

Department of Veterans Affairs
Veterans Health Administration - Office of Primary Care
PACT Act Section 603 - Toxic Exposure Screening

Agency Information Collection Activities; Proposals, Submissions, and Approvals: Veteran Toxic Exposure Screening Tool (PACT Act); FR Doc No: 2022-25772; OMB Control No. 2900-0913

Memo in Response to Public Comments:

The Office of Primary Care received two comments in response to the Veteran Toxic Exposure Screening Tool (PACT Act) published on August 10, 2022, at Pub.L. 117–168.

1. VA-2022-VACO-0001-0248 The commenter raises concern regarding Veteran exposure recall due to the time between service separation and Toxic Exposure Screening (TES) administration as well as potential lack of awareness of exposure during service. Commenter recommends providing Veterans with examples of exposures in the questionnaire and “checking” veterans for symptoms of exposures. To their point regarding latency of TES administration following service separation: the DoD asks military personnel about exposures and maintains the Individual Longitudinal Exposure Record (ILER). In addition, completion of the TES by M2VA personnel is being considered for future implementation phases as well. Part of PACT Act implementation is to develop a culture more attuned to providing “exposure-informed care” that will include promoting earlier assessment and documentation of potential exposures in Veterans. To further aid veterans in identifying risk of exposure, a resource/poster campaign has been developed for use in TES locations listing known risks of exposure based on times and locations of service utilizing Healthcare Eligibility updates. Also, a routine step in the TES process includes providing the Veteran with an information sheet as well as links to Health Outcomes Military Exposures (HOME) Office sites that describe the vast array of potential exposures that may occur during military service and deployment. A foundational challenge for DoD and VA in providing care for Veterans with toxic exposures is that we have no reliable exposure data for most of these exposure events; we have little idea of the dose/duration of actual exposure of any given individual. Because of this, we have no metrics or “tests” to verify or quantify exposures and hence their toxic effects. There are no tests that can be performed to quantify Veteran exposure or its current or potential future health effects. Recording of the self-report of exposure as well as verifying the presence of Veteran in an area of presumed exposure into the medical record is the first step incorporating exposure into the Veterans lifetime of medical care. Exposure informed care means that the clinician incorporates the exposure into the Veterans overall “risk profile” that might contribute to later health effects; it means having a higher index of suspicion, or a lower threshold for work-up of presumptive conditions, when evaluating for likely pathology based on assessing symptomatology, comorbidities, exposure/family/social histories and diagnostic test results.

2. VA-2022-VACO-0001–0257 The commenter asked if South Korea is an eligible country for the PACT Act because of issues of air quality. He also mentioned that he was deployed to Qatar while in the military. While South Korea isn’t in the list covered by the PACT Act, he can still submit a claim, such opinions will generally be solicited from a specialist in Occupational and Environmental Medicine. Qatar is an Airborne Hazards and Open Burn Pit Registry (AHOBPR) eligible country.

We appreciate the opportunity to review and respond to the comments.

Submitted by:

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