

Chiropractic Takes DVA to Task in Subcommittee Hearings

ACC, ACA AND ICA JOIN FORCES

Editorial Staff

WASHINGTON, D.C. - Representatives from the Association of Chiropractic Colleges (DCs Reed Phillips and George Goodman), the American Chiropractic Association (Rick McMichael, DC), and the International Chiropractors Association (Michael McLean, DC, and Ron Hendrickson) testified before the House Committee on Veterans Affairs Subcommittee on Health on October 3.

While each of the chiropractic groups made separate presentations, the chiropractic representatives went before the subcommittee to present a unified legislative proposal for the establishment of chiropractic within the Department of Veterans' Affairs (DVA). The proposal, which had unqualified support from the three groups represented (ACC, ACA and ICA), called for direct access to chiropractic care for veterans and their dependents without the requirement of a medical referral, and full scope of practice.

The current VHA policy allows for chiropractic spinal manipulation for musculoskeletal problems of the spine on referral from a VA doctor.

The chiropractic testimony was extensive and compelling. While that testimony is much too long to include here, (the full text of the hearings is available on line at <http://www.veterans.house.gov/hearings/schedule106/oct00/10-3-00/witness.htm>), the chiropractic representatives laid out a strong case for full inclusion of chiropractic in the VA health system. It was pointed out that the legislative initiative to provide chiropractic benefits for our nation's military veterans was introduced in 1936, and that the time to fully incorporate chiropractic into the VA is woefully overdue.

There were powerful points made about the success of the Department of Defense's Chiropractic Health Care Demonstration Project, a five-year pilot program at 13 military health care facilities, and the "significantly higher satisfaction and outcomes" that the servicemen reported with chiropractic care.

The chiropractic representatives expressed their disdain for the DVA ignoring the input of the chiropractic profession, and called for members of Congress to develop a viable policy on chiropractic.

Congressional lawmakers have previously criticized the DVA for failure to establish a policy for chiropractic, which was mandated by the Veterans' Millennium Health Care Act, signed into law in November of 1999. In an amendment to that bill, passed by the House on September 21, 2000 (H.R. 585), chiropractors had hoped to see directed access to VA patients spelled out, but the resolution was passed without addressing chiropractic's role, and the matter was put on hold until at least next year. (See "An Increased Role for Chiropractic in the VA? Don't Hold Your Breath" in the Oct. 16 issue.)

During these hearings, the subcommittee members also expressed their impatience with the DVA.

Rep. Cliff Stearns (R-FL), who chaired the hearings, noted that the VA has never employed a chiropractor as a VA staff practitioner, and that the VA has never had to defend its decisions to "severely restrict or deny chiropractic care to veterans." Stearns reasoned that as chiropractic is licensed in all 50 states; is used by millions of Americans; is reimbursed by health insurers; and is part of the federal Medicare program, that the "VA needs to better articulate why (it) seems to deny these services to eligible veterans."

The DVA Testifies

The head *honcho* testifying before the subcommittee from the Veterans Health Administration, was Acting Deputy Undersecretary for Health Frances Murphy, MD, MPH. Dr. Murphy said that "discrepant opinions" of the different chiropractic organizations regarding primary care, scope of practice, and treating nonmusculoskeletal conditions "raised several issues that affected the development of the VHA policy directive." (Editor's note: Dr. Murphy is referring to the February 24, 2000 meeting in Washington, D.C., in which a less-than-unified chiropractic position was presented. See "Chiropractic Reps. Meet with DVA," *Dynamic Chiropractic*, March 20).

Dr. Murphy declared that there was "insufficient scientific data to conclude that either spinal manipulation or chiropractic care is efficacious for any nonmusculoskeletal medical condition," that there was "limited data to support the efficacy of spinal manipulation as therapy for some patients with neck pain," and that "spinal manipulation is a modestly efficacious form of therapy for some patients with uncomplicated low-back pain."

Dr. Murphy also testified that "there are no clinical trial data to support a position that spinal manipulation delivered by chiropractors is more effective or less risky than spinal manipulation delivered by any other type of practitioner."

Dr. Murphy declared, not surprisingly, that the DVA is opposed to DCs being "referring primary care physicians."

The VA's "Policy" on Chiropractic

The VA's policy on chiropractic was published in May 2000. Veterans Integrated Service Networks (VISNs) and/or medical centers were required to develop local plans for chiropractic care and services within 120 days of that publication. Dr. Murphy testified that plans "at least in draft form, have been received from all VISNs and are currently being reviewed." He said that educational materials for patients are being drafted and that a "draft brochure template will be released within the next 60 days."

Amazingly, the VA's databases, according to Dr. Murphy's testimony, do not include chiropractic services, which of course make it impossible to gather numbers on how many patients have seen chiropractors, or to determine the number of visits or the dollars spent on chiropractic. The VA's new policy book, however, calls for "certain data elements related to chiropractic care, which will be collated nationally." What "certain data elements" means is anyone's guess.

Final Thoughts

The chiropractic profession, unlike the February meeting with the DVA, showed a unified front before this subcommittee. The ACC, ACA and ICA presented strong and cogent testimony, backed by documentation and reports. The chiropractic profession put its best foot forward for these hearings. The profession can be proud of the efforts of the associations involved and the individuals who presented testimony. It also was encouraging to see that some members of the subcommittee were perturbed and showed impatience with the DVA's foot-dragging in fully incorporating

chiropractic in the VA health care system.

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