

Federal Health Matters

President Signs VA Health Care Act

On October 10, President Bush signed into law the Veterans' Mental Health and Other Care Improvements Act of 2008 (S. 2162), which establishes new VA policies involving treatment, research, care accessibility, and other issues.

Much of the law is intended to improve the VA's mental health policies. It requires the VA to review all of its residential mental health care facilities with regard to such issues as availability of care, staff-patient ratios, appropriateness of rules and procedures for prescribing and administering medications, and protocols for handling missed appointments. Based on this review, the VA must make recommendations for improvements and follow up on the progress of these improvements within two years.

Several of the mental health mandates contained in the law focus specifically on substance use disorder (SUD). The law expands the VA's SUD treatment services to provide "a full continuum of care"-including screening, various types of counseling, detoxification, intensive outpatient or residential care, pharmacologic treatment, relapse prevention, and ongoing aftercare—for all veterans enrolled in VA health care who require such services. It also establishes new standards for the treatment of veterans with SUD and a comorbid mental health disorder, and it calls for the VA to carry out a research program on comorbid SUD and posttraumatic stress disorder. In addition, it instructs the VA to conduct a two-year pilot program that offers internet-based self-assessment, education, and treatment to veterans with SUD.

Other mandates involve epilepsy and pain management. One calls for the VA to designate four to six VA facilities as locations for epilepsy centers of excellence, which will provide research, education, and clinical care involving diagnosis and treatment of the disorder. Another requires the VA to develop and implement a comprehensive policy on pain management. The policy must include the establishment of a department-wide standard of care, consistent application of pain assessments, assurance of prompt and appropriate treatment, pain-related research activities, education and training programs for VA health care personnel, and patient education programs.

The law also makes changes designed to increase the accessibility of VA services for veterans and their families—especially those who are dealing with the difficult transition from military to civilian life. It clarifies the VA's authority to provide veterans' families with mental health services. amends VA regulations to increase beneficiary travel reimbursements, and mandates three pilot programs. The first program would provide veterans and their families with readjustment and transition assistance in cooperation with 10 designated vet centers. The second would offer peer outreach and support, readjustment counseling, and other mental health services specifically to Operation Iraqi Freedom and Operation Enduring Freedom veterans residing in rural areas—in some cases through partnerships with community mental health centers and IHS facilities. The third program would explore the enhanced use of contracts with non-VA facilities to provide a variety of health care services to veterans in "highly rural areas."

Other provisions involve the authorization of VA medical facility construction projects and programs for homeless, low income, and formerly institutionalized veterans. The full text of the legislation, as enacted, is available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:s2162enr.txt.pdf.

APA Prohibits Members from Working in "Unlawful Detention Settings"

On September 17, the American Psychological Association (APA) announced that its members had voted in favor of a petition resolution to forbid members from working "in settings where persons are held outside of, or in violation of, either International Law (e.g., the [United Nations] Convention Against Torture and the Geneva Conventions) or the U.S. Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights." The resolution, on which the APA's entire membership was eligible to vote by mail between August 1 and September 15, passed by a vote of 8,792 to 6,157. In an October 2 letter to President Bush, APA President Alan E. Kazdin cited the U.S. Naval Base in Guantanamo. Cuba and "so-called CIA black sites around the world" as examples of settings in which human rights of detainees have been violated.

While the resolution is not enforceable, it will be considered by the APA Ethics Committee in adjudicating cases. It will become official APA policy as of the association's next annual meeting in August 2009.

ALS Joins List of Presumed Service-Connected Conditions

The VA announced on September 23 that it will presume amyotrophic lateral sclerosis (ALS), also called Lou Gehrig's disease, to be a service-connected condition when it develops in a veteran who has completed more than 90 consecutive days of military service.

Although the cause of ALS is unknown, a November 2006 report by the Institute of Medicine (IOM) concluded that "there is limited and suggestive evidence of an association between military service and later development of ALS." The VA based its policy change primarily upon this finding. "Veterans are developing ALS in rates higher than the general population, and it was appropriate to take action," said VA Secretary James B. Peake in a press release.

Three studies have suggested an association between ALS and service in the Persian Gulf War, and the VA has been providing disability compensation for ALS to some veterans of that conflict since 2001. The IOM report, however, cited a 2005 study as evidence that the disease may be associated with military service in general.

The study found that veterans who served between 1910 and 1982 were significantly more likely than nonveterans to die from ALS.

The new VA policy applies to all veterans whose applications for benefits were received by the VA on September 23, 2008 or later, as well as those whose applications were pending before the VA, the U.S. Court of Appeals for Veterans Claims, or the U.S. Court of Appeals for the Federal Circuit on that date. Additionally, the VA plans to use direct mailings and other outreach programs to contact veterans with ALS, including those who've had ALS claims denied in the past.