



VA Announces Change to Medication Copays for Some Veterans



WASHINGTON - As previously announced on January 7, 2010, the Department of Veterans Affairs (VA) froze prescription copayment increases for six months. Veterans who generally have higher income and no service-connected disabilities - referred to as Priority Groups 7 and 8 Veterans - will now pay an additional \$1 for each 30-day supply of outpatient medications. Taking effect July 1, the increase to \$9 from \$8 is the first change in VA's medication copay since Jan. 1, 2006.

"Because of the harsh economic reality facing many Veterans, we delayed the change," said Secretary of Veterans Affairs Eric K. Shinseki. "We're now ensuring the Veterans most in need of VA care are those least affected. Yet, even with this increase, VA medication copays are lower than much of the private sector."

This change does not impact Veterans in Priority Groups 2 through 6 who will continue to pay \$8 for each 30-day supply of medications for their non-service connected conditions unless otherwise exempted. These Veterans will also continue to have their out-of-pocket expenses for VA outpatient medications capped at \$960 per calendar year. Veterans who have an injury or illness connected with their military service resulting in a disability rated 50 percent or greater - who are known as Priority Group 1 Veterans -- are exempt from the copay.

VA generally sets its outpatient medication copay rate

(Continued on page 2)

Agent Orange Update: New Presumptive Conditions Delayed ...Again

AKA: Delay, Deny, until they Die

Sen. James Webb, D-Va., says he will use a Senate Veterans Affairs Committee hearing — rescheduled now for Sept. 23 — to have VA Secretary Shinseki explain his decision to compensate Vietnam veterans, and many surviving spouses, for three more ailments including heart disease. Shinseki announced last October that ischemic heart disease, Parkinson's disease and B-Cell leukemia will be added to the list of illnesses presumed caused by exposure to defoliants, including Agent Orange, used to clear jungle in combat areas during the war. VA projects that the decision will cost \$13.4 billion in 2010 alone as it will qualify a few hundred thousand more veterans for service-connected disability compensation.

Those veterans, it now appears, will have to wait at least a few more months before claims can be paid. And there is at least some doubt now they will be paid. That will depend on whether Webb and enough of his colleagues are dissatisfied with the science behind Shinseki's decision.

In an interview in his Capitol Hill office Wednesday, Webb said he was surprised to find among line items in an emergency wartime supplemental bill (HR 4899) a few weeks ago \$13.4 billion attributed to "veterans." He asked staff to find out what it would fund. "It came back this was the Agent Orange law," Webb said. Webb, a highly-decorated Marine from combat service in Vietnam, said this deepened his skepticism over the soundness of that law and how it has been used. "When the law was passed there were two areas that raised questions for me," Webb explained. "One was the presumption of exposure for anyone who had been in Vietnam; 2.7 million people had

(Continued on page 2)

an automatic presumption of exposure. And then the notion that the VA administrator, now the secretary of veterans' affairs, has discretion based on scientific evidence to decide a service-connection" to various illnesses. "It's very broad."

Webb amended HR 4899 so claims can't be paid on the three newly-named Agent Orange illnesses until 60 days after a final rule is published. "This is an area where we have a responsibility to pump for more (information) to tell us specifically how they made the connection. The only appropriate way to do that is say, 'Let's fence the money for 60 days and get some clarification here.'" Webb said he was unaware on finding the \$13.4 billion in the bill that Shinseki had asked Sen. Daniel Akaka, D-Hawaii, chairman of the VA committee, not to hold a hearing on this issue. Akaka had scheduled one for April, then rescheduled for early May when VA declined to send witnesses.

Shinseki's decision on Agent Orange strikes Webb as more proof too much power has been conceded to the executive branch. It was the Carter administration, he said, that adopted a presumption "that everyone who was in Vietnam was exposed" to Agent Orange. At the time, he said, the decision wasn't "onerous" on VA budgets because the department only had linked Agent Orange to some rare illnesses.

More recently, VA has found links to ailments generally associated with aging, committing VA to pay billions in additional compensation. Webb felt the scientific evidence linking Type II diabetes to Agent Orange in 2001 was soft. He is reluctant to say the same about the three illnesses Shinseki has endorsed until he hears his testimony. But Webb does intend to question the science behind presuming everyone who served in Vietnam was exposed to defoliants. He knows his own Marine Company was, he said, as were many other units who were engaged in combat in the countryside or handled Agent Orange directly. "On any given day in Vietnam they say about 10 percent of the people were actually out in direct combat. Percentages are actually higher than that because of rotations... But the majority of the people weren't in combat" where defoliants were used. "That's just the reality of it."

The issue was handled with more precision, he suggested, in the late 1970s when Webb served as legal counsel on the House VA committee. "The discussions were you could develop a chronological map overlay of where defoliants had been used, and then develop a nexus in someone's service record on whether they had been in those areas. From that you could say whether these conditions would be presumptively acquired. Back then it was very small in numbers."

"Everyone up here wants to help veterans — no one more than I do. But a lot of people have asked about this. They want to make sure we're really (a) following the law and (b) taking care of people who are service connected. I don't want to be the one person out here doing this. I know Chairman Akaka has joined me in his concerns. The main thing is let's have Secretary Shinseki come forward and explain the causality."

(Continued from page 1)

based upon a regulation that ties the rate to the Medical Consumer Price Index for prescription drugs.

Veterans who have difficulty paying copayments for outpatient medications should discuss the matter with their local VA enrollment coordinator. Veterans may also contact VA at 1-877-222 VETS (8387) or visit VA's health eligibility Web site at www.va.gov/healtheligibility.

Veterans Employment Services

Best practices for your employment search

Q & A session Employment Services



Where:

RCTC Heintz Center room HB 117

When: 07/14/2010

9am to 11am Morning

Session

1pm to 3pm Afternoon

Session

Highlights

- ◆ Veterans Preference to employment
- ◆ Local HR reps available
- ◆ Job search and resume skills
- ◆ Understanding job requirements and documentation
- ◆ Networking (Vets Club)

RSVP Contact:

Scott G. A. Metcalf

507-292-5179

scott.metcalf@state.mn.us

positively
Minnesota
Department of Employment
and Economic Development