

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 202
(I-19)

Introduced by: Medical Student Section

Subject: Support for Veterans Courts

Referred to: Reference Committee B
(_____, Chair)

Whereas, Veterans Courts are specialized state and local courts that provide alternatives to incarceration for veterans in the criminal justice system^{1,2,3}; and

Whereas, Alternatives to incarceration can include treatment for medical illnesses that may be related to a veteran's military service and that may have caused the veteran to commit a criminal offense^{1,2,3}; and

Whereas, These illnesses can include neurological and psychiatric conditions such as cognitive impairment, traumatic brain injury (TBI), depressive disorders, anxiety disorders, post-traumatic stress disorder (PTSD), chronic fatigue syndrome, attention-deficit and hyperactivity disorders, intermittent explosive disorder, and substance use disorders (SUDs)^{1,3,4,5}; and

Whereas, Veterans Courts are based on the model provided by mental health treatment courts and drug courts, but they also provide specialized programs, resources, and personnel to support veterans based on their unique life experiences³; and

Whereas, The US Department of Veterans Affairs (VA) found 551 Veterans Court programs nationwide in 2018²; and

Whereas, The VA requires every VA-affiliated medical center in the US to have a Veterans Justice Outreach specialist to work with veterans in the criminal justice system, including with Veterans Courts²; and

Whereas, Veterans comprise approximately 8% of all federal and state prison inmates⁶; and

Whereas, 64% of incarcerated veterans were sentenced for violent offenses, compared to 48% of incarcerated non-veterans⁶; and

Whereas, Over 25% of a sample of non-deployed Army personnel were found to have psychiatric disorders, and over 11% were found to have multiple psychiatric disorders⁴; and

Whereas, 11-30% of veterans of the Iraq, Afghanistan, Gulf, and Vietnam wars have experienced PTSD, and 27% of veterans with PTSD have co-occurring SUDs^{7,8}; and

Whereas, Over 20% of a sample of veterans of Iraq and Afghanistan were found to have mental illness, and over 10% were found to have co-occurring TBI and PTSD⁹; and

Whereas, PTSD and alcohol misuse were found to be associated with violent and physically aggressive behavior in a sample of veterans of Iraq and Afghanistan¹⁰; and

Whereas, Studies have found that treatment offered by Veterans Courts results in declines in recidivism rates by 12%; decreased symptoms of PTSD, depression, substance use, and sleep disturbances; and improvements in emotional and social well-being^{11,12,13}; and

Whereas, Existing AMA policy “supports the establishment of drug courts” for individuals with SUDs¹⁴; therefore be it

RESOLVED, That our American Medical Association support the use of Veterans Courts as a method of intervention for veterans who commit criminal offenses that may be related to a neurological or psychiatric disorder. (New HOD Policy)

Fiscal Note:

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References:

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2. Veterans Treatment Courts and Other Veteran-Focused Courts Served by VA Veterans Justice Outreach Specialists. US Department of Veterans Affairs. <https://www.va.gov/HOMELESS/docs/VJO/2018-Veterans-Treatment-Courts-FactSheet-508.pdf>. Published Aug 2018.
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11. Johnson RS, Stolar AG, Wu E, Coonan LA, Graham DP. An Analysis of Successful Outcomes and Associated Contributing Factors in Veterans' Court. *Bull Menninger Clin*. 2015;79(2):166-173.
12. Yerramsetti AP, Simons DD, Coonan L, Stolar A. Veteran Treatment Courts: A Promising Solution. *Behav Sci Law*. 2017;35:512-522.
13. Knudsen KJ, Wingenfeld S. A Specialized Treatment Court for Veterans with Trauma Exposure: Implications for the Field. *Community Ment Health J*. 2016;52(2):127-135.
14. Support for Drug Courts H-100.955. American Medical Association. <https://policysearch.ama-assn.org/policyfinder/detail/drug%20courts?uri=%2FAMADoc%2FHOD.xml-0-42.xml>. Published Jun 2012.

RELEVANT AMA POLICY

Support for Drug Courts H-100.955

Our AMA: (1) supports the establishment of drug courts as an effective method of intervention for individuals with addictive disease who are convicted of nonviolent crimes; and (2) encourages legislators to establish drug courts at the state and local level in the United States. Citation: (Res. 201, A-12)

Court-Initiated Medical Treatments in Criminal Cases E-9.7.2

Court-initiated medical treatments raise important questions as to the rights of prisoners, the powers of judges, and the ethical obligations of physicians. Although convicted criminals have fewer rights and protections than other citizens, being convicted of a crime does not deprive an offender of all protections under the law. Court-ordered medical treatments raise the question whether professional ethics permits physicians to cooperate in administering and overseeing such treatment. Physicians have civic duties, but medical ethics do not require a physician to carry out civic duties that contradict fundamental principles of medical ethics, such as the duty to avoid doing harm.

In limited circumstances physicians can ethically participate in court-initiated medical treatments. Individual physicians who provide care under court order should:

- (a) Participate only if the procedure being mandated is therapeutically efficacious and is therefore undoubtedly not a form of punishment or solely a mechanism of social control.
- (b) Treat patients based on sound medical diagnoses, not court-defined behaviors. While a court has the authority to identify criminal behavior, a court does not have the ability to make a medical diagnosis or to determine the type of treatment that will be administered. When the treatment involves in-patient therapy, surgical intervention, or pharmacological treatment, the physician's diagnosis must be confirmed by an independent physician or a panel of physicians not responsible to the state. A second opinion is not necessary in cases of court-ordered counseling or referrals for psychiatric evaluations.
- (c) Decline to provide treatment that is not scientifically validated and consistent with nationally accepted guidelines for clinical practice.
- (d) Be able to conclude, in good conscience and to the best of his or her professional judgment, that to the extent possible the patient voluntarily gave his or her informed consent, recognizing that an element of coercion that is inevitably present. When treatment involves in-patient therapy, surgical intervention, or pharmacological treatment, an independent physician or a panel of physicians not responsible to the state should confirm that voluntary consent was given. AMA Principles of Medical Ethics: I, III; Issued: 2016; Mod: 2017.

Expansion of US Veterans' Health Care Choices H-510.983

- 1. Our AMA will continue to work with the Veterans Administration (VA) to provide quality care to veterans.
- 2. Our AMA will continue to support efforts to improve the Veterans Choice Program (VCP) and make it a permanent program.
- 3. Our AMA encourages the VA to continue enhancing and developing alternative pathways for veterans to seek care outside of the established VA system if the VA system cannot provide adequate or timely care, and that the VA develop criteria by which individual veterans may request alternative pathways.
- 4. Our AMA will support consolidation of all the VA community care programs.
- 5. Our AMA encourages the VA to use external assessments as necessary to identify and address systemic barriers to care.
- 6. Our AMA will support interventions to mitigate barriers to the VA from being able to achieve its mission.
- 7. Our AMA will advocate that clean claims submitted electronically to the VA should be paid within 14 days and that clean paper claims should be paid within 30 days.
- 8. Our AMA encourages the acceleration of interoperability of electronic personal and medical health records in order to ensure seamless, timely, secure and accurate exchange of information between VA and non-VA providers and encourage both the VA and physicians caring for veterans outside of the VA to exchange medical records in a timely manner to ensure efficient care.
- 9. Our AMA encourages the VA to engage with physicians providing care in the VA system to explore and develop solutions on improving the health care choices of veterans.
- 10. Our AMA will advocate for new funding to support expansion of the Veterans Choice. Citation: CMS Rep. 06, A-17

Access to Health Care for Veterans H-510.985

Our American Medical Association: (1) will continue to advocate for improvements to legislation regarding veterans' health care to ensure timely access to primary and specialty health care within close proximity to a veteran's residence within the Veterans Administration health care system; (2) will monitor implementation of and support necessary changes to the Veterans Choice Program's "Choice Card" to ensure timely access to primary and specialty health care within close proximity to a veteran's residence outside of the Veterans Administration health care system; (3) will call for a study of the Veterans Administration health care system by appropriate entities to address access to care issues experienced by veterans; (4) will advocate that the Veterans Administration health care system pay private physicians a minimum of 100 percent of Medicare rates for visits and approved procedures to ensure adequate access to care and choice of physician; (5) will advocate that the Veterans Administration health care system hire additional primary and specialty physicians, both full and part-time, as needed to provide care to veterans; and (6) will support, encourage and assist in any way possible all organizations, including but not limited to, the Veterans Administration, the Department of Justice, the Office of the Inspector General and The Joint Commission, to ensure comprehensive delivery of health care to our nation's veterans. Citation: Sub. Res. 111, A-15; Reaffirmed: CMS Rep. 06, A-17

Ensuring Access to Care for our Veterans H-510.986

1. Our AMA encourages all physicians to participate, when needed, in the health care of veterans.
2. Our AMA supports providing full health benefits to eligible United States Veterans to ensure that they can access the Medical care they need outside the Veterans Administration in a timely manner.
3. Our AMA will advocate strongly: a) that the President of the United States take immediate action to provide timely access to health care for eligible veterans utilizing the healthcare sector outside the Veterans Administration until the Veterans Administration can provide health care in a timely fashion; and b) that Congress act rapidly to enact a bipartisan long term solution for timely access to entitled care for eligible veterans.
4. Our AMA recommends that in order to expedite access, state and local medical societies create a registry of doctors offering to see our veterans and that the registry be made available to the veterans in their community and the local Veterans Administration.
5. Our AMA will strongly advocate that the Veterans Health Administration and Congress develop and implement necessary resources, protocols, and accountability to ensure the Veterans Health Administration recruits, hires and retains physicians and other health care professionals to deliver the safe, effective and high-quality care that our veterans have been promised and are owed.

Citation: Res. 231, A-14; Reaffirmation A-15; Reaffirmed: Sub. Res. 709, A-15; Modified: Res. 820, I-18

Health Care Policy for Veterans H-510.990

Our AMA encourages the Department of Veterans Affairs to continue to explore alternative mechanisms for providing quality health care coverage for United States Veterans, including an option similar to the Federal Employees Health Benefit Program (FEHBP).

Citation: (Sub. Res.115, A-00; Reaffirmation I-03; Reaffirmed: CMS Rep. 4, A-13)

Veterans Administration Health System H-510.991

Our AMA supports approaches that increase the flexibility of the Veterans Health Administration to provide all veterans with improved access to health care services.

Citation: CMS Rep. 8, A-99; Reaffirmed: CMS Rep. 5, A-09; Reaffirmed: CMS Rep. 01, A-19

Ethics Reform Act of 1989 (PL 101194) H-510.994

It is the policy of the AMA to work with representatives of [the] Central Office, Department of Veterans Affairs, to develop provisions to exclude either by regulation or by legislation part-time Department of Veterans Affairs physicians (as well as attending and consulting physicians) from the provisions of the Ethics Reform Act of 1989.

Citation: (Res. 254, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: BOT Rep. 6, A-10)

Budgetary and Management Needs of the Veterans Health Administration H-510.995

Our AMA urges Congress and the President to provide the VHA: (1) with funding sufficient to allow its hospitals and clinics to provide proper care to the patients the VHA is mandated to treat; and (2) with maximum flexibility in eliminating unneeded or duplicative services and in closing clinics or hospitals.

Citation: (BOT Rep. EE, A-89; Reaffirmed: Sunset Report, A-00; Modified: CMS Rep. 6, A-10)

Veterans Health Administration Health Care System D-510.999

Our AMA will: (1) urge state medical associations to encourage their members to advise patients who qualify for Veterans Health Administration (VHA) care of the importance of facilitating the flow of clinical information among all of the patient's health care providers, both within and outside the VHA system; (2) facilitate collaborative processes between state medical associations and VHA regional authorities, aimed at generating regional and institutional contacts to serve as single points of access to clinical information about veterans receiving care from both private physicians and VHA providers; and (3) continue discussions at the national level with the VHA and the Centers for Medicare and Medicaid Services (CMS), to explore the need for and feasibility of legislation to address VHA's payment for prescriptions written by physicians who have no formal affiliation with the VHA.

Citation: (CMS Rep. 1, A-03; Reaffirmed: CMS Rep. 4, A-13)