

VA Chiropractic Residency Sites First in Nation to Receive Accreditation

WASHINGTON – The Department of Veterans Affairs (VA) chiropractic residency programs have reached a historic first by receiving accreditation from the Council of Chiropractic Education. These are the first residency programs in the nation ever to be awarded this distinction, a significant advancement in the evolution of chiropractic education.

In 2014, VA launched its chiropractic residency program as a three-year pilot project at five VA facilities located in West Haven, Conn.; Buffalo NY; Canandaigua, NY; St. Louis, Mo. and Los Angeles, Calif. The programs provide postgraduate clinical training in integrated chiropractic practice, focused on team-based care and inter-professional education.

"Along with serving our Nation's Veterans, providing innovative training opportunities for health care professionals is a key component of VA's Mission," said Dr. Karen Sanders, Deputy Chief Officer, VA Office of Academic Affiliations. "The accreditation of our chiropractic residency programs demonstrates VA's commitment to preparing

providers who will serve Veterans and the Nation."

As part of the program, residents provide clinical care mentored by senior VA chiropractors, participate in clinical rotations in relevant specialties such as rehabilitation, primary care, and pain medicine, and participate in inter-professional scholarly activities. This advanced training gives chiropractic residents vital experience and the competencies needed to serve patients in VA facilities, other integrated healthcare settings, and/or academia.

For more information about the VA chiropractic residency program, visit http://www.rehab.va.gov/chiro/Residency_Programs.asp

Chiropractic Care
for Veterans



In-Vitro Fertilization Treatment Available for Eligible Vets

Congress passed Public Law 114-223 on September 29, 2016 as part of a multi-agency continuing appropriations package. In Title II of the Act, Congress authorized VA to pay



for assisted reproductive technologies including in-vitro fertilization (IVF), notwithstanding the longstanding ban on VA to pay or provide such care. In addition, Public Law 114-223 authorized VA to reimburse eligible veterans for adoption costs.

On January 19, 2017, VA proposed its final rule to allow provision of assisted reproductive technologies, including IVF, to certain eligible veterans and their spouses. In order to be eligible, veterans must be service connected for a condition that makes them unable to procreate without assistance. VA is following guidance established by DOD, which generally limits funding for IVF to 3 completed cycles and 6 attempts. It is

estimated that IVF results in pregnancy for about 80% of patients. The regulations for reimbursement for adoption costs have not yet been promulgated.

VA already offers a limited array of diagnostic and treatment options including fertility counseling, lab blood testing, surgical correction of structural pathologies, reversals of vasectomy or tubal ligation, medication and other diagnostic testing and procedures. It is estimated that genitourinary injuries and other conditions such as traumatic brain or spinal cord injuries will make up to 400,000 eligible for such care.

Interested veterans should contact their local VA primary care providers to schedule appointments to determine their eligibility for assisted reproductive technologies, including IVF.

In addition, women veterans may call the VA Women's Call Center at 1-855-VA-Women (1-855-829-6636).

DAV Resolution 256 calls for improved care for veterans in need of assisted reproductive technologies because of service connected disabilities which affect their ability to procreate.



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VA Releases Major Report on Progress of “MyVA”

Multi-year Effort Showing Measurable Improvements in Homelessness, Health Care, Claims

WASHINGTON – Today, the U.S. Department of Veterans Affairs released a major update on the MyVA transformation, Secretary McDonald's effort to transform VA into the top customer service agency in the federal government. This third edition of the program's semi-annual report shows progress serving veterans with more services, in better time.



“Guided by Veterans' needs, we've left old, unresponsive ways of doing business behind,” writes **Secretary Robert McDonald**. “We've changed leadership. We've added staff. We've adjusted policies. We're eliminating bureaucracy and unproductive work. We're encouraging innovative approaches to serving Veterans, and we're sharing best practices across the Department. In short, we're making VA the high-performing organization that it can be, and that my fellow Veterans, expect and deserve.”

Key results in the report include:

- **Veteran trust of VA is on the rise.** In June 2016, nearly 60% of veterans said they trust VA to fulfill our country's commitment to Veterans – a 47% improvement from six months before.
- We are **completing more appointments**, faster. In FY 2016, VA completed nearly 58 million appointments – 1.2 million more than in FY 2015 and 3.2 million more than FY 2014. More of them are provided by a network of more than 350,000

community providers – a 45% increase in the number of providers since last year.

- **Processing of disability claims is faster and more accurate**, too. The average wait time to complete a claim has dropped by 65%, to 123 days. We completed nearly 1.3 million claims in FY 2016, and reduced pending claims by almost 90%.
- Urgent care is available when a Veteran needs it, and for non-urgent appointments, **wait times are down**. By September 2016, the average wait time for a completed appointment was down to less than 5 days for primary care, less than 7 days for specialty care, and less than 3 days for mental health care.
- **Veteran homelessness has been cut in half**; it's down 47% since 2010 nationwide, thanks in part to VA's work with nearly 4,000 public and private agencies.
- In the last 18 months, VA has facilitated dozens **more collaborations**, bringing in more than \$300 million in investments and in-kind services to support America's veterans.
- **Quality is improving**. 82% of VA facilities improved quality overall since the fourth quarter of FY 2015.

The report details the changes and innovations, large and small, which produced these results. It also lays out a path forward for the agency – including an important role for Congress before the end of 2016.



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Deborah Sampson Act to Improve Services for Women Veterans, S. 681

On March 21, the Ranking Member of the Senate Committee on Veterans Affairs, Senator Jon Tester, introduced S. 681, the Deborah Sampson Act. This comprehensive measure addresses gender disparities and would improve and expand programs and services for women veterans provided by the Department of Veterans Affairs (VA).



The bill would establish a pilot program for peer-to-peer counseling and authorizes group retreat counseling for women veterans recently separated from military service. It would expand the capabilities within the VA Women Veterans Call Center and extend the number of days, from seven to 14, VA can cover the cost of care for newborns of women veterans and authorize medically-necessary transportation for newborns.

The legislation aims to eliminate barriers to care by ensuring every VA medical facility has at least one full-time or part-time women's health provider, as well as a Women Veterans Program Manager and a Women Veteran Program Ombudsman. Additional resources are authorized for mini-residency training in women's health for clinicians, and retrofitting VA facilities to enhance privacy, safety and improve the overall environment of care for women veterans.

S. 681 would provide support services for women veterans seeking legal assistance and authorizes additional grants for organizations supporting women veterans and their families. Finally, The Deborah Sampson Act would require data collection and reporting on all VA programs serving veterans, by gender and minority status, including a report on the availability of prosthetics for women veterans and would better coordinate outreach by centralizing all information for women veterans in one easily accessible place on VA's website.

DAV's 2014 report, Women Veterans: The Long Journey Home identified many of these gaps in VA programs for women and has long advocated for a more comprehensive provision of VA women's health services that appropriately recognizes and honors their service and sacrifice.

Please contact your elected representatives to urge co-sponsorship and passage of S. 681. A letter has been prepared for this purpose or you may write your own to express your personal views. Click the link below to log in and send your message: www.votervoice.net/BroadcastLinks/PkTXruAoWO--spigctgr

As always, thank you for your support.

New Regulation Decreases Cost of Outpatient Medication Copay for Most Veterans

Washington – The Department of Veterans Affairs (VA) is amending its regulation on copayments for Veterans' outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a



calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the copayment amount in future years.

"Switching to a tiered system continues to keep outpatient medication costs low for Veterans," said VA Under Secretary for Health Dr. David J. Shulkin. "Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to Veterans."

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the-counter medications; and Tier 3, Brand Name. Copayment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier.

These copayment amounts will be effective February 27, 2017:

\$5 for a 30-day or less supply - Tier 1 outpatient medication

\$8 for a 30-day or less supply - Tier 2 outpatient medication

\$11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law. Medication copayments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law.

Copayments stop each calendar year for Veterans in Priority Groups 2-8 once a \$700 cap is reached.