



**U.S. OFFICE OF SPECIAL COUNSEL**  
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**Washington, D.C. 20036-4505**

**The Special Counsel**

August 25, 2025

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

Re: OSC File No. DI-25-002034  
Referral for Investigation—5 U.S.C. § 1213(c)

Dear Secretary Collins:

I am referring to you for investigation a whistleblower disclosure alleging employees at the U.S. Department of Veterans Affairs (VA), Veterans Health Administration (VHA), Oklahoma, engaged in conduct that may constitute violations of law, rule, or regulation, and a substantial and specific danger to public health and safety. A report of your investigation into these allegations and any related matters is due to the Office of Special Counsel (OSC) on October 27, 2025.

The whistleblower, [REDACTED], a VHA Ambulatory Care Physician, who consented to the release of his name, disclosed that Oklahoma VHA providers are prescribing and refilling opioid medications to VA patients without following Oklahoma Public Health and Safety Statutes (OK State Statutes).<sup>1</sup> The allegations to be investigated include:

- Oklahoma VHA providers' failure to review and document chronic opioid patients' course of treatment, etiology of pain, and progress toward treatment objectives at intervals prescribed by statute;<sup>2</sup>
- Oklahoma VHA providers' failure to make and document reasonable efforts for chronic opioid patients to stop the use of the controlled substance, decrease the

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<sup>1</sup> Okla. Stat. tit. 63, § 2-309I(F) (2024). The VA has issued guidelines regarding the prescription of opioid medications; however, it has not implemented a national policy (see Department of Veterans Affairs and Department of Defense, *VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain*, Version 4.0 (2022)). Physicians are required to follow state medical law when working within their scope of practice. See Okla. Stat. tit. 59, § 59-493.7(d) (2024) ("A physician's license ... authorizes the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing ... state."); see also 42 C.F.R. § 482.11(c) (requiring that hospital personnel be licensed in accordance with state or local law to meet Medicare Conditions of Participation).

<sup>2</sup> See Okla. Stat. tit. 63, § 2-309I (F)(2).

- dosage, try other drugs or treatment modalities, or otherwise attempt to reduce the potential for abuse or development of an opioid use disorder;<sup>3</sup> and
- Any additional or related allegations of wrongdoing discovered during the investigation of the foregoing allegation.

As a float Physician with the Oklahoma VHA, [REDACTED] travels the state filling in for Physicians across nine clinics within Veterans Integrated Service Network 19. The scope of his duties as a float Physician includes order prescription refills or patients, including prescription opioids. Prior to filling an opioid prescription, [REDACTED] reviews the patient's chart to ensure compliance with OK State Statutes. With respect to Sections (F)(1) and (F)(2), [REDACTED] observes that providers are not assessing patients at the intervals required by statute prior to prescription, and if they are, the patients' charts are lacking the proper documentation. [REDACTED] reported that he has reviewed patient records lacking any assessment documentation for up to two years, when patients should be assessed on either a three- or six-month basis. Some providers have tried to use unrelated appointments, for instance seeing a veteran for a skin rash or digestive issue, as documentation of proper opioid assessment, but [REDACTED] has found that these interactions do not include discussions required by OK State Statute regarding course of pain management treatment and/or etiology of pain.

With respect to Section (F)(3), [REDACTED] observes that providers are not engaging in proper risk assessment or attempting to taper the use of opioids in their patients. Instead, [REDACTED] often sees regular increases in dosages, often without documentation for the reasoning behind the increase. In [REDACTED]'s extensive prior experience with pain management in chronic opioid patients, the standard of care has required practices such as random pill counts or unexpected urinalysis; however, he reported these practices are rarely employed by the Oklahoma VA system. Indeed, [REDACTED] rarely encounters documentation assessing whether a patient is experiencing dependency or potentially engaging in diversion. In terms of scale, [REDACTED] reported that the majority of opioid prescription renewal requests he reviews across the state do not meet OK State Statutory requirements. When [REDACTED] has attempted to report his concerns internally, he has met resistance and is often pressured to prescribe controlled substances without following OK State Statutory procedure.

Pursuant to my authority under 5 U.S.C. § 1213(c), I have concluded that there is a substantial likelihood that the information provided to OSC discloses violations of law, rule, or regulation, and a substantial and specific danger to public safety. Please note that specific allegations and references to specific violations of law, rule, or regulation are not intended to be exclusive. If in the course of your investigation, you discover additional violations, please include your findings on these additional matters in the report to OSC. As previously noted, your agency must conduct an investigation of these matters and produce a report, which must be reviewed and signed by you. Per statutory requirements, I will review the report for sufficiency and reasonableness before sending copies of the agency report, along with the whistleblower's comments and any comments or recommendations I may have, to the President and congressional oversight committees and making these documents publicly available.

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<sup>3</sup> *Id.* at Section (F)(3).

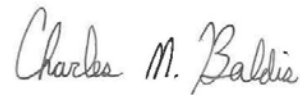
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Further, in some cases, whistleblowers who have made disclosures to OSC that are referred for investigation or review pursuant to 5 U.S.C. § 1213 also allege retaliation for whistleblowing once the agency is on notice of their claims. I urge you to take all appropriate measures to ensure that those reporting wrongdoing and any witnesses interviewed in the course of the review are protected from such retaliation and other prohibited personnel practices. Additional important requirements and guidance on the agency report are included in the attached Appendix, which can also be accessed at <https://osc.gov/Pages/DOW.aspx>. If your investigators have questions regarding the statutory process or the report required under 5 U.S.C. § 1213, please contact Catherine A. McMullen, Chief, Disclosure Unit, at (202) 804-7088 or [cmcmullen@osc.gov](mailto:cmcmullen@osc.gov). I am also available for any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "Charles N. Baldis".

Charles N. Baldis  
*Senior Counsel and Designee  
of Acting Special Counsel Jamieson Greer*

Enclosure

## APPENDIX

### AGENCY REPORTS UNDER 5 U.S.C. § 1213(c)

#### GUIDANCE ON 1213(c) REPORT

- OSC requires that investigators interview the whistleblower at the beginning of the agency investigation when the whistleblower consents to the disclosure of his or her name.
- OSC will consider extension requests when an agency evidences that it is conducting a good faith investigation that will require more time to complete.
- Should the agency head delegate the authority to review and sign the report, the delegation must be specifically stated and include the authority to take the actions necessary under 5 U.S.C. § 1213(d)(5).
- Identify agency employees by position title in the report and attach a key identifying the employees by both name and position. The key identifying employees will be used by OSC in its review and evaluation of the report. OSC will place the report without the employee identification key in its public file.
- Do not include in the report personally identifiable information, such as social security numbers, home addresses and telephone numbers, personal e-mails, dates and places of birth, and personal financial information.
- Include information about actual or projected financial savings as a result of the investigation as well as any policy changes related to the financial savings.
- Reports previously provided to OSC may be reviewed through OSC's public file, which is available here: <https://osc.gov/Pages/Resources-PublicFiles.aspx>. Please refer to OSC's file number in any correspondence on this matter.

#### RETALIATION AGAINST WHISTLEBLOWERS

In some cases, whistleblowers who have made disclosures to OSC that are referred for investigation pursuant to 5 U.S.C. § 1213(c) also allege retaliation for whistleblowing once the agency is on notice of their allegations. The Special Counsel strongly recommends the agency take all appropriate measures to protect individuals from retaliation and other prohibited personnel practices.

#### EXCEPTIONS TO PUBLIC FILE REQUIREMENT

OSC will place a copy of the agency report in its public file unless it is classified or prohibited from release by law or by Executive Order requiring that information be kept secret in the interest of national defense or the conduct of foreign affairs. 5 U.S.C. § 1219(a).

#### EVIDENCE OF CRIMINAL CONDUCT

If the agency discovers evidence of a criminal violation during the course of its investigation and refers the evidence to the Attorney General, the agency must notify the Office of Personnel Management and the Office of Management and Budget. 5 U.S.C. § 1213(f). In such cases, the agency must still submit its report to OSC, but OSC must not share the report with the whistleblower or make it publicly available. See 5 U.S.C. §§ 1213(f), 1219(a)(1).

#### MONETARY AWARD

In appropriate cases the Special Counsel may recommend the agency authorize a monetary award for the whistleblower.