

U.S. House Passes Revised Chiropractic VA Benefits Program

HOUSE AND SENATE LEADERS FINALIZE NEGOTIATIONS ON CHIROPRACTIC BENEFIT IN VETERANS' BILL

Editorial Staff

ARLINGTON, VA - Leaders of the House and Senate Veterans' Affairs committees reached agreement December 10, 2001 on the details of a proposed chiropractic benefit they intend to incorporate into the Department of Veterans Affairs (DVA) health care system. After the final agreement was reached, the U.S. House of Representatives quickly moved to incorporate the agreed-to legislative provisions into a new bill (H.R.3447) that was voted on and approved by the full House of Representatives the next evening. The proposal now awaits action by the U.S. Senate, which must pass an identical bill before the proposal can be signed into law by President Bush. It is expected, but not guaranteed, that the U.S. Senate will take that necessary step prior to the adjournment of this session of Congress.

This legislative effort was led by the ACA with the Association of Chiropractic Colleges (ACC), the International Chiropractors Association (ICA), and the World Chiropractic Alliance (WCA) supporting the legislation.

"The chiropractic profession has once again proven to organized medicine that we are a force to be reckoned with on Capitol Hill," said ACA President Daryl Wills, DC. "With the help of chiropractic champions such as Senate Majority Leader Tom Daschle (D-SD) and Congressman Jerry Moran (R-KS), we have once again shown our mettle and prevailed. Chiropractic will soon be given its rightful place in the VA health care system, and America's veterans will have access to needed care that has been denied to them for far too long."

The chiropractic profession at large has hailed the new agreement as an historic victory for the profession, particularly as an organized counter campaign by the medical lobby attempted to derail the initiative.

The joint legislative language was built upon a bill passed by the House last year, first introduced by the ACA, that required the Department of Defense to establish a permanent chiropractic benefit for active duty military personnel. (See "House Approves Chiropractic Care to Veterans in All VA Medical Centers" in the November 19, 2001 issue of *DC*, or on line at www.chiroweb.com/archives/19/24/17.html.)

The measure was championed by a strong bi-partisan coalition led by House Veterans Committee Chairman Chris Smith (R-NJ); Representatives Jerry Moran (R-KS); Lane Evans (D-IL) and Bob Filner (D-CA); Senate Majority Leader Tom Daschle (D-SD); Senators Strom Thurmond (R-SC) and Tim Hutchinson (R-AR). Governor Bob Wise of West Virginia was also instrumental in lobbying for support of the legislation.

ACA officials view the Senate's agreement on such favorable language as a huge come-from-behind victory for the chiropractic profession. Senate negotiators were originally against including any chiropractic provision at all, and then reluctantly supported a six-site demonstration program.

After intense grassroots pressure and active lobbying by chiropractic supporters in Congress, the Senate agreed to a larger-scale program acceptable to chiropractic supporters in the House of Representatives.

The agreed-upon language authorizes the hiring of doctors of chiropractic in the DVA health system, sets a broad scope of chiropractic practice, and allows the chiropractic profession to oversee the development and implementation of the new benefit through an "advisory committee," partially composed of representatives of the chiropractic profession. The legislation gives veterans access to chiropractors at VA medical centers and clinics for neuromusculoskeletal conditions and the correction of the subluxation complex.

The original legislation contained no reference to subluxation care, but only for "neuromusculoskeletal conditions typical of those affecting all age groups within the eligible veterans population..." Many chiropractic leaders feared such restrictive language would be used to exclude chiropractic care for the correction of vertebral subluxation.

The World Chiropractic Alliance (WCA) led an effort to change the wording of the bill to specifically include subluxation care. "This one point was non-negotiable," stated WCA President Dr. Terry Rondberg.

Key Provisions of the New Legislative Language

- immediate phase-in of the program;
- designation of at least one DVA medical center in each geographic service area of the Veterans' Health Administration to provide chiropractic services; the sites will be medical centers and clinics located in urban and rural areas;
- scope of chiropractic services that "shall include a variety of chiropractic care and services for neuromusculoskeletal conditions, including the subluxation complex";
- dissemination of educational materials on chiropractic to primary care teams "for the purpose of familiarizing such providers with the benefits of chiropractic care and services"; and
- establishment of a chiropractic advisory committee that will advise the secretary on protocols governing referral to doctors of chiropractic, direct access to chiropractic care, scope of chiropractic and other issues.

"ICA is very concerned to see that this effort is successfully completed and we appreciate the efforts of all those involved in this difficult and often confusing legislative environment," said ICA President Dr. D.D. Humber. "ICA has been fighting to correct this inequity for many decades, and now that we have victory in sight we need to make every effort to bring this victory home." The first bill to provide chiropractic services for veterans through the federal veterans agency was introduced in 1936 at ICA's request, drafted by ICA's founder and first president, Dr. B.J. Palmer.

Should the legislation become law this year as expected, chiropractic leaders will need to carefully monitor the implementation of the new benefit. Because of the traditional hostility toward chiropractic on behalf of the DVA bureaucracy, ACA officials say they are prepared to return to Congress in the future for any additional "improvements" or "direction" necessary, if the DVA does not implement the benefit in the manner it was intended.

The revised compromise language still has a long way to go before becoming law, as it is part of a

combined bill, parts of which are the subject of major dispute between senior Senate leaders. Unless those disputes, which are not related to the chiropractic provisions, are resolved, the timing and future of the chiropractic elements remain uncertain.

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