

The PACT Act: An Overview

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Bottom Line Up Front

The PACT Act of 2022 significantly expands benefits to Veterans (and survivors) who have been exposed to toxins during their military service, such as burn pits, Agent Orange, and radioactive materials. The law also devotes new resources and personnel to bolster the rural health care workforce, identifies new areas of research for toxic exposures, and creates Toxic Exposure Screenings, now utilized in assessing Veterans' health histories as part of the PACT Act claims process.

Introduction

What is the PACT Act?

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act was signed into law by President Biden in August 2022. The PACT Act expands VA health care and benefits to Veterans (and survivors) who have served in specific regions of the world at certain times. It identifies presumptive conditions that result from exposure to toxic materials (Title 1, Section 103).

This is a notable change in the VA claims process from years prior when the list of presumptive conditions was smaller. The list of presumptive conditions excluded some conditions we now understand to be associated with exposure during service. Veterans with conditions that were previously not considered presumptive by law may now qualify.¹ In the first year of implementation, 360,000 claims were approved under the PACT Act from Veterans or their survivors seeking benefits for their confirmed toxic exposure during service.

What are toxic exposures and their health effects?

In the context of the PACT Act, a toxic exposure is one in which a Veteran is exposed to hazardous conditions and materials during their active military service.² These hazards can be chemical, radioactive, and/or airborne,³ such as:

- **Agent Orange:** Herbicide used to clear plants and trees during the Vietnam war era
- **Burn Pits:** An area devoted to open-air combustion of trash in Iraq and Afghanistan

Exposure can cause physical health problems, including various types of cancers, respiratory diseases, and hypertension. Over 20 presumptive conditions associated with burn pits and other toxic exposures were added by the PACT Act (Title 4, Section 404).¹ The most frequent conditions listed in PACT Act-related claims in the first year of implementation are: hypertensive vascular disease (165,478 claims), allergic rhinitis (97,262), maxillary sinusitis (46,044), bronchial asthma (43,368), and malignant growths of the genitourinary system (24,440).⁴

Presumptive Conditions



These health conditions, such as hypertension and respiratory disease, are **already assumed** by law to be connected to military service. To be considered presumptive, conditions undergo a rigorous review, overseen by VA's Office of Enterprise Integration. This review includes examining Veteran health trends, research findings, and medical literature.⁴

Toxic Exposures: Presumptive Additions and Screenings

To qualify for PACT Act related benefits, a Veteran’s service must have been during specific time frames and in specific areas. A claim can be filed online, by mail, in person, or with the help of a trained professional.^{1,5} The newly added service requirements are listed below:

Location	Dates	Qualifiers
Marshall Islands	1/1/1977 - 12/31/1980	Served on the cleanup of Enewetak Atoll
Palomares, Spain	<i>No specified dates</i>	Served on the cleanup of radioactive materials
Thule Air Force Base, Greenland	<i>No specified dates</i>	Served on the response effort for the crash of a U.S. Air Force B-52 bomber
Vietnam	1/9/1962 - 5/7/1975	<i>No specified qualifiers</i>
Thailand (at any U.S. or Royal Thai bases), Laos, Cambodia, Guam or American Samoa or the waters thereof, Johnson Atoll	<i>Varying specified dates</i>	<i>No specified qualifiers</i>
<i>No specified location</i>	<i>No specified dates</i>	Served in the Persian Gulf War
Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, Yemen, and/or the airspace above	On or after 9/11/2001	<i>No specified qualifiers</i>
Iraq, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, The United Arab Emirates, and/or the airspace above	On or after 8/2/1990	<i>No specified qualifiers</i>

The PACT Act also created a new Toxic Exposure Screening tool for VA-enrolled Veterans (Title 6, Section 603). This voluntary screening is not required to file a PACT Act-related claim but is helpful for ongoing primary care and early diagnosis. It is a short assessment (less than 10 minutes) of questions asked by a health care provider about one’s history of possible exposure. It does not involve any physical examinations or diagnostic procedures.¹

Workforce

Title 9 of the PACT Act introduces several improvements to VA’s efforts to recruit and retain a robust workforce, further enabling PACT Act implementation by adding more health care professionals to care for Veterans with toxic exposures.⁶ The law dictates a national recruitment and retention campaign to attract health care providers to VA facilities in rural areas. The law also stipulates that VA may hire health professionals willing to work in rural areas through contract purchasing. This means that clinicians working in the area who have existing contracts at community facilities can have those contracts purchased by VA, thereby transferring their employment to VA in these rural areas.

In addition to these initiatives to strengthen the rural workforce, the PACT Act increases the pay cap for some positions, establishes award programs for others, and modifies VA’s authority to adjust providers’ hours, compensation, and conditions. The law also enhances VA’s ability to award bonuses and

repayments for events such as recruitment and relocation, student loans, and merit awards.

Lastly, to establish an evidence-backed understanding of VA's workforce nationwide, Congress mandated that VA create staffing guidelines at the facility level. The Partnered Evidence-Based Policy Resource Center, the Office of Human Resources and Administration, and other evaluation centers partnered to comply with this portion of the law. These population-based workforce guidelines are built on existing econometric models developed for the MISSION Act, providing leaders with real-time insight into facility-level VA supply of and Veteran demand for care.⁶

Research Initiatives

In addition to addressing current Veteran needs related to toxic exposures, the PACT Act also charts new research initiatives to enhance future Veteran care. As such, the law creates a new interagency Toxic Exposure Research Working Group, tasked with identifying and implementing collaborative research efforts on toxic exposures. The group will develop a five-year strategic plan to implement this cross-agency research.⁶

Finally, the PACT Act stands up a VA clearinghouse to document published work on toxic exposures carried out or funded by the federal government. The law outlines new research focus areas based on disease type, region of service, and other factors. Some of these projects are included below:



Study toxic exposures and **mental health outcomes**



Study **cancer rates** among Veterans to find trends



Run an **epidemiological study on health trends** in post-9/11 Veterans



Investigate **total and respiratory disease mortality** of Veterans



Study health effects of toxic exposures from the **Manhattan Project**



Report to Congress on the **health effects of jet fuels** used by the Armed Forces

First Year Impact

In its first year of implementation, there were nearly 50,000 new VA enrollees and about 80% of all processed PACT Act-related claims (over 360,000) were approved.⁷ More than four million Veterans were screened for toxic exposures and over 40% of them had at least one exposure.⁸ It is estimated that there have been more than \$1.85 billion dollars in benefit payouts associated with the PACT Act in its first year of implementation.⁷ These figures are updated biweekly through VA's PACT Act Dashboard to reflect live figures and program metrics.

Implementation Challenges of the PACT Act

In the first year, VA received over 840,000 claims but processed about 460,000.⁷ Due to this backlog, on average, Veterans are waiting over 150 days for a final determination on their claims.⁷ This may contribute to unease and confusion for Veterans and their survivors and may delay obtaining necessary medical care.

Another area of improvement for PACT Act rollout is deterring fraudulent actors from exploiting the claims process. VA offers Veterans free assistance with PACT Act-related claims, but scammers and fraudulent organizations are trying to convince Veterans that they will help them file claims for a fee. According to a 2023 survey of Veterans, roughly two-thirds were unaware that they could receive free help from VA, and one in ten Veterans were contacted by a scammer offering to assist in the PACT Act filing process.⁹

VA has employed a successful digital media campaign (incorporated into the existing ChooseVA campaign) and a series of in-person summer events to encourage claim filing (Summer VetFest).¹⁰ However, the last area of improvement for PACT Act rollout is strengthening outreach to Veterans in the community. In order to apply for benefits, Veterans need to be notified that the PACT Act is active and learn how to enroll in VA health care. While not all Veterans are eligible for PACT Act benefits, only about four million Veterans have undergone a Toxic Exposure Screening.⁸ Of note, VA estimates that roughly 3.5 million Veterans were exposed to burn pits in Iraq and Afghanistan alone.¹¹ This figure does not include exposures to Agent Orange or other toxins covered by the PACT Act. This suggests that many Veterans are currently unaware of their PACT Act eligibility. VA may benefit from exploring additional modes of communication to inform Veterans in the community about the PACT Act.

Conclusion

Ensuring Veterans receive the health care and benefits they deserve after toxic exposures during their service is of high priority to VA. The PACT Act expands benefits to more Veterans and provides resources and planning for research initiatives and workforce development. While over 360,000 PACT Act claims were approved in its first year, challenges in outreach about the law, deterrence of fraud, and the existing backlog and determination wait times suggest there is room for improvement in rollout going forward.

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