

MS 262 Peace Corps Medical Services Program

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Attachment

Attachment A – Authorization for Peace Corps Use of Medical Information

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1.0 Authority

22 U.S.C. 2504(e), (m)(2); 22 C.F.R. 305.2

2.0 Purpose

This manual section describes the Peace Corps medical services program for applicants, Trainees, Volunteers, Returned Volunteers, and authorized dependents.

3.0 General Policies

- (a) The Peace Corps, through its Office of Medical Services (OMS) and its Peace Corps Medical Officers (PCMOs), manages a health care system applicable to applicants, Trainees and Volunteers (V/Ts), Returned Peace Corps Volunteers, and authorized dependents. Under the system, applicants are screened to determine whether they can be cleared as medically eligible for service, V/Ts are provided all necessary and appropriate medical care during the course of their service, and certain limited services are provided to Returned Volunteers.
- (b) Because V/Ts face significant health risks, and immediate access to health care overseas is often limited, V/Ts are expected to follow both Peace Corps medical policies and the medical advice of their PCMO. V/Ts who refuse to take required immunizations/vaccinations and medical prophylaxes will be administratively separated, as set out in MS 284 *Early Termination of Service*. In addition, a V/T who fails to follow other medical advice or policies may be administratively separated, where such failure poses a serious risk of harm to the V/T or others.
- (c) Applicants for Peace Corps service must sign an authorization that permits Peace Corps staff and contractors to use protected health information for medical screening and placement purposes to the extent necessary to administer the Peace Corps program. The authorization form is included in the Volunteer application and is also available in Attachment A. No applicant will be considered for service until the authorization is signed.
- (d) OMS must provide applicants with information about health risks prevalent in the countries where Peace Corps operates.

4.0 Medical Screening

4.1 Medical Clearance

An applicant must be given medical and dental clearance before being accepted for Peace Corps service. OMS's medical screening unit makes the determination on whether an applicant is cleared medically for Peace Corps service.

4.2 Medical Examinations

All applicants must undergo prescribed physical and dental examinations to provide the information needed for medical clearance determinations and to serve as a reference for future Volunteer health issues and any future disability claims. Peace Corps will reimburse a prescribed amount for the basic medical/dental examinations and laboratory work. Any additional examination costs or expenses for consultations, evaluations, or treatment must be paid by the applicant.

- (a) The physical examination, which may include evaluations by specialists, if necessary, must be obtained prior to medical clearance.
- (b) The dental examination for applicants must include a full-mouth (or Panorex) and bite-wing X-rays and the applicant's dentist must fill out the Peace Corps dental examination form. Any orthodontic or special dental treatment must be completed for dental clearance.
- (c) Final medical and dental clearance must be received from OHS before an applicant will receive a ticket to Post, a staging event, or other location as directed by the Peace Corps.
- (d) Applicants who have been invited to serve must be provided with information regarding prescription drug options for medications that will be mandated by the Peace Corps, as a condition of service, and the potential interactions of those prescription drugs, as necessary and appropriate and in accordance with guidance from outside health care experts, including licensed mental health experts.

4.3 Standard for Medical Clearance

- (a) The Peace Corps regulatory standard for medical clearance is whether the applicant, with or without reasonable accommodation, has the physical and mental capacity required of a Volunteer to perform the essential functions of the Peace Corps Volunteer assignment for which he or she is otherwise eligible, and be able to complete a 27-month tour without unreasonable disruption due to health problems. In determining what is a reasonable accommodation, the Peace Corps may take into account the adequacy of local medical facilities. In determining whether an accommodation would impose an undue hardship on the operation of the Peace Corps, factors to be considered include:
 - (1) The overall size of the Peace Corps program with respect to the number of employees and/or Volunteers, size of budget, and size and composition of staff at Post or assignment;

- (2) The nature and cost of the accommodation; and
 - (3) The capacity of the host country agency to which the applicant would be assigned to provide any special accommodation necessary for the applicant to carry out the assignment.
- (b) Based on information from the applicant and his or her physicians, current medical research, screening guidelines developed by OMS, knowledge and experience of the nature of Peace Corps service, and information about the scope of medical care available overseas, an applicant will be determined to be:
- (1) Medically qualified for any country;
 - (2) Medically qualified with accommodation, which may limit country of assignment, or in some cases, require specific site approval;
 - (3) Medically not qualified; or
 - (4) Deferred for a specific period of time, in order to determine whether a medical condition is stable.

4.4 Appeal Process

An applicant may request review of a determination by the medical screening staff that the applicant does not meet the medical, physical, or mental eligibility standards by submitting any relevant information to OMS. The information will be reviewed by a physician, and, unless the physician determines that the Applicant is medically qualified, the information will also be reviewed by the Pre-Service Review Board (PSRB). Procedures for such review shall be approved by the Office of the General Counsel. The review will include input from a physician in cases involving medical determinations and from a mental health professional in cases involving mental health. Following review by the Office of the General Counsel to ensure legal requirements have been met, the decision of the PSRB constitutes a final agency action and is not subject to further appeal.

5.0 Health Program for Trainees and Volunteers

V/Ts will be provided with all necessary and appropriate medical care during the course of their Peace Corps service. A comprehensive health care program for V/Ts is managed and implemented in-country by the Post PCMO under administrative supervision of the Country Director (CD) and with professional guidance and oversight from OMS. Some Peace Corps countries are served by a Regional Medical Officer (RMO). A RMO is a physician who, in addition to serving as a physician advisor in a base country, supports PCMOs in one or more neighboring countries. Health care services in the United States or third countries (such as U.S. pre-service and stagings, during travel in or medevac to the U.S or third countries) are managed by the OMS staff or PCMO, if any, in the third country. Peace Corps health care coverage commences when the invitee departs their Home of Record or another location to begin direct travel to Post, a staging event, or another location as directed by the Peace Corps. If an invitee

leaves their Home of Record and travels to another location for personal reasons prior to departure for service, then Peace Corps health care coverage does not commence until the invitee begins direct travel to staging or Post.

The health care program includes:

- (a) Pre-service immunization and prophylaxis as described in the OMS Technical Guidelines, as well as regular immunization and prophylaxis as necessary throughout the term of service;
- (b) Clinical care throughout service;
- (c) Health orientation and education throughout service;
- (d) Evaluation of health conditions at potential sites for Volunteer placement; and
- (e) Other health support for Volunteers at their sites through site visits, when appropriate.

5.1 Medical Services in Country of Service

V/Ts will receive all necessary medical care and services primarily through, or under the direction of, the PCMO at Post and through local health care providers in country, as necessary. Prior authorization from the PCMO is required (except in emergencies) for all medical and dental care not provided directly by the PCMO (or, where available, an RMO). In appropriate situations, a Volunteer may be medically evacuated to the United States or some other destination when an illness, injury, or other medical necessity requires evaluation and/or treatment beyond the scope of care available in-country. *See MS 264, Medical Evacuation.*

5.2 Eligibility for Health Care Outside of Country of Assignment

The medical care for V/Ts during their service includes care when they are outside of their country of service. Such care will generally include medical care for any illness or injury incurred during travel directly to a U.S. pre-service staging or training site, or while on leave or official business in the U.S. or a third country. Prior authorization from OMS staff or the PCMO or RMO is required (except in emergencies) for all medical and dental care while out of the country of service.

5.3 Eligibility for FECA for Illness or Injury in the U.S.

Post-service medical services for V/Ts, including eligibility for benefits under the Federal Employees' Compensation Act, are described in MS 266 *Post-Service Medical Benefits for Volunteer, Trainees, and Dependents*. Although the Peace Corps provides medical care for V/Ts while they are in the U.S. during their term of service, they are not eligible for FECA benefits for any non-service-related illness contracted or injury suffered in the U.S.

5.4 Family Visits to Ill or Injured Volunteers

Peace Corps does not provide travel or related expenses for family members to visit a V/T who is ill or injured.

5.5 Medication

OHS will consult with external health care experts, including experts licensed in the field of mental health, and follow guidance by the Centers for Disease Control and Prevention (CDC) regarding the prescription of medications, including antimalarial medications, for V/Ts in order to provide the best standard of care to V/T's within the context of the Peace Corps environment.

6.0 Completion or Early Termination of Service Evaluations

Upon completion or early termination of service, each V/T must undergo medical and dental examinations in accordance with the Office of Medical Services Technical Guidelines to identify existing unmet medical and dental needs, complete routine evaluations, identify any potential medical issues, and provide a reference for any future claims under FECA. (*See MS 266 Post-Service Medical Benefits for Volunteer, Trainees, and Dependents*)

6.1 Peace Corps Medical Officer's Responsibility for Evaluations

The PCMO is responsible for planning and conducting, or using local providers to conduct, completion of service (COS) and early termination medical and dental examinations. Regardless of who conducts the examinations, the PCMO must ensure that all components of the COS Evaluation (as outlined in OMS Technical Guidelines) are completed.

6.2 Examination Scheduling and Location

V/Ts are generally required to undergo their examinations in-country prior to COS or early termination. COS examinations may be administered up to 60 days prior to completion of service. Consideration will be given on a case-by-case basis to permitting evaluations earlier than 60 days prior to COS. In addition, on a case-by-case basis and with guidance from OMS, the PCMO may authorize a V/T to obtain completion of service examinations upon return to the United States.

6.3 Follow-up Treatment Based on Examination Results

In some cases, examination results may indicate the need for immediate follow-up care, which may delay or accelerate departure by a V/T. COS or early termination may be delayed for up to two weeks in consultation with OMS when the termination examination reveals an untreated medical problem or one requiring further diagnosis.

6.4 Refusal to Submit to COS Examinations

V/Ts who refuse to submit to the COS examination or diagnostic studies or who refuse to await PC/W advice regarding medical problems, must sign a statement before completion of service acknowledging their refusal and their understanding that the refusal may affect their rights under FECA. V/Ts who refuse examination, diagnosis or medical advice for dependents will sign the

statement on behalf of their dependents. This statement or other documentation of a V/T's failure to sign such a statement shall be filed in the Volunteer's medical record.

7.0 Post-Service Medical Benefits

V/Ts and Returned Volunteers may in appropriate cases receive authorization from the OMS post-service unit for post-service medical and dental evaluation of a service-related condition. These authorizations, which are for evaluations only, and not for treatment, must be used within six months after the V/T closes service. After Peace Corps service, Returned Volunteers may apply for payment for treatment and/or for a service-related illness or injury under FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor. The scope of post-service benefits for which Returned Volunteers are eligible is set forth in MS 266 *Post-Service Medical Benefits for Volunteer, Trainees, and Dependents*.

8.0 Medical Care for Children and Non-Volunteers

8.1 Care for Minor Dependents

The Peace Corps will provide medical care for minor dependents of V/Ts who live with the V/Ts during their service. Except where otherwise stated (*see MS 206 Adoption of Children by Volunteers*; MS 262; and MS 266), the scope of care will be the same as for V/Ts.

8.2 Pre-Natal and Birth-Related Care for Non-Volunteers

Where a V/T is married to a pregnant non-V/T or has taken action to acknowledge parentage which, under local law, will make the V/T financially and legally responsible for the care and support of the non-V/T's child, the Peace Corps will provide pre-natal and birth-related care for the pregnant non-V/T in order to protect the health and safety of the unborn child. The Peace Corps will pay for such pre-natal and birth-related care for the non-V/T only while the V/T is in service. The Peace Corps will pay for such pre-natal and birth-related care for the non-V/T regardless of the non-V/T's citizenship. No other medical care or other benefits are provided by the Peace Corps to a non-V/T, unless the non-V/T is a minor dependent of a V/T and lives with the V/T during their service.

The birth of the child should be documented on the appropriate form, which is sent to the Office of Volunteer and Personal Services Contract (PSC) Financial Services within the Office of the Chief Financial Officer (OCFO/GAP/VPS).

9.0 Abortion

9.1 Medical Evacuation

A V/T who decides to have an abortion will be medically evacuated at Peace Corps expense to a location where medically adequate facilities for obtaining counseling and an abortion are

available and where abortions are legally permissible. OMS is responsible for providing guidance to the PCMO regarding the location of facilities that meet these criteria. The V/T may not be medically evacuated to a different site for an abortion without prior approval by OMS.

9.2 Medical Expenses of an Abortion

When a V/T elects to have an abortion, the medical expenses directly related to the abortion procedure will be the responsibility of the V/T, except in cases where the Peace Corps is authorized by law to pay such expenses. In cases where a V/T pays for such a procedure, the Peace Corps will pay for medical expenses incurred due to complications. The V/T should be advised that she may make a withdrawal from her accrued readjustment allowance to pay for the procedure. To preserve her medical confidentiality, such a withdrawal request should be made to OCFO/GAP/VPS.

9.3 Reproductive Health Services

After the abortion procedure, if the V/T is medically cleared and wishes to return to country, she will be offered reproductive health services.

10.0 Investigating and Reporting a Peace Corps Patient Safety Event

- (a) When investigating adverse events such as a Volunteer death, permanent harm, or severe temporary harm that requires intervention to sustain life, the Peace Corps will utilize an outside, independent Patient Safety Organization (PSO) to conduct peer review and root cause analysis (RCA). The relationship with the PSO will be structured to:
 - (1) Remove Office of Health Services provider bias or conflicts of interest in analyzing the root cause of serious patient safety events;
 - (2) Create consistency in how patient safety work product (PSWP) is collected, analyzed, and protected; and
 - (3) Adhere to the principles and framework of the Patient Safety Quality and Improvement Act passed in 2005 to improve patient safety and reduce the incidence of patient safety events.
- (b) A PSO peer-reviewed analysis and RCA will provide a system-focused, comprehensive report of the patient safety event, which includes:
 - (1) Development of causal statements for the patient safety event;
 - (2) Identification of corrective actions and implementation plans; and
 - (3) Defined process/outcome measures to evaluate the implementation of corrective action plans.
- (c) The Office of Health Services shall establish a risk-based prioritization system to identify patient safety events requiring a RCA. The risk-based system shall consider the harm or

injury experienced by a patient, but must also consider hazards and vulnerabilities that may not yet have caused harm, so that these hazards and vulnerabilities can then be mitigated or eliminated before harm occurs.

(d) When the Peace Corps engages a PSO to perform a RCA or similar report that describes the cause or root cause of a Volunteer death, the Peace Corps shall provide the Inspector General of the Peace Corps with:

- (1) A copy of all information provided to the PSO at the time such information is provided to the PSO to perform the analysis;
- (2) A copy of any report or study received from the PSO to perform the analysis; and
- (3) Any supporting documentation upon which the PSO relied to make its determination, including the Volunteer's complete medical record, as soon as such information is available to the Peace Corps.

11.0 Effective Date

The effective date of this Manual Section is the date of issuance.