

**DRAFT**

## **Summary of Legislation to Improve Health Care Benefits for Returning Servicemembers**

*Produced by the Technical Assistance Center at NASHIA*

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As of September 1, 2007, members of Congress have introduced legislation addressing issues related to injuries and health care needs of returning Operation Enduring Freedom and Operation Iraqi Freedom servicemembers. These bills vary, but in general, may address one of the following issues relating to traumatic brain injury or a combination of these issues:

- **Expand and improve care provided by Walter Reed Army Hospital/Department of Defense (DoD); toll-free hotline on medical care provided**
- **Expand Veterans Administration (VA) care/staff and services (polytrauma sites, transitional residential, care coordinators, mental health services)**
- **Improve veterans and health care benefits**
- **Improve process of obtaining veterans disability benefits**
- **Care coordination/case management**
- Transition/collaboration between the VA and DoD health care programs (includes sharing medical records)
- **Screening and assessment for traumatic brain injury (TBI) and/or Post Traumatic Stress Disorders (PTSD); education to families to help identify problems; public education; outreach**
- **Developing and maintaining a TBI registry**
- **Training for family and peer support for caretakers/families; paying caregivers for personal assistance (mental health or TBI); support for children**
- **Telerehabilitation/telehealth**
- **Professional training, education**
- **Information and referral, providing community and long-term supports; educational materials to families**
- **Research (i.e. prevention, diagnosis and treatment); centers of excellence**

Some of the bills call for the **private sector** to be able to contract with the DoD and VA to provide rehabilitation and other services, while a few give authority to contract with the **public or private** sector. This summary has been prepared using this color coding to differentiate between issues addressed in these bills.

### **Appropriations**

#### **FY 2007 War Supplemental – H.R. 2206**

The supplemental war funding bill (H.R. 2206), known as the US Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007, was signed by the President on May 25 (P.L. 110-28). The bill provides \$450 million for the research, diagnosis and treatment of Traumatic Brain Injury (TBI) and \$450 million for Post-Traumatic Stress Disorder (PTSD), research, development, test and evaluation. The legislation includes funding to the **Veterans Health**

**Administration (VA) for an additional Level I comprehensive polytrauma center; polytrauma residential transitional rehabilitation programs; additional transition caseworkers; substance abuse treatment programs; readjustment counseling; blind rehabilitation services; mental health services; polytrauma support clinic teams and additional polytrauma points of contact.**

Funding is also provided for digitization of military records; **for hiring and training new claims processing personnel**; for an independent study of the organizational structure, management and coordination processes, including seamless transition, utilized by the Department of Veterans Affairs to provide health care and benefits to active duty personnel and veterans, including those returning Operation Enduring Freedom and Operation Iraqi Freedom veterans; and for disability examinations. Funding is provided **for information technology support and improvements for processing of Operation Enduring Freedom and Operation Iraqi Freedom veterans benefits claims, including making electronic Department of Defense medical records available for claims processing and enabling electronic benefits applications by veterans**; and for electronic data breach remediation and prevention. The new law calls for **the inspection of each medical treatment facility, each quarters housing medical hold personnel and quarters housing medical holdover personnel by the Secretary of Defense.**

**Status:** The President signed the bill May 25.

## **HOUSE BILLS**

### **Veterans Outreach Improvement Act of 2007 – H.R. 67**

H.R. 67, Veterans Outreach Improvement Act, has been introduced by Rep. Mike McIntyre (D-NC), to establish a \$25 million a year grant program to **State veterans agencies** for three years for outreach activities to help **in the development and submittal of claims for veterans' and veterans-related benefits**. The committee-approved version also includes an amendment by Rep. John Hall (D-NY) requiring State and county veterans service offices to submit three-year spending plans in order to be eligible for the money.

**Status:** The House has passed this bill and it is now in the Senate Committee on Veterans' Affairs.

### **Returning Servicemember VA Healthcare Insurance Act of 2007 – H.R. 612**

H.R. 612, sponsored by Rep. Bob Filner (D-CA), which would **extend from two to five years the time veterans can start obtaining free healthcare**, in order to pick up conditions that do not manifest sooner, has passed the House. That bill was amended to include all veterans who meet the legislation's criteria and not just those who become veterans after enactment.

**Status:** The House has passed this bill and it has been referred to the Senate Committee on Veterans' Affairs. This bill was included in the S. 1233 that is now on the Senate calendar.

### **Lane Evans Veterans Health and Benefits Improvement Act – H.R. 1354**

Rep. James Moran (D-VA), along with 44 cosponsors, has introduced H.R. 1354, Lane Evans Veterans Health and Benefits Improvement Act of 2007, **to improve benefits and services for members** of the Armed Forces, veterans of the Global War on Terrorism, and other veterans. Among other provisions, the bill requires no later than 30 days after the date of the return of a soldier from a deployment **comprehensive medical and mental health assessment** shall be conducted on an individualized basis by personnel qualified to conduct such examinations.

The Department of Veterans Affairs is to prepare a report on the number served on both an in-patient and out-patient basis by condition including traumatic brain injury, amputation, mental health condition, Post Traumatic Stress Disorder (PTSD) and other conditions. Senator Barack Obama (D-IL) has introduced a similar bill, S. 117.

**Status:** The bill has been referred to the House Committee on Veterans' Affairs and the House Committee on Armed Services. The senate version was included in S. 1233.

### **Wounded Warriors Assistance Act – H.R. 1538**

H.R. 1538, sponsored by Rep. Ike Skelton (D-MO), requires a member of the Armed Forces (member) in an outpatient status at a military medical treatment facility to be assigned a **medical care case manager** to: (1) assist in understanding the member's medical status; (2) assist the member in receiving prescribed medical care; and (3) conduct a review, at least once a week, of the member's medical status. The legislation directs the Secretary of Defense (Secretary) to **establish a standard training program and curriculum** to be completed by each case manager. Each service member is also to be assigned a **service member advocate**.

DoD is to establish an Ombudsman Office to provide policy guidance to, and oversight of, ombudsman offices in the military departments. A **toll-free hotline** is to be established for use by servicemembers and their dependents **for reporting deficiencies in medical-related support facilities**. The bill establishes in the Department of Defense Medical Support Fund to support programs: (1) relating to the medical treatment and support of wounded and injured members and their return to military service or transition to civilian society; and (2) intended **to support the families** injured members.

Provides for an **independent medical advocate for members before medical evaluation boards** and that the member has access to a physician or other appropriate health care professional who is independent of the medical evaluation board. Directs the Secretary to establish **training program and curriculum for physical evaluation board liaison officers**. H.R. 1538 requires an interim and final report from the Secretary to ensure that servicemembers with a traumatic brain injury receive a proper medical designation concomitant with such injury as opposed to the current designation which assigns a generic "organic psychiatric disorder" classification.

**Status:** H.R. 1538 has passed the House and has been referred to the Senate Committee on Armed Forces. Meanwhile, most of the provisions have been added to the National Defense Authorization Act for FY 2008 (H.R. 1585), which has passed the full House (see below). H.R. 1538 is the same as S. 1283, introduced by Senators Mark Pryor (D-AR) and Saxby Chambliss (R-GA).

### **Coming Together for National Guard and Reserve Families Act – H.R. 1541**

On March 15, 2007, Rep. Bruce Braley (D-IA) introduced H.R. 1541, Coming Together for National Guard and Reserve Families Act, which is also a companion bill to S. 902.

- The bill directs the Secretary of Defense to enhance and improve the Department of Defense (DOD) **programs to provide family support for families** of members of the National Guard and Reserve undergoing deployment (members). The bill directs the Secretary to:
- **conduct a pilot program of family-to-family support for families of such members; and**
- **contract for support services for children, infants and toddlers of such members.**

The bill also provides for post-deployment assistance for spouses and parents of returning members to help with issues that arise in the readjustment to civilian life, **including identifying signs and symptoms of mental health issues and encouraging members and their families to seek assistance for such issues**. Information is to be provided on local resources for mental health services, family counseling and other appropriate services, including services available from both military provides and community-based providers.

The bill establishes **support services for children, infants and toddlers** by requiring the **Secretary of Defense, in consultation with the Secretary of Health and Human Services, to enter into a contract or other agreement with a private sector** entity having expertise in the health and well-being of families and children. The contractor shall **develop materials for parents and other caretakers of children of members of the National Guard and Reserve** who are deployed to assist

parents and caretakers in responding to the adverse implications of such deployment, including the death or injury of their parents who were deployed. The entity shall also **develop training for early child care and education, mental health, health care, and family support professionals** to enhance the awareness of such professionals of their role in assisting families in addressing and mitigating the adverse implications of such deployment (and the death or injury of such members during such deployment) for such children; and **shall conduct research on best practices for building psychological and emotional resiliency in such children in coping with the deployment of such members.**

The contracting entity shall also **develop programs and activities to increase awareness throughout the military and civilian communities of the adverse implications of such deployment (death or injury), training for education, mental health, health care, and family support professionals to enhance the awareness of such professionals of their role in assisting families in addressing and mitigating the adverse implications of such deployment (and the death or injury of such members during such deployment) for such infants and toddlers.**

**The Secretary of Veterans Affairs and the Secretary of Defense shall jointly take appropriate actions to expand and enhance access to mental health services for family members of members and former members of the National Guard and Reserve who are disabled during military service.** This includes providing access to mental health services **through community-based outpatient clinics of the Department of Veterans Affairs** and **referral to appropriate mental health professionals in the community** for receipt of such services or through **providers of telemental health services.** Finally, the bill requires a report from the Comptroller General to Congress on barriers to access to mental health services through TRICARE, including the number of providers under TRICARE that are located more than 40 miles from a military installation.

**Status:** Referred to the Subcommittee on Military Personnel. Similar legislation, S. 902, has been introduced and referred to the Senate Committee on Armed Services.

#### **National Defense Authorization Act for FY 2008 – H.R. 1585**

H.B. 1585, sponsored by Reps. Ike Skelton (D-MO) and Duncan Hunter (R-CA), authorizes appropriations for FY 2008 for military activities of the Department of Defense. The bill includes provisions of the Wounded Warriors Assistance Act, H.R. 1538, which is also sponsored by Rep. Ike Skelton. H.R. 1538 has passed the House and it is in the Senate (see information on H.R. 1538 above).

The House Armed Services Committee adopted provisions from H.R. 1538 that would establish new requirements **to provide the people, training and oversight mechanisms needed to ensure high quality care and efficient administrative processing in an environment that reflects high quality of life standards.** These legislative provisions also implement administrative **reform of the disability evaluation system,** and create a **seamless transition for service members from the Department of Defense to the Department of Veterans Affairs.** The provisions also establish a **Traumatic Brain Injury Initiative** to provide the opportunity for emerging technologies and treatments to compete for funding.

The Committee recommended the establishment of a Military Mental Health Initiative that would **coordinate all mental health research** and development for the Department. The Initiative would provide the opportunity for researchers to compete for funding on both the basis of scientific merit and the contribution that their studies could make to the field of mental health assistance.

**Status:** The bill passed the Senate July 25, 2007, with an amendment that imposes a one-year moratorium on all future contracts for services at the Department of Defense for work performed at medical facilities.

### **Veterans Traumatic Brain Injury Rehabilitation Act of 2007 – H.R. 1944**

H.R. 1944, sponsored by Rep. Jason Altmire (D-PA) and most members of the Veterans Health Subcommittee, directs the Secretary of Veterans Affairs (VA) to:

- **Screen for symptoms** of traumatic brain injury;
- **Develop and carry out a comprehensive program of long-term care for post-acute traumatic brain injury rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary treatment teams in four geographically dispersed polytrauma network sites designated by the Secretary;**
- **Establish a traumatic brain injury transition office at each Department polytrauma network site for the purposes of coordinating the provision of health-care and services to veterans who suffer from moderate to severe traumatic brain injuries** and are in need of health-care and services not immediately offered by the Department of Veterans Affairs; and
- **Establish and maintain “Traumatic Brain Injury Veterans' Health Registry”.**

The VA would have the authority to arrange for the provision of health-care and services through cooperative agreements with appropriate **public or private entities** that have **established long-term neurobehavioral rehabilitation and recovery programs**.

**Status:** Referred to the House Committee on Veterans' Affairs.

### **Traumatic Brain Injury Access to Options Act – H.R. 2048**

On April 26, H.R. 2048, was introduced by Reps. Joe Donnelly (D-IN) and Bill Pascrell, Jr. (D-NJ), to **facilitate the provision of care and services for members of the Armed Forces for traumatic brain injury**. The bill requires Secretary of Defense to prescribe regulations to ensure that each member of the Armed Forces who incurs a covered traumatic brain injury while on active duty in the Armed Forces shall be retained on active duty in the Armed Forces for one year after the medical assessment of their ability to perform their activities of daily living (ADL). The purposes of retaining a member on active duty is to be able to provide recurring medical evaluations of the member for the effects of a covered traumatic brain injury and to provide cognitive, including cognitive therapy through medical facilities of the Veterans Administration **and private rehabilitation hospitals or facilities** with the cost of such therapy borne by the Department of Defense.

A companion bill was introduced in the Senate, S.1113, and is sponsored by Senator Evan Bayh (D-IN).

**Status:** Referred to the House Committee on Armed Services. On June 28, the bill was referred to the House Subcommittee on Military Personnel.

### **Traumatic Brain Injury Centers – H.R. 2179**

H.R. 2179 was introduced by Rep. Tim Walz (D-MN), May 3, and direct the VA to establish no more than five traumatic brain injury centers to provide for the improvement of the provision of health care to eligible veterans with traumatic brain injuries through:

- **conduct of research** (including research on improving facilities of the Department concentrating on traumatic brain injury care and on improving the delivery of traumatic brain injury care by the Department);
- **education and training of health care personnel of the Department;** and
- **development of improved models and systems for the furnishing of traumatic brain injury care by the Department.**

Facilities submitting a proposal to be a site for a **TBI center** are **expected have an arrangement with an accredited medical school that provides education and training in traumatic brain injury care** and will rotate medical residents through participating VA facilities to receive training in traumatic brain

injury care or which offers training and education for nursing, social work, counseling, or allied health personnel through regular rotation through the participating Department facilities.

**Status:** Referred to the House Committee on Veterans' Affairs.

### **Traumatic Brain Injury Health Enhancement and Long-Term Support Act – H.R. 2199**

This week, the House Veterans Affairs Committee approved H.R. 2199, sponsored by Rep. Michael Michaud (D-ME), which would **authorize up to five new research centers, with a four-year authorization of \$70 million, and establish a TBI long-term care program at the Dept. of Veterans Affairs' (VA) four polytrauma care centers around the county.** The committee also added an amendment from Rep. Doug Lamborn (R-CO) setting up a \$7.5 million pilot project for mobile veterans' centers, which would **authorize the mobile units to offer advice to veterans and families on navigating the troublesome disability claims process.**

**Status:** Referred to the Senate Committee on Veterans' Affairs May 24.

### **Caring for Veterans with Traumatic Brain Injury Act of 2007 – H.R. 2201**

On May 8<sup>th</sup>, Reps. Jerry McNerney (D-CA) and John Boozman (R-AR) introduced H.R. 2201 to direct the Secretary of Veterans Affairs to establish the Committee on Care of Veterans with Traumatic Brain Injury. The Under Secretary for Health shall appoint employees of the Department with expertise in the care of veterans with traumatic brain injury to serve on the committee. The committee shall assess, and carry out a continuing **assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.** In carrying out that responsibility, the committee shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on its implementation of provisions of this bill.

**Status:** Referred to the House Committee on Veterans' Affairs.

### **Early Access to Vocational Rehabilitation and Employment Benefits Act – H.R. 2239**

H.R. 2239 **extends vocational rehabilitation services provided by the VA** to service members not yet discharged, but expected to be soon because of their disabilities. Rep. John Boozman (R-AR) is the bill sponsor.

**Status:** The House has passed this bill and it is in the Senate Committee on Veterans' Affairs.

### **Wounded Heroes' Bill of Rights Act – H.R. 2855**

Introduced by Rep. Ciro Rodriguez (D-TX) June 25<sup>th</sup>, H.R. 2855 directs the Department of Defense (DoD) to provide for transitional **emergency financial assistance** to certain members of the Armed Forces and veterans who are severely injured while serving on active duty, **and expands and improves programs for caregiver services** for those members and veterans, **screening and care for traumatic brain injury for returning servicemembers and veterans.**

Requires DoD to operate and maintain a program in **caregiver education, training, and certification for family members** of a Wounded Hero in caregiver. The program shall be provided either directly by the Secretary or through contracts administered by the Secretary.

Allows the Secretary to contract with **such non-Department facility to continue to furnish the care** or services for a servicemember with a TBI. The Secretary shall ensure the provision of sufficient services in a uniform manner to meet the needs of all such veterans without regard to geographic location of the residences of such veterans. The scope and intensity of services required by this section shall be sufficient to permit the spouse of the veteran, who would otherwise be providing care in the home to the veteran, to be employed on a full-time basis or go to school on a full-time basis. The medical services referred to in subsection (a) are the following:

- (1) Adult day health care

- (2) Home health services under section 1717 of this title.
- (3) Respite care under section 1720B of this title.
- (4) Home-based primary care.
- (5) Hospice services.
- (6) Such other noninstitutional extended care services
- (7) Any modality of noninstitutional long-term care.
- (8) Coordination of care and services, including services for readjustment and rehabilitation.
- (9) Transportation services.

DoD shall conduct a **postdeployment examination to include a comprehensive mental health assessment to include traumatic brain injury screening** conducted on an individualized basis by personnel qualified to conduct such examinations using a thorough clinical assessment tool that takes into account the nature of traumatic brain injuries.

The legislation also establishes within the Executive Office of the President an office to be known as the "**Office for Wounded Heroes to serve as the advisor to the President on all matters relating to the timely provision of all benefits and health care services to Wounded Heroes.**"

**There is established the Wounded Heroes Independent Review Board to be an independent board to review the benefits provided by the Department of Veterans Affairs,** and other Federal departments and agencies, to Wounded Heroes to determine if those Wounded Heroes, and their spouses, dependents, and close family members, are receiving sufficient scope and intensity of services and support from the Department of Veterans Affairs and other Federal departments and agencies for the injuries, and the consequences of those injuries, incurred while serving on active duty.

**Status:** Referred to House Subcommittee on Military Personnel July 25<sup>th</sup>.

#### **Mental Health Care for Our Wounded Warriors Act -- H.R. 2612**

On June 7<sup>th</sup>, Rep. Susan Davis (D-CA) introduced H.R. 2612 to improve mental health care for wounded members of the Armed Forces by requiring the Secretary of Defense to establish within the at least two centers of **excellence in military mental health**. The centers are to develop and implement a long-term, comprehensive plan and strategy for the **prevention, identification and treatment of combat-related mental health conditions and brain injuries, with an emphasis on PTSD and TBI**. The centers are to **develop, test and disseminate within the Department of Defense best practices for the treatment of combat-related mental health conditions and brain injuries, including PTSD, TBI, acute depression and substance abuse.**

The legislation is similar to S. 1196.

**Status:** Referred to the Subcommittee on Military Personnel June 28, 2007.

#### **Pilot Program on TBI in Rural Areas -- H.R. 3458**

H.R. 3458, was introduced August 4, 2007, by Rep. Shelley Moore Capito (R-WVA), directs the Secretary of Veterans Affairs to **carry out a pilot program on the provision of traumatic brain injury care in rural areas**. The bill allows for pilot program in five rural States. In each of the five States selected, the Secretary shall assign a specific Department of Veterans Affairs case manager to each individual diagnosed with traumatic brain injury who is receiving care in a medical facility of the Department of Veterans Affairs in a selected State.

**Status:** The bill has been referred to the Committee on Veterans' Affairs.

#### **Heroes at Home Act of 2007 – H.R. 3051**

Introduced July 16 by Reps. John Salazar (D-CO) and Bill Pascrell, Jr. (D-NJ), et. al, H.R. 3051 is to improve the diagnosis and treatment of traumatic brain injury in members and former members of the

Armed Forces, to **review and expand telehealth and telemental** health programs of the Department of Defense and the Department of Veterans Affairs and for other purposes.

The bill authorizes program on **training and certification of family caregiver personal care attendants** and shall incorporate applicable standards and protocols utilized by certification programs of national brain injury care specialist organizations.

The VA shall also conduct **comprehensive outreach to enhance the awareness of veterans and the general public about the symptoms of PTSD and TBI and the services** provided by the VA and DoD. The bill also allows VA to contract with **non-VA health practitioners** to treat TBI and PTSD.

The bill is the same as S. 1065

**Status:** Referred to the Committee on Veterans' Affairs, and to the Committee on Armed Services.

## SENATE BILLS

### **Lane Evans Veterans Health and Benefits Improvement Act of 2007 -- S. 117**

Introduced January 4 by Senator Barack Obama (D-IL) the Lane Evans Veterans Health and Benefits Improvement Act of 2007 makes a veteran who served on active duty during a period of war eligible for a **mental health evaluation** and hospital care, medical services, nursing home care, and family and marital counseling for any identified mental health condition. The bill requires:

- (1) **post-deployment medical and mental health screenings** to be conducted within 30 days after a deployment;
- (2) each member, upon discharge, to be provided an electronic copy of all military records of such member; and
- (3) the Secretary of Defense to ensure **appropriate outreach to members of the National Guard and reserves** concerning benefits and services available upon discharge or deactivation.

Same as H.R. 1354

**Status:** Referred to the Committee on Veterans' Affairs. Included as amendments to S. 1233.

### **Coming Together for National Guard and Reserve Families Act of 2007 – S. 902**

On March 15, 2007, Senator Tom Harkin (D-IA) and others introduced S. 902 to provide **support and assistance for families of members of the National Guard and Reserve who are undergoing deployment. This includes helping families with family care plans; securing information on health care benefits and services and on other community resources; and providing referrals for families for crisis services, and marriage and family counseling.**

The bill also provides for post-deployment assistance for spouses and parents of returning members to help with issues that arise in the readjustment to civilian life, **including identifying signs and symptoms of mental health issues and encouraging members and their families to seek assistance for such issues.** Information shall be provided on local resources for mental health services, family counseling and other appropriate services, including services available from both military provides and community-based providers. The bill authorizes \$4 million to the Department of Defense to carry out these requirements.

The bill creates a pilot program to develop **a family-to-family support program to help families in coping with the deployment of their spouses.** Spouses who act as counselors under the pilot programs shall be trained to be counselors. One million is authorized to set up the pilot program.

In addition, the bill establishes **support services for children, infants and toddlers** by requiring the **Secretary of Defense, in consultation with the Secretary of Health and Human Services, to enter into a contract or other agreement with a private sector** entity having expertise in the health and well-being of families and children. The contractor shall **develop materials for parents and other caretakers of children of members of the National Guard and Reserve** who are deployed to assist parents and caretakers in responding to the adverse implications of such deployment, including the death or injury of their parents who were deployed. The entity shall also **develop training for early child care and education, mental health, health care, and family support professionals** to enhance the awareness of such professionals of their role in assisting families in addressing and mitigating the adverse implications of such deployment (and the death or injury of such members during such deployment) for such children; and **shall conduct research on best practices for building psychological and emotional resiliency in such children in coping with the deployment of such members.**

The contracting entity shall also **develop programs and activities to increase awareness throughout the military and civilian communities of the adverse implications of such deployment (death or injury), training for education, mental health, health care, and family support professionals to enhance the awareness of such professionals of their role in assisting families in addressing and mitigating the adverse implications of such deployment (and the death or injury of such members during such deployment) for such infants and toddlers.** The bill authorizes \$6 million to the DoD to these activities.

**The Secretary of Veterans Affairs and the Secretary of Defense shall jointly take appropriate actions to expand and enhance access to mental health services for family members of members and former members of the National Guard and Reserve who are disabled during military service.** This includes providing access to mental health services **through community-based outpatient clinics of the Department of Veterans Affairs** and **referral to appropriate mental health professionals in the community** for receipt of such services or through **providers of telemental health services.** The bill authorizes \$8 million to VA for FY 2008 to carry out this section.

- A. Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on barriers to access to mental health services through the TRICARE program, including the number of mental health services providers under the TRICARE program that are located more than 40 miles from a military installation.

**Status:** Referred to the Senate Committee on Armed Services. Similar legislation, H.R. 1541, has been introduced by Rep. Bruce L. Braley (D-IA) and has been referred to the House Committee on Armed Services, Subcommittee on Military Personnel.

#### **The Combat-Related Special Compensation Act – S. 986**

Senator Harry Reid (D-NV) introduced S. 986 to help injured veterans who are returning from Iraq, Afghanistan and other parts of the world. The Combat-Related Special Compensation Act of 2007 will ensure veterans who suffer from combat-related injuries receive both **pro-rated military retirement pay and their disability compensation.**

Under current policy, a service member with a combat-related disability who served 20 years and one day receives full earned retirement pay, but a member injured in combat and medically retired with a 100 percent disability rating at 19 years and 11 months must forfeit his or her retirement pay. Sen. Reid's bill helps those who had hoped to make the military a career, but were discharged prematurely for an injury sustained in combat and forced to retire medically before attaining 20 years of service.

**Status:** Referred to the Senate Committee on Armed Services.

### **Effective Care for the Armed Forces and Veterans Act of 2007 – S. 1044**

Senator Joe Biden, Jr. (D-DE) has introduced S. 1044 to improve the medical care of members of the Armed Forces and veterans. Among other provisions, the bill directs the Secretary of Defense to **screen** every member of the Armed Forces **returning from deployment** in Operation Iraqi Freedom or Operation Enduring Freedom for traumatic brain injury. The Secretary shall conduct a study on the feasibility and **advisability of treating traumatic brain injury as a presumptive condition for members of the Armed Forces who served in Operation Iraqi Freedom or Operation Enduring Freedom for the qualification for disability compensation** under laws administered by the Secretary of Defense.

The bill places **limitations on reducing the budget of the Walter Reed Army Hospital and closing the facility and it also limits the ability for outsourcing or contracting for medical services**. Requires the Secretary of Defense to assign at least one **case manager** for every 20 recovering servicemembers to assist in the recovery of such recovering servicemember.

Requires the Director of the **National Institutes of Health to conduct a study** on traumatic brain injury, including the detection of traumatic brain injury and the measurement and classification of the severity of traumatic brain injury. **Directs DoD and VA to electronically transfer medical records**.

Requires the Secretary of Veterans Affairs **to assess the current ability of the Department of Veterans Affairs to meet long-term care needs of veterans** during the 50-year period that begins on the date of the enactment of this Act.

**Status:** Referred to the Senate Armed Services Committee.

### **Heroes at Home Act of 2007 – S. 1065**

Senator Hillary Clinton (D-NY) has introduced S. 1065 to improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces and **to review and expand telehealth and telemental health programs of the Department of Defense and the Department of Veterans Affairs**. The bill directs the Secretary of Defense to establish a protocol for the **assessment and documentation of the cognitive** (including memory) functioning of each member of the Armed Forces **before** each such member is deployed in Operation Enduring Freedom or Operation Iraqi Freedom and **upon returning** from such deployment. For this section authorizes \$3,750,000 for FY 2008 and for fiscal years 2009 through 2012, such sums as may be necessary.

The bill directs the VA to establish a program on **training and certification of family caregivers** of veterans and members of the Armed Forces with traumatic brain injury **as personal care attendants** of such veterans and members. The curricula for the training of personal care attendants shall incorporate applicable standards and protocols utilized by certification programs **of national brain injury care specialist organizations**. A family caregiver of a veteran or member of the Armed Forces who receives certification as a personal care attendant under this section shall be eligible for compensation from the Department of Veterans Affairs for care provided to such veteran or member. VA to pay for training of veterans; DoD to reimburse for training of families of members of the Armed Forces – derived from amounts available for TRICARE).

The Secretary of Defense and the Secretary of Veterans Affairs shall jointly establish a demonstration project to assess the feasibility and advisability of **using telehealth technology** to assess cognitive (including memory) functioning of members and former members of the Armed Forces who have sustained head trauma, in order to improve the diagnosis and treatment of traumatic brain injury.

**Status:** Referred to the Senate Committee on Armed Services.

### **Traumatic Brain Injury Access to Options Act -- S. 1113**

Introduced April 16th by Senators Evan Bayh (D-IN) and Hillary Clinton (D-NY) S. 1113 is to facilitate the provision of care and services for members of the Armed Forces for traumatic brain injury and for other purposes. The bill requires DoD to ensure that each member of the Armed Forces who incurs a covered TBI while on active duty **shall be retained on active duty in the Armed Forces for one year after the medical assessment** of their ability to perform their activities of daily living (ADL). This is to ensure that recurring medical evaluations for the effects of a TBI and cognitive therapy is covered, including cognitive therapy that is provided through medical facilities of the VA and private rehabilitation hospitals or facilities with the cost of such therapy borne by the Department of Defense.

### **Mental Health Care for Our Wounded Warriors Act – S. 1196**

On April 24th, Senators Joe Lieberman (IN-CT), Barbara Boxer (D-CA), Edward Kennedy (D-MA), John Kerry (D-MA), Tom Harkin (D-IA) and Saxby Chambliss (R-GA) introduced S. 1196 to improve mental health care for wounded members of the Armed Forces. The Secretary of Defense shall establish at least **two centers of excellence in military mental health** and the Secretary may consider arrangements with appropriate with institutions of **higher education and other appropriate public and private entities to carry out the responsibilities of the centers**. The purpose is to **develop and implement a long-term, comprehensive plan and strategy for the Department of Defense for the prevention, identification, and treatment of combat-related mental health conditions and brain injuries**, with an emphasis on post-traumatic stress disorder (PTSD) and *traumatic brain injury (TBI)*. Centers' responsibilities include: to provide for the development, testing, and dissemination within the Department of best practices for the treatment of combat-related mental health conditions and brain injuries, including post-traumatic stress disorder, traumatic brain injury, acute depression, and substance abuse.

The centers are to provide guidance for the type of personnel needed; to oversee a comprehensive program to train mental health and neurological health professionals of the Department in the treatment of combat-related mental health conditions and brain injuries; and to facilitate advancements in the study of the short-term and long-term psychological effects of traumatic brain injury, and other duties (dissemination, training, strategic plan to reduce stigma, **basic science and research**, and so forth.)

The Secretary of Defense shall establish a board to oversee the activities of the **Centers of Excellence** in Military Mental Health of the Department of Defense and shall include the following:

- The director of each Center of Excellence in Military Mental Health.
- The commanding officer of Walter Reed Army Medical Center, District of Columbia.
- The Surgeon General of the Army, the Surgeon General of the Navy, and the Surgeon General of the Air Force.
- The Assistant Secretary of Defense for Health Affairs.
- and may include any of the following:
- The Under Secretary of Veterans Affairs for Health.
- Any director of a polytrauma center of the Department of Veterans Affairs.

Similar legislation has been introduced in the House, H.R. 2612 by Rep. Susan Davis (D-CA) on June 6.

**(Note: No expertise in TBI is mentioned with regard to representation on the board.)**

**Status:** Referred to the Senate Committee on Armed Services.

### **Veterans Traumatic Brain Injury Rehabilitation Act of 2007 – S. 1233**

S. 1233, introduced by Senator Daniel Akaka (D-HI), also known as Veterans Traumatic Brain Injury Rehabilitation Act of 2007, is to provide and enhance intervention, rehabilitative treatment and services to veterans with traumatic brain injury. The bill **allows the use of non-department of Veterans Affairs facilities for implementation of rehabilitation and community reintegration** plans for those whom

the VA is unable to provide such intervention, treatment or services or who resides at such distance from a VA medical facility as to make the implementation of such plan through a VA facility infeasible or impracticable. ***Non-department facilities must maintain standards for the provision of such intervention, treatment, or services established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with traumatic brain injury.***

The bill also calls for a program on **research, education, and clinical care to provide intensive neuro-rehabilitation to veterans with a severe traumatic brain injury, including veterans in a minimally conscious state who would otherwise receive nursing home care.** The VA shall establish the program in collaboration with the Defense and Veterans Brain Injury Center of the Department of Defense and academic institutions selected by the Secretary from among institutions having an expertise in research in neuro-rehabilitation. Authorizes \$3 million for FY 2008-2012 to carry out the program.

In addition, the VA shall conduct **educational programs on recognizing and diagnosing mild and moderate cases** of traumatic brain injury.

The VA would be required to carry out a **pilot program to assess the effectiveness of providing assisted living services** to eligible veterans to enhance the rehabilitation, quality of life, and **community integration of such veterans.** In carrying out the pilot program, the Secretary may enter into agreements for the provision of assisted living services on behalf of eligible veterans with a provider of services that has entered into a provider agreement under section 1866(a) of the Social Security Act (Medicare) or a provider participating under a State plan under Title XIX (Medicaid). Participants would have case management services furnished through **VA or contract.** Authorizes appropriations to the Secretary of Veterans Affairs to carry out this section, \$8 million for each of fiscal years 2008 through 2013.

In carrying out the research **VA shall collaborate with facilities** that (1) **conduct research** on rehabilitation for individuals with traumatic brain injury and (2) **receive grants for such research from the National Institute on Disability and Rehabilitation Research of the Department of Education (Model Systems).**

**The bill requires the VA to ensure that nursing home care provided is age-appropriate.**

**Status:** Senate Committee on Veterans' Affairs approved the bill and it has been placed on the Senate Calendar as of August 29. A number of issues introduced in other bills were included, including senate legislation: S. 117, 383, 472, 692, 874, 994, 1026, 1146, 1147, 1326, 1384, 1392, and 1396.

#### **Homecoming Enhancement Research and Oversight (HERO) Act – S. 1271**

Introduced by Senators Barack Obama (D-IL) and Claire McCaskill (D-MO) on May 2, S. 1271 provides for a **comprehensive national research effort on the physical and mental health and other readjustment needs** of the members of the Armed Forces and veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom and their families. DoD is to enter into an agreement with the National Academy of Sciences for a study on the physical and mental health and other readjustment needs of members and former members of the Armed Forces who deployed in Operation Iraqi Freedom or Operation Enduring Freedom and their families as a result of such deployment.

To be completed not later than three years after the date of the enactment of this Act, is a study to carry out a **comprehensive assessment on the physical and mental health and other readjustment needs including, at a minimum an assessment of the full scope of the neurological, psychiatric, and psychological effects of traumatic brain injury on members and former members of the Armed Forces, including the effects on the family members.** The study is also to include an assessment of the effects of undiagnosed injuries such as Post-Traumatic Stress Disorder (PTSD) and traumatic brain injury, and an estimate of the long-term costs associated with such injuries.

**Status:** Referred to the Senate Committee on Armed Services.

### **Military and Veterans Traumatic Brain Injury Treatment Act – S. 1349**

S. 1349, introduced by Sen. Dick Durbin (D-IL) May 9, to ensure that DoD and the VA provide to members of the Armed Forces and veterans with traumatic brain injury the services that best meet their individual needs. The DoD and VA is to establish protocols for the **detection and diagnosis** of traumatic brain injury, including the use of various types of **screening tools as** appropriate for the assessment and documentation of the cognitive functioning of each member of the Armed Forces **before** each such member is deployed in a combat theater, in order to facilitate the detection and diagnosis of traumatic brain injury of such member **upon return** from such deployment and shall include the **administration of computer-based examinations** to members of the Armed Forces.

The **DoD and VA shall also conduct a program of outreach** to members of the Armed Forces and veterans to inform them about the availability of screening for the diagnosis of traumatic brain injury; the consequences of TBI, of separation, discharge, and retirement from the Armed Forces; and the rights of such members or veterans. **DoD and VA shall assign a qualified lead case manager** to each member of the Armed Forces or veteran; and may provide treatment and rehabilitation in DoD/VA facilities and/or **public or private medical** facilities accredited or otherwise qualified to provide treatment and rehabilitation.

The DoD/VA may enter into **cooperative agreements, contracts, or partnerships with private or public medical centers** to provide **training, education, or other assistance** to ensure that DoD/VA personnel are consistently using the most up-to-date and best practices and procedures for the screening, treatment, and rehabilitation of servicemembers with traumatic brain injury.

The DoD/VA shall establish protocols to **ensure that members of the Armed Forces receive** a continuity of care and assistance during and after the **transition from military service to civilian life**.

**The Secretary of Defense shall conduct research to improve the screening, diagnosis, and treatment of traumatic brain injury and ways to prevent or ameliorate secondary effects of TBI.**

The Secretary of Defense and the Secretary of Veterans Affairs may provide **grants to, or enter into cooperative agreements with, private or public medical centers** with expertise in research on traumatic brain injury, including the treatment or rehabilitation of individuals with traumatic brain injury.

**Status:** Referred to Senate Committee on Armed Services.

### **Bridging the Gap for Wounded Warriors Act – S. 1363**

S. 1363 was introduced by Sen. Hillary Clinton on May 10 to **improve health care for severely injured members and former members of the Armed Forces**. Any member of the Armed Forces on active duty who receives health care and services from the Department of Veterans Affairs for a wound, injury, or illness incurred in or aggravated by service in the Armed Forces for which the member would otherwise be eligible for medical retirement because of physical disability would be treated as a veteran for purposes of the entitlement to health care services and benefits by Veterans Affairs.

The bill directs the **Secretary of Defense and the Secretary of Veterans Affairs to jointly establish a joint office for the coordination of assistance to members of the Armed Forces in their transition from service in the Armed Forces to civilian life**. Among the responsibilities the new office would be to provide for the sharing between the two departments on the best practices on care, treatment, and services for individuals and their family members for conditions incident to wounds or injuries incurred in combat, including, but not limited to, mental health conditions (including post-traumatic stress disorder (PTSD)), traumatic brain injury (TBI), limb function loss (including burns, broken and fractured bones, amputations), vision problems, and spinal cord injuries.

**Status:** Referred to Senate committee. Status: Read twice and referred to the Committee on Armed Services.

#### **Dignified Treatment of Wounded Warriors Act – S. 1606**

On June 13, Senator Carl Levin ( D-MI) introduced S. 1606 to establish a comprehensive policy on the care and management of wounded warriors in order to facilitate and enhance their care, rehabilitation, physical evaluation, **transition from care by the Department of Defense to care by the Department of Veterans Affairs, and transition from military service to civilian life, and for other purposes.** The bill also calls for **improved medical tracking** and **centers of excellence (DOD)** in the prevention, diagnosis, treatment and rehabilitation of TBI and PTSD.

**Status:** Reported by the Senate Committee on Armed Services with an amendment and placed on the Senate Legislative Calendar on June 18.

#### **Servicemembers' Healthcare Benefits and Rehabilitation Enhancement Act of 2007 -- S. 1670 and S. 1682**

Senator Olympia Snowe (R-ME) introduced two bills, S. 1670 and S. 1682, June 20 to improve the **management of medical care for members of the Armed Forces and to improve the speed and efficiency of the physical disability evaluation system** of the Department of Defense. The bills requires DoD to assign a **medical care manager and caseworker** to each recovering service member and to establish **a standard training and certification program and curriculum for caseworkers.** The DoD shall use a system **to track members of the Armed Forces who have been diagnosed with a TBI. The VA shall use the Veterans Health Information Systems and Technology Architecture (VistA) to track veterans who have been diagnosed with TBI.**

**Status:** Referred to the Senate Committee on Armed Services.

#### **Epilepsy Centers of Excellence -- S. 2004**

Senator Patty Murray (D-WA) introduced legislation, S. 2004, to establish **epilepsy centers of excellence in the VA to conduct research, education and clinical care activities in the diagnosis and treatment of epilepsy.** The centers are to develop jointly a national consortium of providers with interest in treating epilepsy at Department health-care facilities lacking such centers in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health-care system of the VA. Such consortium should include a designated epilepsy referral clinic in each Veterans Integrated Service Network. The VA is to designate a national coordinator for epilepsy programs to coordinate and support the national consortium of providers with interest in treating epilepsy at VA health-care facilities lacking such centers.

**Status:** Read twice and referred to the Committee on Veterans' Affairs August 3, 2007.

This summary was compiled by Susan L. Vaughn for the TBI Technical Assistance Center at NASHIA. It is supported by contract Number 40-03-0014 from the US Department of Health and Human Services (DHHS), Health Resources and Services Administration, Maternal & Child Health Bureau and does not reflect the official views of the DDHS. This information is in the public domain and may be duplicated and distributed widely.