111TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
111–488

CHIROPRACTIC CARE AVAILABLE TO ALL VETERANS ACT

MAY 20, 2010.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 1017]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1017) to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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89–006

AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Chiropractic Care Available to All Veterans Act".

SEC. 2. PROGRAM FOR PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS.

Section 204(c) of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 (38 U.S.C. 1710 note) is amended—

(1) by inserting "(1)" before "The program"; and

(2) by adding at the end the following new paragraph:

"(2) The program shall be carried out at not fewer than 75 medical centers by not later than December 31, 2011, and at all medical centers by not later than December 31, 2013.".

SEC. 3. EXPANDED CHIROPRACTOR SERVICES AVAILABLE TO VETERANS.

(a) MEDICAL SERVICES.—Paragraph (6) of section 1701 of title 38, United States Code, is amended by adding at the end the following new subparagraph:

"(H) Chiropractic services.".

(b) REHABILITATIVE SERVICES.—Paragraph (8) of such section is amended by inserting "chiropractic," after "counseling,".

(c) PREVENTIVE HEALTH SERVICES.—Paragraph (9) of such section is amended—

(1) by redesignating subparagraphs (F) through (K) as subparagraphs (G) through (L), respectively; and

(2) by inserting after subparagraph (E) the following new subparagraph (F):

"(F) periodic and preventative chiropractic examinations and services;".

PURPOSE AND SUMMARY

H.R. 1017 was introduced by Representative Bob Filner of California, Chairman of the Committee on Veterans' Affairs, on February 12, 2009. H.R. 1017, as amended, would expand access to chiropractic care at U.S. Department of Veterans Affairs (VA) facilities and clinics.

BACKGROUND AND NEED FOR LEGISLATION

According to the VA, musculoskeletal injuries, such as painful and disabling joint and back disorders, are a leading health problem of veterans returning from Iraq and Afghanistan. This is the result of multiple tours of duty and missions that require servicemembers to use heavy combat gear and protective body armor. For example, a servicemember on foot patrol may wear and carry a helmet, bullet-resistant body armor, a rifle, medical kit, radio, grenades, water pouch, a pistol, and ammunition which can weigh as much as 55 pounds.

There is a long history of this Committee's actions on issues of chiropractic care. First, section 303 of Public Law 106–117 (113 Stat. 1545), the Veterans Millennium Health Care and Benefits Act, required the VA's Under Secretary for Health to establish a defined policy on the role of chiropractic care for veterans enrolled in the Veterans Health Administration (VHA). Nearly a year after the enactment of this measure, the Under Secretary for Health published a directive on chiropractic care, but the Committee found the policy to be unacceptable as it did not improve veterans' access to chiropractic care at the VA. As a result, section 204 of Public Law 107–135 (115 Stat. 2446), the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, required the Secretary to create a program to provide chiropractic care and services for veterans who are enrolled in the VA's health care system. This

law further specified that each of the 21 Veterans Integrated Service Networks (VISNs) establish at least one chiropractic care program, and required the establishment of a chiropractic advisory committee within the VA. The VA contended that it lacked a specified statutory authority authorizing the appointment of VA-specific chiropractors. In response, section 302 of Public Law 108–170 (117 Stat. 2042), the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003, authorized VA to appoint chiropractors within VHA. This measure also included provisions concerning periods of appointment, promotions, pay grades, and other pay matters for VHA appointed chiropractors. It further designated chiropractors as scarce medical specialists for contracting purposes.

As a result of these efforts, chiropractic care is available to eligible veterans at 32 VA medical facilities using hired or contracted staff and through VA's outpatient fee basis program for veterans who live in areas distant from these locations.

The Committee is concerned that with the high number of veterans reporting symptoms of musculoskeletal ailments, there is a clear need for expanded access to chiropractic care at VA medical facilities. Chiropractic care remains largely unavailable at 121, or the majority, of VA's 153 medical centers. This means that veterans living in or near major metropolitan areas such as Detroit, Denver, and Chicago do not have access to chiropractic care at their local VA medical center. H.R. 1017 would correct this by requiring the VA to phase in the availability of chiropractic care at the remaining 121 VA medical centers that do not offer such care so that veterans can more easily receive medical attention for their musculoskeletal ailments.

In addition to the services provided at current and future VA medical center locations, the Committee also expects VA to continue to ensure that chiropractic care remains available through VA's fee basis program when such care is needed and would benefit the health status of an eligible veteran. The Committee recognizes that for a veteran to receive the full potential benefits of chiropractic care, multiple treatments occurring with some frequency may be required. Particularly if an eligible veteran lives some distance from a VA medical center, requiring multiple trips for chiropractic treatment is not always in their best interest.Therefore, the cumulative impact of the travel burden on a veteran should be taken into consideration as a major factor when consideration is given to providing access through VA's fee basis program. Additionally, prior to implementation of this legislation, a veteran patient may have been receiving care through VA's fee basis program and developed a beneficial relationship with a local doctor of chiropractic. In such circumstances, the Committee expects VA to place great weight and emphasis on the potential benefits of allowing such veteran continued access to fee basis local chiropractic care regardless of whether or not chiropractic care is otherwise available at the nearest VA medical center. Accordingly, this legislation should not lessen the use of VA's fee basis program as an option and mechanism to ensure system-wide access to chiropractic care, regardless of whether a VA medical center does or does not have doctors of chiropractic on staff.

The Committee expects VA to recruit, hire and place doctors of chiropractic on staff in such numbers and at such locations as to

minimize the need for fee basis referrals and to take steps to eliminate excessive waiting times for referrals for chiropractic care whether such care is to be provided by doctors of chiropractic employed by VA or local doctors of chiropractic through VA's fee basis program.

HEARINGS

On October 1, 2009, the Subcommittee on Health held a legislative hearing on several bills introduced in the 111th Congress, including H.R. 1017. The following witnesses testified: The Honorable Bob Filner of California; The Honorable Stephanie Herseth Sandlin of South Dakota; The Honorable Phil Hare of Illinois; The Honorable Ciro D. Rodriguez of Texas; The Honorable Glenn Nye of Virginia; The Honorable Harry Teague of New Mexico; The Honorable Michael A. Arcuri of New York; Mr. Joseph Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, The American Legion; Mr. Justin Brown, Legislative Associate, National Legislative Service, Veterans of Foreign Wars; Mr. Rick Weidman, Executive Director, Policy and Government Affairs, Vietnam Veterans of America; Mr. Blake C. Ortner, Senior Associate Legislative Director, Paralyzed Veterans of America; Mr. Peter H. Dougherty, Director, Homeless Veterans Programs, U.S. Department of Veterans Affairs who was accompanied by Mr. Paul E. Smits, Associate Chief Consultant, Homeless and Residential Rehabilitation and Treatment Programs, U.S. Department of Veterans Affairs; and, Ms. Jane Clare Joyner, Deputy Assistant General Counsel, U.S. Department of Veterans Affairs. Those submitting for the record included: Rick A. McMichael, DC, President, American Chiropractic Association; the American Physical Therapy Association; and, the American Tinnitus Association.

SUBCOMMITTEE CONSIDERATION

On April 29, 2010, the Subcommittee on Health met in open markup session and ordered favorably forwarded to the full Committee H.R. 1017, as amended, by voice vote. During consideration of the bill the following amendment was considered:

> An amendment by Mr. Michaud of Maine to update the implementation date for the provision of chiropractic care at additional VA facilities was agreed to by voice vote.

COMMITTEE CONSIDERATION

On May 12, 2010, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 1017, as amended, reported favorably to the House of Representatives, by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 1017 reported to the House. A motion by Mr. Stearns of Flor-

ida to order H.R. 1017, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1017 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1017 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 1017 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 18, 2010.

Hon. BOB FILNER,
Chairman, Committee on Veterans' Affairs, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1017, the Chiropractic Care Available to All Veterans Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

DOUGLAS W. ELMENDORF,
Director.

Enclosure.

H.R. 1017—Chiropractic Care Available to All Veterans Act

H.R. 1017 would require the Department of Veterans Affairs (VA) to provide chiropractic care to veterans at all VA medical centers (VAMCs). CBO estimates that implementing the bill would cost $46 million over the 2011–2015 period, assuming appropriation of the necessary amounts. Enacting this legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures would not apply.

H.R. 1017 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The estimated budgetary impact of H.R. 1017 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

	By fiscal year, in millions of dollars—					
	2011	2012	2013	2014	2015	2011–2015
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	3	6	12	13	13	47
Estimated Outlays	3	6	11	13	13	46

VA currently has 28 chiropractors providing care at 36 VAMCs. The bill would require VA to provide care at 75 VAMCs by the end of calendar year 2011 and at all 153 VAMCs by the end of calendar year 2013. Assuming that chiropractic care would be provided at the current level of service to individual centers, CBO estimates that VA would require 24 additional chiropractors in 2011, growing to 93 chiropractors by 2014. Based on an average cost per chiropractor of $115,000 in 2010 and after adjusting for inflation, CBO estimates that implementing the bill would cost $3 million in 2011, growing to $13 million a year by 2014.

The CBO staff contact for this estimate is Sunita D'Monte. The estimate was approved by Theresa Gullo, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1017 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1017.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 1017 is provided by Article I, section 8 of the Constitution of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This section provides the short title of H.R. 1017, as amended, as the "Chiropractic Care Available to All Veterans Act."

Section 2. Program for provision of chiropractic care and services to veterans

This section requires the Department of Veterans Affairs to provide chiropractic care and services to veterans through VA medical centers and clinics at no fewer than 75 medical centers by December 31, 2011, and at all medical centers by December 31, 2013.

Section 3. Expanded chiropractor services available to veterans

This section adds chiropractic examinations and services to the list of medical, rehabilitative, and preventive health care services that the VA is authorized to provide.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROGRAMS ENHANCEMENT ACT OF 2001

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TITLE II—OTHER MATTERS

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SEC. 204. PROGRAM FOR PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS.

(a) * * *

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(c) LOCATION OF PROGRAM.—*(1)* The program shall be carried out at sites designated by the Secretary for purposes of the program. The Secretary shall designate at least one site for such program in each geographic service area of the Veterans Health Administra-

tion. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas.

(2) The program shall be carried out at not fewer than 75 medical centers by not later than December 31, 2011, and at all medical centers by not later than December 31, 2013.

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TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

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SUBCHAPTER I—GENERAL

§ 1701. Definitions

For the purposes of this chapter—

(1) * * *

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(6) The term "medical services" includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) * * *

* * * * * * *

(H) Chiropractic services.

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(8) The term "rehabilitative services" means such professional, counseling, *chiropractic,* and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term "preventive health services" means—

(A) * * *

* * * * * * *

(F) periodic and preventative chiropractic examinations and services;

[(F)**]** *(G)* immunizations against infectious disease;

[(G)**]** *(H)* prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

[(H)**]** *(I)* genetic counseling concerning inheritance of genetically determined diseases;

[(I)**]** *(J)* routine vision testing and eye care services;

[(J)**]** *(K)* periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

[(K)] *(L)* such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

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