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United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

(202) 224-5364

November 20, 2025

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

Dear Secretary Collins:

The U.S. Senate Special Committee on Aging is examining how vulnerable pharmaceutical supply chains can present a risk to public health preparedness and national security. Increasingly, our nation relies on the import of key starting materials (KSMs), active pharmaceutical ingredients (APIs), and finished dosage form (FDF) generic drug products from China and India, giving the U.S. limited operational oversight and control. With an estimated 91 percent of prescriptions filled as generic drugs each year in the U.S., it is clear that many Americans, including veterans, rely on generic drugs to maintain health, manage chronic diseases, and recover from illnesses. The Department of Veterans Affairs (VA) plays an essential role in ensuring that every member of our veteran population has access to high-quality, safe, and effective medicines. Given this significant responsibility, we write to request information regarding efforts by the VA to identify and address existing supply chain vulnerabilities to promote public health preparedness and national security.

Recent reporting details how, to prevent and mitigate shortages, the Food and Drug Administration (FDA) has granted exemptions for certain drugs or ingredients subject to import bans that were imposed on foreign factories found to operate under substandard manufacturing conditions. These import bans were a result of a failure to comply with FDA standards, and exempting these drugs or facilities allows for substandard and potentially unsafe drugs to enter the U.S. market.¹ These reports highlight that many of these exemptions are for factories in China and India and identify more than 150 drugs and ingredients that have received exemptions since 2013.² While many factories ultimately make the necessary changes to be removed from the FDA's import alert list, these exemptions can pose a threat to drug safety for American consumers.

¹ <https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list>

² <https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list>

Moreover, recent instability in geopolitics and global trade demonstrates an additional threat to the stability of our pharmaceutical supply chain, particularly the supply of key starting materials (KSMs), active pharmaceutical ingredients (APIs), and generic drugs imported from key manufacturing hubs like China and India. A recent trade dispute with China exemplifies this dynamic. Despite reaching a bilateral trade agreement on rare earth elements in April 2025, China imposed a new set of export restrictions on October 9, demonstrating its willingness to use trade commodities as leverage against the U.S.³ This raises the unsettling possibility that China could similarly restrict exports of pharmaceutical products in future diplomatic or trade conflicts. Given that China is one of the world's largest suppliers of APIs and KSMs, any disruptions to this supply chain could have profound ramifications for the availability of medications in the U.S., potentially jeopardizing patient care and public health.

Ultimately, the interaction between regulatory oversight and geopolitical dynamics presents significant challenges to the safety and reliability of our pharmaceutical supply chain. It necessitates ongoing vigilance and proactive measures to ensure that patients receive high-quality and safe medications.

As we work together to secure America's medical supply chain in support of our veterans, their families, and every American, we request the following action and information by no later than December 30, 2025:

1. A briefing from the VA on its drug acquisition plans, including how many drugs purchased come from foreign sources or use APIs or KSMs from foreign entities, with each amount broken out by country.
2. Is the VA currently purchasing or storing any drugs that have received a 'red' rating from Valisure and use APIs or KSMs from China? What is the VA doing with those drugs? Of the list of drugs that the FDA exempted from the import ban, is the VA currently purchasing or storing those drugs from those manufacturers?⁴ Which of those drugs have no other manufacturer available?
3. When did the VA first learn of the potential quality issues and problematic facilities associated with these drugs? Was the VA notified by the FDA of quality concerns? If so, when?
4. If China were to stop exports of generic drugs, APIs, or KSMs to America or other foreign companies that sell to America, how many days of drug inventory do you estimate that the VA has of various generic drugs before it would run out?

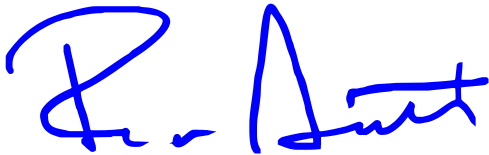
³ <https://www.reuters.com/world/china/china-says-its-rare-earth-export-controls-are-legitimate-2025-10-12/>

⁴ <https://www.propublica.org/article/fda-drugs-banned-foreign-factories-list>

- a. How would this impact veterans' access to medications?
 - b. To what extent is this a national security risk, and what are VA's plans to address that risk?
5. What percentage of medications does the VA purchase in conjunction with the DOD as part of the joint purchasing agreement between the two agencies?
6. What measures does the VA have in place to account for the quality of medications when making purchasing decisions for generic drugs?
7. Does the VA have insight into the supply chains of the medications it purchases? If so, does the VA account for resiliency when purchasing generic medications?

Thank you for your work to protect veterans and provide them with the care they need. We look forward to a continued partnership and ensuring that veterans in this country have access to safe and high-quality medications.

Sincerely,



Rick Scott
Chairman
Senate Special Committee on Aging



Kirsten E. Gillibrand
Ranking Member
Senate Special Committee on Aging