Illicit Drug Distribution*, Report No. SAT-AR-18-002, September 28, 2018, <https://www.uspsoig.gov/sites/default/files/document-library-files/2018/SAT-AR-18-002.pdf>.

	<p>who sell prescriptions, pharmacists who falsify records, and even armed robbery of pharmacies and drug distributors. One enforcement tool is to revoke or suspend DEA registrations from providers or other suppliers; however, there are limits on this tool.</p> <ul style="list-style-type: none"> DOJ OIG is conducting a review of DEA’s opioid enforcement efforts.⁵³ <p>DOJ has announced two initiatives: (1) an Opioid Fraud and Abuse Detection Unit established to work with the HHS, FBI, and DEA that uses data analytics and dedicated prosecutors to focus specifically on opioid-related health care fraud and (2) the Prescription Interdiction & Litigation (PIL) Task Force in collaboration with HHS to investigate and hold accountable any parties such as manufacturers who engage in illegal activity surrounding prescription opioids. PIL will also work to improve data sharing across the government and explore changes to rules and laws.⁵⁴</p> <p>Another collaborative effort to fight opioid diversion and health care fraud is the Medicare Fraud Strike Force, which involves HHS OIG partnering with DOJ, FBI, DEA, state and local law enforcement, and others.⁵⁵</p> <ul style="list-style-type: none"> The partners led efforts on the 2018 National Health Care Fraud Takedown during which 162 defendants, including doctors, were charged for their roles in prescribing and distributing opioids and other dangerous narcotics.⁵⁶
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⁵³ DOJ OIG, “Drug Enforcement Administration, Ongoing Work,” <https://oig.justice.gov/ongoing/dea.htm>.

⁵⁴ DOJ, “Attorney General Sessions Announces Opioid Fraud and Abuse Detection Unit,” August 2, 2017, <https://www.justice.gov/opa/pr/attorney-general-sessions-announces-opioid-fraud-and-abuse-detection-unit> and “Attorney General Sessions Announces New Prescription Interdiction & Litigation Task Force,” February 27, 2018, <https://www.justice.gov/opa/pr/attorney-general-sessions-announces-new-prescription-interdiction-litigation-task-force>.

⁵⁵ HHS OIG, “Medicare Fraud Strike Force,” <https://oig.hhs.gov/fraud/strike-force/>.

⁵⁶ DOJ, “National Health Care Fraud Takedown Results in Charges Against 601 Individuals Responsible for Over \$2 Billion in Fraud Losses,” June 28, 2018, <https://www.justice.gov/opa/pr/national-health-care-fraud-takedown-results-charges-against-601-individuals-responsible-over>.

	<ul style="list-style-type: none"> ▪ In October 2018, DOJ, in partnership with HHS-OIG, the FBI and DEA, launched the Appalachian Regional Prescription Opioid (ARPO) Strike Force. The mission of the ARPO Strike Force is to identify and investigate healthcare fraud schemes in the Appalachian region and surrounding areas, and to effectively and efficiently prosecute medical professionals and others involved in the illegal prescription and distribution of opioids. This new Strike Force is operating out of two hubs based in the Cincinnati/Northern Kentucky, and Nashville, Tennessee areas, and supports the 6 states/10 districts that make up the ARPO Strike Force region: Eastern, Middle and Western Districts of Tennessee, Northern District of Alabama, Eastern and Western Districts of Kentucky, Northern and Southern Districts of West Virginia, Southern District of Ohio and most recently Western District of Virginia. ▪ In April 2019, HHS OIG, along with its Federal and State law enforcement partners, participated in the largest ever prescription opioid law enforcement operation. Commencing just four months after the ARPO Strike Force began its work, the Appalachian Regional Prescription Opioid Surge Takedown resulted in charges against 60 individuals, including 53 medical professionals, for their alleged participation in the illegal prescribing and distributing of opioids and other dangerous narcotics and for healthcare fraud schemes. The charges involve over 350,000 prescriptions for controlled substances and over 32 million pills in West Virginia, Ohio, Kentucky, Alabama, and Tennessee. More than 24,000 patients in the region who received prescriptions from these medical professionals over the past 2 years were affected by this law enforcement activity.⁵⁷ ▪ HHS OIG uses analytics to find fraud in Medicare and Medicaid.
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⁵⁷ DOJ, “Appalachian Regional Prescription Opioid (ARPO) Strike Force Takedown Results in Charges Against 60 Individuals, Including 53 Medical Professionals,” April 17, 2019, <https://www.justice.gov/opa/pr/appalachian-regional-prescription-opioid-arpo-strike-force-takedown-results-charges-against>.

	<ul style="list-style-type: none"> ▪ DOL OIG and USPS OIG both examine health care fraud in the federal workers’ compensation program. ▪ DOD OIG’s DCIS considers health care fraud a top investigative priority, but as frauds are discovered in one area and controls tightened, the risk moves to other areas. Opioids is one emerging fraud area. ▪ VA OIG regularly investigates cases of suspected fraud and diversion of controlled substances by patients and providers. In FY 2017, this resulted in nine VA providers being indicted, arrested, or convicted. ▪ OPM OIG conducts investigations of pharmaceutical fraud as well as opioid and controlled medication diversion and related fraud and has joined a number of opioid drug task forces. ▪ OIGs also belong to the National Health Care Anti-Fraud Association (NHCAA), sharing information about prescription-drug fraud schemes, trends, and other matters related to health care fraud.⁵⁸ ▪ One example of a successful joint fraud enforcement effort by agencies and OIGs was the indictment of pharmaceutical executives, managers, and doctors in a kickback and bribery scheme that resulted in the illegal distribution of a Fentanyl spray intended for cancer patients experiencing breakthrough pain.⁵⁹
<p>Combat treatment fraud</p>  	<p>As more funds are provided for opioid treatment, the risk of treatment fraud grows.</p> <p>Given increased patient limits for medication-assisted treatment, SAMHSA introduced annual reporting requirements for treatment providers, including reporting on diversion control plans.</p>

⁵⁸ National Health-Care Anti-Fraud Association, <https://www.nhcaa.org/>.

⁵⁹ DOJ, “Pharmaceutical Executives Charged in Racketeering Scheme,” December 8, 2016, <https://www.justice.gov/usao-ma/pr/pharmaceutical-executives-charged-racketeering-scheme> and “Five Manhattan Doctors Indicted for Accepting Bribes and Kickbacks from a Pharmaceutical Company in exchange for Prescribing Powerful Fentanyl Narcotic,” March 16, 2018, <https://www.justice.gov/usao-sdny/pr/five-manhattan-doctors-indicted-accepting-bribes-and-kickbacks-pharmaceutical-company>.

	<ul style="list-style-type: none"> ▪ HHS OIG examines treatment fraud as it does other forms of Medicare and Medicaid fraud or grant fraud. ▪ DOL OIG is responsible for investigating labor racketeering including the abuse of employee benefit plans. It has been examining cases of kickback schemes between addiction treatment facilities and benefit plan officials. ▪ OPM OIG has initiated claims audits of FEHB carriers to determine whether they are monitoring non-network substance abuse treatment facilities to combat improper payments. ▪ OPM OIG has also investigated fraudulent providers, treatment facilities, labs, and others in cases related to opioid treatment and drug testing. One case in Florida, which included OIGs from OPM, Amtrak, and DOL as well as other law enforcement groups, involved drug and human trafficking and prostitution.⁶⁰ In addition, OPM OIG conducted a proactive data analytics study related to the effect on the FEHB program of point-of-care urinary drug testing and the resulting proliferation of fraud schemes in the sober home and substance abuse treatment industry.
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⁶⁰ DOJ, “Seven Defendants Indicted in Multi-Million Health Care Fraud and Money Laundering Scheme Involving Sober Homes and Alcohol and Drug Addiction Treatment Centers,” February 1, 2017, <https://www.justice.gov/usao-sdfl/pr/seven-defendants-indicted-multi-million-health-care-fraud-and-money-laundering-scheme>.

APPENDIX A: OIG WORK ON OPIOID ISSUES

This list includes OIG reports, analyses, and ongoing projects related to opioids.

OIG	Product Type	Title or Description	Date
Work Related to Conducting Research on Opioid Issues			
Work Related to Regulating Drugs			
DOJ	Inspection/ Evaluation	<i>The Drug Enforcement Administration's Adjudication of Registrant Actions</i>	May 2014
HHS	Inspection/ Evaluation	<i>FDA Oversight of Risk Evaluation and Mitigation Strategies to Address Prescription Opioid Abuse</i>	Ongoing, estimated 2019
Work Related to Educating Treatment Providers, Pharmacies, and Others			
HHS	Toolkit	<i>Toolkit: Using Data Analysis To Calculate Opioid Levels and Identify Patients At Risk of Misuse</i> – Insurers and enforcement organizations can use the toolkit to analyze opioid claims data.	June 2018
Work Related to Monitoring Prescriptions and Treatment Practices			
DOD	Assessment	<i>Assessment of DoD Wounded Warrior Matters – Managing Risks of Multiple Medications</i>	February 21, 2014
DOD	Analytics	Examination of the Military Health System Data Repository to determine whether DOD beneficiaries were overprescribed Schedule II opioids	October 2017

OIG	Product Type	Title or Description	Date
DOD	Analytics	The DCIS within DOD OIG has worked with the DHA to initiate a joint DHA Opioid Data-Mining Project aimed at problematic prescribers of opioids to TRICARE beneficiaries. The effort will involve the identification of outlier providers in TRICARE's billing data which could be used as an indication that subsequent investigation may be prudent.	Ongoing
DOD	Audit	<u>Controls Over Opioid Prescriptions at Selected Military Treatment Facilities</u>	Ongoing, estimated February 2019
DOD	Evaluation	Evaluation of the DoD's Opioid Abuse and Overdose Prevention Efforts	Estimated to start in 2019
DOD		Controls Over Opioid Prescriptions at Selected TRICARE Health Care Providers	Estimated to start in 2019
DOD		Controls Over Opioid Prescriptions at Selected Deployed Military Treatment Facilities	Potential Project
DOL	Audit	Management of FECA Pharmaceutical Benefits	Ongoing, estimated May 2019
HHS	Inspection/ Evaluation	<u>Retail Pharmacies with Questionable Part D Billing</u>	May 2012
HHS	Inspection/ Evaluation	<u>Data Brief: Questionable Billing and Geographic Hotspots Point to Potential Fraud and Abuse in Medicare Part D</u>	June 2015
HHS	Inspection/ Evaluation	<u>Data Brief: High Part D Spending on Opioids and Substantial Growth in Compounding Drugs Raise Concerns</u>	June 2016
HHS	Inspection/ Evaluation	<u>Data Brief: Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing</u>	July 2017

OIG	Product Type	Title or Description	Date
HHS	Inspection/ Evaluation	<u>Data Brief: Concerns About Opioid Use in Medicare Part D in the Appalachian Region</u>	April 2019
HHS	Inspection/ Evaluation	<u>Data Brief: Opioid Use in Medicare Part D Remains Concerning</u>	June 2018
HHS	Inspection/ Evaluation	<u>Data Brief: Opioids in Ohio Medicaid: Review of Extreme Use and Prescribing</u>	July 2018
HHS	Audit	<u>Audit of HHS Information System Security Controls to Track Prescription Drug Disbursements</u>	<u>Partially Completed</u>
HHS	Audit	<u>Impact of the Indian Health Service's Delivery of Information Technology/Information Security Services and Opioid Prescribing Practices</u>	Ongoing, estimated 2019
HHS	Audit	<u>Prescription Opioid Drug Abuse and Misuse Prevention – Prescription Drug Monitoring Programs</u> – The audit is examining what actions states have taken with CDC and SAMHSA grants and whether they have complied with federal requirements.	Partially Completed <u>A-04-18-02012</u> <u>A-09-18-01001</u>
HHS	Audit	<u>Review of States' Oversight of Opioids</u> – The project will review the oversight of opioid prescribing and monitoring of opioid use in the selected states including policies and procedures, data analytics, programs, outreach, and other efforts.	<u>Partially Completed</u> (this link connects to the eight completed States, including NE, NH, NV, TN, TX, UT, WA, and WV)
HHS	Audit	<u>States' Use of the Child Welfare Information Systems to Monitor Medication Prescribed to Children in Foster Care</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>T-MSIS Data Assessment: Usefulness of National Data to Monitor Opioid Prescribing in Medicaid</u>	Ongoing, estimated 2019

OIG	Product Type	Title or Description	Date
HHS	Inspection/ Evaluation	<i>Characteristics of Part D Beneficiaries at Serious Risk of Opioid Misuse or Overdose</i>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	Data Brief: Opioid Use in Medicare Part D in 2018	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	Review of Opioid Use in Indian Health Service	Ongoing, estimated 2020
HHS	Inspection/ Evaluation	Data Brief: Opioid Use in Medicare Part D in Missouri	Ongoing, estimated 2020
USPS	Audit	<i>Impact of Prescribed Opioids on USPS Employees Under the Federal Workers' Compensation Program</i>	June 6, 2019
VA	Audit	<i>Audit of Consolidated Mail Outpatient Pharmacy Program</i>	November 2, 2016
VA	Inspections	<p>In 2017, the VA conducted inspections that focused on opioid prescribing at sites in Illinois, California, Missouri, and Wisconsin:</p> <p><i>Opioid Prescribing Practice Concerns, VA Illiana Health Care System, Danville, Illinois</i></p> <p><i>Patient Deaths, Opioid Prescribing Practices, and Consult Management, VA Greater Los Angeles Healthcare System, Los Angeles, California</i></p> <p><i>Opioid Management Practice Concerns, John J. Pershing VA Medical Center, Poplar Bluff, Missouri</i></p> <p><i>Review of Opioid Prescribing Practices, Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin</i></p>	2017
VA	Inspection	<i>Opioid Prescribing to High-Risk Veterans Receiving VA Purchased Care</i>	July 31, 2017

OIG	Product Type	Title or Description	Date
VA	Inspection	<u>Alleged Inappropriate Controlled Substance Prescribing Practices at a Veterans Integrated Service Network 20 Facility</u>	July 5, 2018
VA	Review	<u>Review of Pain Management Services in Veterans Health Administration Facilities</u>	September 17, 2018
Work Related to Promoting and Funding Treatment of Opioid Use Disorder			
DOD	Evaluation	<u>Evaluation of the DoD's Management of Opioid Use Disorder within the DoD</u>	Ongoing, estimated January 2019
HHS	Inspection/ Evaluation	<u>Data Brief: Access to Buprenorphine-Waivered Providers for the Treatment of Opioid Use Disorder</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>Data Brief: Early Results from the Opioid State Targeted Response Grants</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>Utilization and Pricing Trends for Naloxone in Medicaid</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>Availability of Behavioral Health Services in Medicaid Managed Care</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>Access to Medication-Assisted Treatment at Health Centers</u>	Ongoing, estimated 2020
HHS	Audit	<u>Controls Over Opioid Treatment Programs</u> – The audit will examine whether state agencies are monitoring treatment programs funded by SAMSHA's grants.	Partially Completed
HHS	Audit	<u>Medicaid Claims for Opioid Treatment Program Services</u>	Ongoing, estimated 2019
HHS	Audit	<u>SAMHSA Pre-Award Process for Opioid State Targeted Response Grants</u>	Partially Completed
HHS	Audit	<u>SAMHSA's Oversight of Accreditation Bodies for Opioid Treatment Programs</u>	Ongoing, estimated 2019

OIG	Product Type	Title or Description	Date
HHS	Audit	<u>HRSA's Oversight of Funds for Access Increases in Mental Health and Substance Abuse Services (AIMS)</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>Data Brief: Early Results from the Opioid State Targeted Response Grants</u>	Ongoing, estimated 2019
HHS	Inspection/ Evaluation	<u>Utilization and Pricing Trends for Naloxone in Medicaid</u>	Ongoing, estimated 2019
HHS	Audit	<u>Access Increases in Mental Health and Substance Abuse Services Funding for Health Centers</u>	Ongoing, estimated 2019
HHS	Audit	<u>Projects for Assistance in Transition from Homelessness Program</u>	Ongoing, estimated 2019
HHS	Audit	<u>Services for American Indians and Alaska Natives Administered by a Federally Qualified Health Center</u>	Partially Completed <u>A-01-17-01502</u> <u>A-01-17-01500</u>
VA	Inspection	<u>Opioid Agonist Treatment Program Concerns VA Maryland Health Care System, Baltimore, Maryland</u>	October 19, 2017
VA	Inspection	<u>Illicit Fentanyl Use and Urine Drug Screening Practices in a Domiciliary Residential Rehabilitation Treatment Program at the Bath VA Medical Center</u>	September 12, 2018
Work Related to Reaching out to Communities			
DOJ	Audit	<u>DEA's Prescription Drug Take Back Activities</u>	Ongoing

OIG	Product Type	Title or Description	Date
DOJ	Audit	<u><i>Audit of the Drug Enforcement Administration's Community-Based Efforts to Combat the Opioid Crisis</i></u> DOJ OIG is auditing DEA's community-based efforts to combat the opioid crisis, including (1) pilot-city selection, (2) performance measurement strategies, (3) federal and non-federal collaboration, and (4) efforts to sustain progress in communities assisted by DEA.	Ongoing
Work Related to Stopping Drug Trafficking Organizations			
Work Related to Preventing Trafficking Across U.S. Borders			
DHS	Audit	<u><i>DHS Drug Interdiction Efforts Need Improvement</i></u>	November 8, 2016
DHS		DHS' Use of Technology for Illicit Drug Interdiction – The project will determine to what extent DHS components use available technologies to prevent opioids and other illicit drugs from entering the country.	Ongoing
Work Related to Preventing Opioid Trafficking Through Mail and Delivery Services			
DHS	Audit	<u><i>CBP's International Mail Inspection Processes Need Improvement at JFK International Airport</i></u>	September 24, 2018
DHS	Audit	<u><i>CBP's Strategy to Address Illicit Cross-Border Tunnels</i></u>	September 26, 2012
USPS	Audits and Management Alerts	Series covering inbound international mail issues at International Service Centers (ISCs), International Exchange Offices, and offsite facilities. These issues often involve processes related to coordinating with CBP. Sep. 3, 2015 <u><i>Management Alert – U.S. Postal Service Handling Inbound International</i></u>	2015 through 2018

OIG	Product Type	Title or Description	Date
		<p><u>Mail at the [Redacted] ISC in [Redacted]</u></p> <p>Jan. 28, 2016 <u>Management Alert – International Inbound Mail Verification</u></p> <p>Sep. 21, 2016 <u>Management Alert – Inbound International Mail Operations – [Redacted] ISC</u></p> <p>Sep 28, 2016 <u>Management Alert – Inbound International Mail Operations – [Redacted] ISC</u></p> <p>Dec 30, 2016 <u>Inbound International Mail Operations – [Redacted] Service Center</u></p> <p>July 18, 2017 <u>Prohibited Inbound International Mailings</u></p> <p>Sept 7, 2017 <u>Delayed Inbound International Mail</u></p> <p>Dec 11, 2017 <u>International Exchange Offices</u></p> <p>Nov 14, 2018 <u>Management Alert – Inbound International Mail Operations – [Redacted] and Nearby Offsite Facilities</u></p>	
USPS	Audit	<u>Opioid Safety Preparedness</u>	June 18, 2018
USPS	Audit	<u>Use of Postal Service Network to Facilitate Illicit Drug Distribution</u>	September 28, 2018
USPS		Advance electronic data associated with international mail processing – Advance electronic data can be used to identify parcels that may contain illicit drug shipments.	Ongoing

OIG	Product Type	Title or Description	Date
USPS	Analytics	USPS OIG is developing data analytics tools to identify high-risk delivery routes (where an employee may be colluding to deliver narcotics) and high-risk inbound international packages (that are likely to contain narcotics) prior to entry in to the United States.	Ongoing
Work Related to Stopping Opioid Fraud and Diversion			
DOJ	Review/Evaluation	<i>Review of the Drug Enforcement Administration's Opioid Enforcement Efforts.</i>	Ongoing
Work Related to Combatting Treatment Fraud			
DOD		Payments for Rehabilitation Services	Potential Project
Other Opioid-Related Work			
DHS		DHS Random Drug Testing for Opioids – This work will determine how DHS and components are currently addressing illegal and prescription opioid use for employees in Testing Designated Positions.	Ongoing

APPENDIX B:

OIG TESTIMONY ON OPIOID ISSUES

Many OIGs have provided testimony to Congress on topics directly related to opioid issues.

Countering Opioid Abuse through the U.S. Health Care System

HHS Assistant Inspector General Ann Maxwell for Evaluation and Inspections testified in July 2015 before the U.S. House of Representatives Committee on Energy and Commerce Subcommittee on Oversight and Investigations at a hearing entitled “[Medicare Part D: Measures Needed to Strengthen Program Integrity.](#)”

HHS Deputy Inspector General for Investigations Gary Cantrell testified in January 2018 before the U.S. House of Representatives Committee on Ways and Means Subcommittee on Oversight at a hearing entitled “[The Opioid Crisis: The Current Landscape and CMS Actions to Prevent Opioid Misuse.](#)”

HHS Deputy Inspector General for Investigations Gary Cantrell also testified in May 2018 before the U.S. Senate Special Committee on Aging at a hearing entitled “[Preventing and Treating Opioid Misuse Among Older Americans.](#)”

HHS Special Agent In Charge Maureen Dixon testified in May 2018 before the U.S. Senate Committee on Finance Subcommittee on Health Care at a field hearing entitled “[Examining Efforts to Prevent Opioid Overutilization and Misuse in Medicare and Medicaid.](#)”

DOL Inspector General Scott Dahl, testified in May 2018 before the U.S. House of Representatives Committee on Education and the Workforce Subcommittee on Workforce Protections at a hearing entitled “[The Opioid Epidemic: Implications for the Federal Employees’ Compensation Act.](#)”

VA Assistant Inspector General for Healthcare Inspections John Daigh, Jr. testified in March 2015 before the U.S. Senate Committee on Veterans’ Affairs at a hearing entitled “[VA Opioid Prescription Policy, Practice and Procedures.](#)”

VA Inspector General Michael Missal testified in November 2017 before the U.S. Senate Committee on Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies at a hearing entitled, “[VA Efforts to Prevent and Combat Opioid Overmedication.](#)”

Combating Drug Trafficking, Opioid Diversion and Health Care Fraud

USPS Inspector General Tammy Whitcomb testified as Acting Inspector General in May 2017 before the U.S. Senate Committee on Security and Governmental Affairs Permanent Subcommittee on Investigations at a hearing entitled “[Stopping the Shipment of Synthetic Opioids: Oversight of U.S. Strategy to Combat Illicit Drugs.](#)”

USPS Inspector General Tammy Whitcomb also testified as Acting Inspector General in September 2017 before the U.S. House of Representatives Committee on Oversight and Government Reform Subcommittee on Government Operations at a hearing entitled “[Examining the Shipment of Illicit Drugs in International Mail.](#)”

USPS Deputy Inspector General Bill Siemer testified as Acting Deputy Inspector General in January 2018 before the U.S. Senate Committee on Homeland Security and Governmental Affairs Permanent Subcommittee on Investigations at a hearing entitled “[Combating the Opioid Crisis: Exploiting Vulnerabilities in International Mail.](#)”