POLICY & PRACTICE

Neurology Outlook for 2006

Malpractice reform will continue to be a top priority for the American Academy of Neurology in 2006, according to Mike Amery, AAN's federal affairs manager, in Washington. Also high on the agenda is Medicare reimbursement. Funding for the National Institutes of Health also is a concern for the academy; NIH ended up with an increase of 1%, to $28.6 billion, in the budget passed by Congress. Ideally, "we'd like to see an 8-10% [increase], but that's not going to happen in these fiscal times," Mr. Amery said.

Help for Vets with MS Proposed

Sen. Patty Murray (D-Wash.) has proposed legislation to help more veterans with multiple sclerosis qualify for disability benefits from the Department of Veterans Affairs. "A growing number of veterans from the first Gulf War are now developing symptoms of multiple sclerosis, but they often face an uphill battle in obtaining disability benefits from the VA," the senator's office noted in a press release. Under current law, veterans of the United States military have 7 years after discharge to connect multiple sclerosis to their military service; however, many veterans don't start developing symptoms of the disease until after that time, forcing them to go through a long appeals process to prove their disability is related to their service. The bill would remove the 7-year limitation and make multiple sclerosis a "presumptive disability," entitling them to care no matter when their symptoms appear. So far, about 500 Gulf War veterans have been diagnosed with service-connected multiple sclerosis, and many more are symptomatic but not yet diagnosed, according to Julie Mock, president of the National Gulf War Resource Center and a patient with multiple sclerosis.

Responders Need Epilepsy Training

The Epilepsy Foundation is calling for better training of first responders after the death of an epilepsy patient who was restrained by emergency personnel. "Unfortunately, first responders all too often employ forcible restraint methods as a means of subduing persons who may appear to be combative but are actually displaying typical symptoms of a seizure," said foundation president and CEO Eric Hargis. "Avoidable injuries and deaths will persist unless action is taken to educate and train first responders." In the case of an Arizona State University student, emergency medical technicians, thinking the patient was being combative, forcibly restrained him after he was handcuffed behind his back and left him prone for 20 minutes. The jury found that the technicians were not responsible for the patient's death.

Neurologist Takes FDA Post

Dr. Gerald J. Dal Pan is the new director of the Food and Drug Administration's Office of Drug Safety. In his new position, Dr. Dal Pan is in charge of the FDA's postmarketing drug safety program.

Neurointensive Subspecialty Approved

The United Council for Neurologic Subspecialties has approved neurointensive care for membership in its organization. The neurointensive care application was sponsored by the American Academy of Neurology's critical care and emergency neurology section as well as the Neurocritical Care Society and the Society of Neurosurgical Anesthesia and Critical Care. The council's accrediting body now will work with the subspecialty on requirements for fellowship programs. The programs will then be able to apply for accreditation by the council. The council also will help develop a neurointensive care certification exam. The subspecialty will be given a voting seat on the council's board of directors. Neurointensive care joins behavioral neurology and neuropsychiatry, neurooncology, clinical neuromuscular pathology, and headache medicine on the list of council-approved subspecialties. The council itself is sponsored by five parent organizations: the AAN, the American Neurological Association, the Association of University Professors of Neurology, the Child Neurology Society, and Professors of Child Neurology. Its goal is "to recognize added competence and to assist subspecialties that have matured to the point where accreditation of training programs and certification of graduates is appropriate, yet these subspecialties are not able to seek, or have not grown sufficiently for, American Board of Psychiatry and Neurology certification."

—Joyce Frieden

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