

CHIROPRACTIC CARE

1. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Updates responsibilities for Assistant Under Secretary for Health for Patient Care Services, Assistant Under Secretary for Health for Operations, Veterans Integrated Services Network (VISN) Director and Department of Veterans Affairs (VA) medical facility Director (paragraph 2).

b. Adds responsibilities for the VISN Chief Medical Officer, VISN Chief Nursing Officer and VA medical facility Chief of Staff or VA medical facility Associate Director of Patient Care Services (paragraph 2).

2. RELATED ISSUES: None.

3. POLICY OWNER: The Executive Director, Rehabilitation and Prosthetic Services (12RPS) is responsible for the contents of this directive in partnership with the National Director, Chiropractic Care. Questions may be referred to VHA12RPSRehabandProstheticsAction@va.gov.

4. RESCISSIONS: VHA Directive 1210, Chiropractic Care, dated May 25, 2018, is rescinded.

5. RECERTIFICATIONS: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of March 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ M. Christopher Saslo
DNS, ARNP-BC, FAANP
Assistant Under Secretary for Health for
Patient Care Services/CNO

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on March 12, 2024.

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CHIROPRACTIC CARE

1. POLICY

It is Veterans Health Administration (VHA) policy that each Department of Veterans Affairs (VA) medical facility provide chiropractic care to all eligible Veterans and that such services can be provided either at the VA medical facility or, if authorized by law and policy, in the community. **AUTHORITY:** 38 U.S.C. §§ 1710, 7301(b); P.L. 106-117 § 303; P.L. 107-135 § 204.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer is responsible for:

(1) Supporting the Office of Rehabilitation and Prosthetic Services with implementation and oversight of this directive.

(2) Collaborating with the Assistant Under Secretary for Health for Operations to support monitoring, reporting and evaluation of the impact of this directive as guided by the Office of Rehabilitation and Prosthetic Services and Chiropractic Care Program Office.

c. **Assistant Under Secretary for Health for Operations.** The Deputy Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Network (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

(4) Collaborating with the Assistant Under Secretary for Patient Care Services to support monitoring, reporting and evaluation of the impact of this directive as guided by the Office of Rehabilitation and Prosthetic Services and Chiropractic Care Program Office.

d. **Executive Director, Rehabilitation and Prosthetic Services.** The Executive Director, Rehabilitation and Prosthetic Services is responsible for:

- (1) Providing oversight for the VISN and VA medical facility compliance with this directive and ensuring corrective action is taken when non-compliance is identified.
- (2) Collaborating with the National Director, Chiropractic Care Program, to review and approve proposed changes in policy and practice.
- (3) Communicating programmatic changes to the Assistant Under Secretary for Health for Patient Care Services.

e. **National Director, Chiropractic Care Program.** The National Director, Chiropractic Care Program is responsible for:

- (1) Ensuring development and implementation of Chiropractic Care Program initiatives to best serve the needs of Veterans.
- (2) Providing operational consultation and guidance to VISNs and VA medical facilities for the provision of chiropractic services.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

- (1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.
 - (a) Ensuring that when feasible most of VHA chiropractic services be provided on-site at VA medical facilities. **NOTE:** *This facilitates optimal VA medical facility chiropractic care integration and collaborative case management. This also ensures the availability of local chiropractic subject matter expertise to give input on community chiropractic care as needed.*
 - (b) Ensuring that a minimum of 50% of all VA medical facilities in each VISN must provide on-site chiropractic services. **NOTE:** *The minimum applies to facilities with a VA Site Tracking (VAST) designation of VA medical center. For guidance on planning chiropractic clinic capacity, see Appendix A.*
- (2) Ensuring that VISN Chief Medical Officers, VISN Chief Nursing Officer and VA medical facility Directors provide Veterans with appropriate access to chiropractic services and demonstrate visible and supportive leadership in integrating chiropractic services into VHA.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

- (1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Implementing and maintaining the appropriate staffing and clinical expertise to provide chiropractic services within the VA medical facility.

(3) Having final authority over the accountability of chiropractic services within the VA medical facility.

(4) Supporting public information efforts designed to inform various groups about the benefits of chiropractic services and supporting chiropractic in-service and educational programs.

h. VA Medical Facility Chief of Staff or VA Medical Facility Associate Director of Patient Care Services. The VA medical facility Chief of Staff or VA medical facility Associate Director of Patient Care Services, as assigned by the VA medical facility Director, is responsible for:

(1) Identifying the most appropriate supervision and leadership structure for staff chiropractors. **NOTE:** *Staff chiropractors may be appointed in any clinical service (e.g., Physical Medicine and Rehabilitation, Pain Medicine, Primary Care, Whole Health or others) consistent with VA medical facility needs.*

(2) Ensuring that staff chiropractors are privileged to provide patient evaluation and care for neuromuscular and musculoskeletal conditions including the subluxation complex and preventive services, consistent with the individual's clinical competence as determined by education, training, professional experience and peer references. **NOTE:** *For further information, see VHA Directive 1100.21(1), Privileging, dated March 2, 2023.*

(3) Ensuring provision of space, support staff, equipment and supplies that is sufficient for the efficient provision of chiropractic care.

(4) Ensuring that the Veterans Community Care program is used to provide access to chiropractor services when appropriate in accordance with 38 C.F.R. §§ 17.4000-17.4040. Chiropractic care may also be provided through Memoranda of Agreement with Department of Defense facilities.

3. ACCESS AND REFERRAL

Referral for chiropractic care is not subject to requirements or authorizations other than those necessary for referral to any other specialty at a VA medical facility or in the community. Consultation for chiropractic care can be initiated by either the patient's primary care provider or another appropriate VA health care provider. Based on VA medical facility needs, chiropractic care delivery may also include direct patient access.

4. TRAINING REQUIREMENTS

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

6. BACKGROUND

a. Section 303 of the Veterans Millennium Health Care and Benefits Act (the Millennium Act), P.L. 106-117, required the Under Secretary for Health to establish a VHA-wide policy regarding the role of chiropractic treatment in the care of Veterans.

b. Section 204 of the VA Health Care Programs Enhancement Act of 2001, P.L. 107-135, required VHA to carry out a program to provide chiropractic care to Veterans throughout VA medical facilities and clinics.

c. Section 245 of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018 (Consolidated Appropriations Act, 2018), P.L. 115-141, established a tiered timeline for expanding chiropractic clinics and amended the definitions of medical services, rehabilitative services and preventative services in 38 U.S.C. § 1701 to include chiropractic services.

d. Chiropractic care is included in the medical benefits package, 38 C.F.R. § 17.38, the standard health care benefits plan available to all eligible Veterans.

e. The Chiropractic Care Program is a national program under the Office of Rehabilitation and Prosthetic Services.

7. DEFINITIONS

a. **Chiropractic Care.** For purposes of this directive, the term chiropractic care is the scope of services provided by a chiropractor for the treatment of such conditions as the VA Secretary considers appropriate.

b. **Chiropractor.** For purposes of this directive, a chiropractor, also known as Doctor of Chiropractic or DC, is an individual who:

(1) Holds the degree of Doctor of Chiropractic from a chiropractic program accredited by the agency recognized by the U.S. Department of Education, the Council on Chiropractic Education; and,

(2) Holds a current, full and unrestricted license to practice chiropractic care in a State, Territory or Commonwealth of the United States or in the District of Columbia.

8. REFERENCES

- a. P.L. 106-117 § 303.
- b. P.L. 107-135 § 204.
- c. P.L. 115-141.
- d. 38 U.S.C. § 1701, 1710, 7301(b).
- e. 38 C.F.R. §§ 17.38, 17.4000-17.4040.
- f. VHA Directive 1100.21(1), Privileging, dated March 2, 2023.
- g. Office of Rehabilitation and Prosthetic Services Intranet.
<http://vaww.rehab.va.gov/CS/index.asp>. **NOTE:** *This is an internal VA website that is not available to the public.*

March 8, 2024

VHA DIRECTIVE 1210
APPENDIX A

PLANNING CHIROPRACTIC CLINIC CAPACITY

1. It is estimated that at least 4-8% of a Department of Veterans Affairs (VA) medical facility Core Facility Uniques would be appropriate to use chiropractic care annually.
2. For planning on-station capacity, it is estimated that one full-time equivalent (FTE) employee chiropractor will see an average of 450 unique patients annually.
3. Additional guidance and templates useful for optimizing chiropractic clinic parameters are available on the Office of Rehabilitation and Prosthetic Services Intranet site (<http://vaww.rehab.va.gov/CS/index.asp>). **NOTE:** *This is an internal VA website that is not available to the public.*