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HOUSE OF REPRESENTATIVES
REPORT
110–166

TRAUMATIC BRAIN INJURY HEALTH ENHANCEMENT AND LONG-TERM SUPPORT ACT OF 2007

MAY 23, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 2199]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2199) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide certain improvements in the treatment of individuals with traumatic brain injuries, and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

CONTENTS

The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

59–006

Page 19, lines 3–5, strike "**READJUSTMENT COUNSELING AND MENTAL HEALTH SERVICES**" and insert "**CERTAIN SERVICES**".

Page 19, line 10, amend the heading to read as follows: "**Pilot program for delivery of certain services through mobile Vet Centers**".

Page 19, lines 16–17, strike "readjustment counseling and related mental health services" and insert "readjustment counseling, related mental health services, benefits outreach, and, to the extent practicable, assistance with claims for benefits under this title".

Page 20, line 15, after "mental health" insert "and outreach".

Page 21, lines 14–15, strike "readjustment counseling and related mental health services" and insert "readjustment counseling, related mental health services, benefits outreach, and claims assistance".

Page 21, after line 24, amend the item proposed to be inserted to read as follows:

"1712C. Pilot program for delivery of certain services through mobile Vet Centers.".

PURPOSE AND SUMMARY

H.R. 2199, the "Traumatic Brain Injury Health Enhancement and Long-Term Care Support Act of 2007," was introduced on May 8, 2007, by Representative Michael H. Michaud, the Chairman of the Subcommittee on Health. The legislation would improve the ability of the Department of Veterans Affairs (VA) to provide treatment and rehabilitative care to veterans suffering from traumatic brain injuries (TBI), as well as improve the VA's research and educational efforts into TBI. The legislation also improves the Department's ability to provide mental health services to rural veterans and establishes an Advisory Committee on Rural Veterans to assist the Secretary in providing health care and benefits to rural veterans.

H.R. 2199 would:

1. Require the VA to establish a program to screen veterans for TBI, and to report to Congress not later than one year after enactment, and annually thereafter, data on the screening program.

2. Require the VA to develop and carry out a comprehensive program of long-term care for post-acute TBI rehabilitation for OEF/OIF veterans diagnosed with moderate-to-severe TBI who are unable to manage routine activities of daily living without supervision or assistance that includes residential, community, and home-based components utilizing interdisciplinary treatment teams at four geographically dispersed polytrauma network sites.

3. Require the establishment of TBI transition offices at each VA polytrauma network site to coordinate the provision of health care and services to veterans suffering from moderate to severe TBI who are in need of health care and services not immediately offered by the VA. Provide explicit authority for the VA 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 services.

4. Require the establishment of a TBI Veterans' Health Registry.

5. Require the establishment of Centers for TBI Research, Education, and Clinical Activities.

6. Require the VA to establish a Committee on Care of Veterans with TBI and to report to Congress annually on the recommendations and assessments of the Committee.

7. Establish a pilot program consisting of two mobile Vet Centers in each of five designated Veterans Integrated Service Networks (VISNs) for delivery of readjustment counseling, mental health services, benefits outreach, and claims assistance through mobile Vet Centers.

8. Require the VA to establish an Advisory Committee on Rural Veterans and to report to Congress on the activities of the VA that pertain to rural veterans.

BACKGROUND AND DISCUSSION

Brain injury has become a leading health issue for civilians and the military. According to the Centers for Disease Control and Prevention (CDC), in the United States civilian population 1.4 million individuals sustain TBI annually, resulting in 235,000 hospital admissions and 50,000 deaths. Additionally, 80,000 survive with residual long-term impairments. CDC estimates that long-term disability as a result of brain injuries affects 5.3 million Americans.

According to the Defense and Veterans Brain Injury Center, in prior military conflicts TBI was present in fourteen to twenty percent of surviving casualties. For Operations Enduring Freedom and Iraqi Freedom servicemembers (OEF/OIF) the numbers are predicted to go much higher. The wounded from the wars in Afghanistan and Iraq are returning with multiple injuries, due in large part to the use of Improvised Explosive Devices, or IEDs. The use of Kevlar helmets and body armor has significantly reduced the frequency of penetrating injuries to the head and to vital organs. However, body armor offers limited protection against non-penetrating injuries from blasts and high-impact falls. The brain, eyes, ears, facial structures, and limbs still remain exposed and subject to violent injuries.

The Veterans Health Administration Directive 2005–024, Polytrauma Rehabilitation Centers, issued on June 8, 2005, defines polytrauma as "injury to the brain in addition to other body parts or systems resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability." The Directive also defines brain injury as an "impairment, which guides the course of the rehabilitation." Many polytrauma patients have a combination of multiple disabling conditions, including TBI.

TBI is considered by many to be the signature injury of the war. Among veterans and servicemembers from OEF/OIF treated at Walter Reed for injuries of any type, approximately 65 percent have TBI as a primary or comorbid diagnosis. It is estimated that thousands more veterans are returning with mild TBI.

Severe TBI is often easily recognizable. Moderate TBI is less easily recognizable. Mild TBI is very difficult to detect and is often missed. Because of this, veterans may not even know they are suffering from mild TBI and may go untreated.

More research needs to be conducted to evaluate the symptoms of, and treatment methods for, veterans who have experienced TBI. VA needs to be able to address and treat both the medical and

mental health aspects of TBI, including research into the long-term consequences of mild TBI in OEF/OIF veterans. The Committee believes that H.R. 2199 is an important step in addressing the issue of TBI among veterans.

This legislation also addresses issues of accessibility of mental health care services and outreach in the rural communities. The National Guard and Reserve components have been deployed in record numbers to help fight the wars in Afghanistan and Iraq. Many of these units come from rural parts of the country. Currently, over 40 percent of the returning OEF/OIF veterans are from rural areas. Oftentimes, it is difficult for these veterans to access quality health care and mental health services in a timely manner. H.R. 2199 begins to address the needs of rural veterans by providing the VA with the authority to establish a pilot program of mobile Vet Centers to bring mental health services, benefits outreach, and assistance with claims for benefits, to veterans in their communities. Additionally, to advise the Secretary on how best to serve veterans in the rural community, this legislation establishes an Advisory Committee on Rural Veterans

SCREENING FOR TRAUMATIC BRAIN INJURIES

Mandatory screening of all returning veterans from OEF/OIF for signs and symptoms of TBI will help to better diagnose veterans with mild TBI, and assist in identifying and referring veterans who need treatment. Veterans are often unaware that they have a mild TBI because the symptoms are common ones and do not readily point to a diagnosis of TBI. Veterans may experience headaches, decreased memory, slow mental processing speed, poor attention, sleep disturbance and irritability. The less time that passes between the injury and the detection of TBI, the greater the chance for a normal or near-normal life for the veteran.

COMPREHENSIVE PROGRAM FOR LONG-TERM TRAUMATIC BRAIN INJURY REHABILITATION

Establishment of a long-term rehabilitation program for TBI patients that includes residential, community and home-based components utilizing interdisciplinary treatment teams will provide the VA with an important and essential component of its overall effort to provide health care treatment and rehabilitation to veterans suffering from moderate to severe TBI, and enable the VA to serve as a model to other health care providers. It will take the VA several years to build the expertise, and develop an effective program, to meet the complex needs of veterans with more severe TBI and neurobehavioral impairments. For veterans who suffer from moderate to severe TBI and are unable to manage routine activities of daily living without supervision or assistance, VA care should be an option for them. The establishment of this program will ensure that.

TRAUMATIC BRAIN INJURY TRANSITION OFFICE

The Committee intends for these TBI Transition Offices to assist in coordinating needed care for veterans who suffer from moderate-to-severe TBI when that care is not immediately available within the VA health care system. These Transition Offices will be located

at each polytrauma network site, which currently number 21. These offices will expedite the provision of care with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs. Veterans should not have to wait an unduly long time to receive such care. H.R. 2199 provides explicit authority to the VA to arrange for the provision of this care. The Transition Offices will help alleviate the anxiety veterans and their families feel as they go through the process of finding the best care for the veteran.

TRAUMATIC BRAIN INJURY REGISTRY

The TBI Registry will provide the VA with a database to assist in future research endeavors involving TBI, as the VA looks to the future of providing care and treatment to these veterans. In addition, the Committee envisions the Registry as being an invaluable resource for disseminating information concerning significant developments in research on the health consequences of military service in OEF/OIF theaters of operations.

CENTERS FOR TRAUMATIC BRAIN INJURY RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES

The Committee believes that an effort similar to the successful Mental Illness Research, Education and Clinical Centers (MIRECCs) is necessary to begin to address TBI in the VA health care system.

MIRECCs were created by Public Law 104–262, the "Veterans Health Care Eligibility Reform Act of 1996." There are currently ten MIRECCs throughout the VA health care system. Each focuses on different mental illnesses and co-occurring illnesses. The MIRECCs are involved in discovering the causes of major mental illnesses and investigating innovative treatment strategies. The mission of the MIRECCs is to take treatments that work in research settings and bring those treatments to the clinical settings for veterans. The MIRECCs have been a success story in VA and have contributed significantly in moving forward the research and treatment of mental illnesses.

Section 302 of Public Law 108–422, the "Veterans' Health Programs Improvement Act of 2004," required VA to establish Centers for Research, Education, and Clinical Activities on Complex Multi-Trauma Associated with Combat Injuries. These Centers were intended to consolidate a number of VA clinical, research, and other practices for TBI, blind rehabilitation, and combat-injury rehabilitation. These Centers became VA's Polytrauma System of Care.

The Committee strongly recommends that the new TBI Research, Education and Clinical Activities Centers established in H.R. 2199 be co-located with VA's Polytrauma Rehabilitation Centers. This will enable VA to capitalize on the experience and expertise available at the Polytrauma Centers and enhance the ability to understand and treat the entire spectrum of TBI from mild to most severe. Such co-location would further the Centers' mission to improve research, education, and clinical activities relating to TBI.

Additionally, the Committee is concerned over the prevalence of epilepsy among veterans suffering from TBI. Research conducted by the VA and the Department of Defense found that slightly more than half of the Vietnam veterans who suffered penetrating head

injuries developed epilepsy. Early treatment is essential: Although a 1986 study found that the relative risk of developing epilepsy ten to fifteen years after injury was still 25 times higher than the normal age-matched population, 95 percent of patients with a penetrating brain injury remained seizure-free if they had no seizure during the first three years after injury. The Committee urges the Secretary to encourage research into epilepsy and other common effects of TBI at one or more of these Centers.

COMMITTEE ON CARE OF VETERANS WITH TRAUMATIC BRAIN INJURY

The VA is facing thousands of veterans returning home from service with mild, moderate and severe TBI. The VA does not currently have adequate programs and procedures in place to care for these veterans. The VA is the acknowledged leader in mental health treatment; the Committee wishes to see the VA take a leadership role in the care, treatment, and rehabilitation of veterans with TBI, and to be recognized as a leader and model in this field.

This Committee on Care of Veterans with TBI, comprised of VA employees with expertise in TBI, will evaluate the care veterans receive and identify any systemic problems encountered in VA facilities regarding TBI care. Additionally, the Committee on Care of Veterans with TBI would identify facilities that are exhibiting best practices and share and disseminate these practices throughout the VA health care system. The Committee believes that the establishment of a Committee on Care of Veterans with TBI within the VA system would play a major role in advancing VA's TBI treatment, care and research endeavors.

MOBILE VET CENTERS

With the large number of veterans returning from OEF/OIF residing in rural communities, the Committee believes that the VA must develop innovative solutions to address the need for mental health services in areas of the country that the VA may lack an established infrastructure within which to provide these services. H.R. 2199 would provide the VA with the authority to establish a pilot program of mobile Vet Centers in an effort to provide these services in remote areas. In addition to providing readjustment counseling and mental health services, these mobile Vet Centers would also provide veterans with assistance with claims for benefits and provide information and outreach concerning veterans' benefits. The Committee believes that these mobile Vet Centers would provide a VA presence in our rural communities.

ADVISORY COMMITTEE ON RURAL VETERANS

Of the veterans returning from OEF/OIF, over 40 percent are from rural communities. These veterans will expect to have the same quality and access to services that their urban counterparts enjoy. The prevalence of rural veterans poses significant problems that the VA must address to meet the health care needs of these veterans. The Advisory Committee on Rural Veterans would advise the Secretary on all facets of the delivery of rural health care. The Advisory Committee membership would be representative of rural veterans, disabled rural veterans and experts in the delivery of rural health care. The Secretary can rely on the Advisory Com-

mittee to provide much-needed guidance and recommendations to the Secretary on how to best to deliver health services to rural veterans.

LEGISLATIVE HISTORY

On March 15, 2007, the Subcommittee on Health held a hearing on TBI and the VA's polytrauma centers. On April 18, 2007, the Subcommittee on Health held a hearing on rural veterans and access to VA health care and services. On April 26, 2007, the Subcommittee on Health held a hearing on a number of bills introduced in the 110th Congress, including H.R. 1944 and a Discussion Draft of legislation concerning rural veterans.

H.R. 2199 contains provisions from H.R. 1944, introduced by Representative Jason Altmire of Pennsylvania; H.R. 2226, introduced by Representative Peter Welch of Vermont; H.R. 2201, introduced by Representative Jerry McNerney of California; H.R. 2179, introduced by Representative Timothy J. Walz of Minnesota; and H.R. 2190, introduced by Representative Joe Donnelly of Indiana.

On May 10, 2007, the Subcommittee on Health marked up H.R. 2199, and ordered it reported favorably to the Committee. On May 15, 2007, the Committee held a markup on a number of bills, including H.R. 2199. Representative Doug Lamborn of Colorado offered an amendment to H.R. 2199 that was agreed to by voice vote. The Committee, by voice vote, ordered H.R. 2199, as amended, reported favorably to the House of Representatives.

SECTION-BY-SECTION

Section 1. Short title

This section would provide the short title of H.R. 2199 as the "Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007."

Section 2. Screening, rehabilitation, and treatment for traumatic brain injury

This section would create a new subchapter IX—Traumatic Brain Injury in chapter 17 of title 38, United States Code.

The following new sections would be added by subsection (a) to chapter 17 of title 38, United States Code:

New section 1791 would require the VA to establish a program to screen veterans for symptoms of TBI. The VA would be required to submit a report to the Committees on Veterans' Affairs of the Senate and House of Representatives not later than one year after enactment, and annually thereafter, containing the number of veterans screened during the preceding year; the prevalence of TBI symptoms among veterans screened under the program; and recommendations for improving care and services to veterans exhibiting symptoms of TBI.

New section 1792 would require the VA to develop and carry out a comprehensive program of long-term care for post-acute TBI rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary treatment teams in four geographically dispersed polytrauma network sites. To be eligible for care under this program, a veteran would have to be otherwise eligible for VA care; have served on active duty in a theater of combat

operations during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities after November 11, 1998; be diagnosed as suffering from moderate to severe TBI; and be unable to manage routine activities of daily living without supervision or assistance. The VA would be required to submit a report to the Committees on Veterans' Affairs of the Senate and House of Representatives not later than one year after enactment, and annually thereafter, containing a description of the operation of the program; the number of veterans provided care under this program; and the annual cost of operating the program.

New section 1793 would require the VA to establish a TBI transition office at each Department polytrauma network site for the purposes of coordinating the provision of health care services to veterans who suffer from moderate to severe TBI and are in need of health care services not immediately offered by the VA. These transition offices would be expressly authorized to arrange for the provision of care and services through cooperative agreements with public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.

New section 1794 would require the VA to maintain a registry of individuals who have served in the Armed Forces in OEF or OIF who have exhibited symptoms associated with TBI, and to notify individuals on the registry of significant developments in research on the health consequences of military service in the OEF and OIF theaters of operations.

New section 1795 would require the VA to establish and operate not more than five centers for TBI research, education, and clinical activities to conduct research into TBI; the use by the VA of specific models for furnishing such care; education and training of health care professionals of the Department; and the development and implementation of innovative clinical activities and systems of care with respect to the delivery of such care. The Secretary would be required, upon the recommendation of the Under Secretary for Health, to designate the centers and to ensure that the centers are located in various geographic regions. $10,000,000 would be authorized to be appropriated for fiscal year 2008, and $20,000,000 for each of fiscal years 2009 through 2011.

New section 1796 would require the VA to establish in the Veterans Health Administration a Committee on Care of Veterans with Traumatic Brain Injury. This section would require the Under Secretary for Health to appoint VA employees with expertise in the care of veterans with TBI to serve on the committee. The committee would assess, and carry out a continuing assessment, of the capability of the Veterans Health Administration to effectively meet the treatment and rehabilitation needs of veterans with TBI. The Secretary would be required to report annually, beginning on June 1, 2008, to the Committees on Veterans' Affairs of the Senate and House of Representatives on the committee's membership, assessments, and recommendations.

Subsection (b) would require the Secretary to implement the requirements of Subchapter IX of title 38, United States Code, not later than 180 days after enactment of the Act.

Section 3. Pilot program for delivery of certain services to veterans through mobile vet centers

This section would add new section 1712C to chapter 17 of title 38, United States Code, which would require the VA to establish and carry out a pilot program to provide readjustment counseling and related mental health services, benefits outreach, and assistance with claims for benefits through the use of mobile Vet Centers. The Secretary would be required to establish two mobile Vet Centers in each of the following Veterans Integrated Service Networks (VISNs): VISN1; VISN 16; VISN 19; VISN 20; and VISN 23. The pilot program would operate for three years, and the Secretary would report to the Committees on Veterans' Affairs of the Senate and House of Representatives on the pilot program not later than 90 days after termination of the pilot program. $7,500,000 would be authorized to be appropriated for each fiscal year to operate the pilot program.

Section 4. Advisory committee on rural veterans

This section would add a new section 546 to subchapter III of chapter 5 of title 38, United States Code, which requires the Secretary to establish an Advisory Committee on Rural Veterans to assist the VA in providing benefits and health care to rural veterans.

EXPLANATION OF AMENDMENTS

The following amendment was adopted in Committee:

Representative Doug Lamborn of Colorado offered an amendment to expand the mobile Vet Center pilot program created in section 3 of H.R. 2199 to include providing benefits outreach and, as far as practicable, assistance with claims for benefits.

COMMITTEE CONSIDERATION

On May 15, 2007, the Committee ordered H.R. 2199, as amended, reported favorably to the House of Representatives by voice vote.

ROLLCALL VOTES

The Committee held no rollcall votes on this bill. A motion to order H.R. 2199, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch where the bill relates to the terms and conditions of employment or access to public services and accommodations. This bill does not relate to employment or access to public services and accommodations.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause (3)(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

CONSTITUTIONAL AUTHORITY STATEMENT

Under clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee must include a statement citing the specific powers granted to Congress to enact the law proposed by H.R. 2199. Article 1, Section 8 of the Constitution of the United States grants Congress the power to enact this law.

FEDERAL ADVISORY COMMITTEE ACT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., Section 5(b).

UNFUNDED MANDATE STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4) requires a statement whether the provisions of the reported bill include unfunded mandates. In compliance with this requirement the Committee has received a letter from the Congressional Budget Office that is included herein.

EARMARK IDENTIFICATION

H.R. 2199, as amended, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

COMMITTEE ESTIMATE

Clause 3(d)(2) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison by the Committee of the costs that would be incurred in carrying out H.R. 2199, as amended. However, clause 3(d)(3)(B) of that rule provides that this requirement does not apply when the Committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under Section 402 of the Congressional Budget Act.

BUDGET AUTHORITY AND CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 22, 2007.

Hon. BOB FILNER, *Chairman,*
Committee on Veterans' Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2199, the Traumatic

Brain Injury Health Enhancement and Long-Term Support Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Michelle S. Patterson.

Sincerely,

PETER R. ORSZAG,
Director.

Enclosure.

H.R. 2199—Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007

Summary: H.R. 2199 would expand the health care available to veterans with traumatic brain injuries and would create a pilot program to provide mental health care and services to veterans in rural areas. CBO estimates that implementing this bill would cost the Department of Veterans Affairs (VA) $27 million in 2008 and $138 million over the 2008–2012 period, assuming the appropriation of the necessary amounts. Enacting the bill would not affect direct spending or revenues.

H.R. 2199 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated Cost to the Federal Government: The estimated budgetary impact of H.R. 2199 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

Basis of Estimate: For this estimate, CBO assumes the legislation will be enacted near the end of fiscal year 2007, that the necessary funds for implementing the bill will be provided each year, and that the outlays will follow historical spending patterns for the VA medical services program.

H.R. 2199 would require the Secretary of VA to create several programs that would enhance the care provided to veterans with traumatic brain injuries. The bill also would establish a pilot program that would use mobile centers to provide counseling and other health services to veterans in rural areas. CBO estimates that implementing H.R. 2199 would cost $27 million in 2008 and $138 million over the 2008–2012 period, subject to appropriation of the necessary amounts.

	By fiscal year, in millions of dollars—					
	2007	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	0	30	36	36	29	9
Estimated Outlays	0	27	35	36	29	11

Traumatic brain injury centers

Section 2 would require VA to establish and operate up to five centers for research, education, and clinical activities focused on traumatic brain injury. CBO expects that those centers would be located within existing VA medical centers and would be established after a facility submits a proposal to be designated as a traumatic brain injury center and a peer review panel determines that the proposal meets certain standards. H.R. 2199 would authorize

the appropriation of $10 million in 2008 and $20 million in each of years 2009 through 2011 to support those centers. CBO estimates that implementing this provision would cost $9 million in 2008 and $70 million over the 2008–2012 period.

Long-term care for traumatic brain injury

Section 2 also would require a program of long-term care, to include residential facilities, community-based care, and home-based care for veterans with moderate-to-severe traumatic brain injuries. The program would be carried out at four VA medical centers that already specialize in care for servicemembers with multiple injuries. VA already provides long-term care for veterans with severe traumatic brain injuries, either at a VA medical facility, at a state-run veterans' nursing home, or through contract care provided in the veteran's community. VA has indicated that it would meet the requirements of this section by creating four centers that would specialize in caring for veterans with brain injuries, in addition to the four centers that already exist. Based on information from VA regarding the number of employees needed to staff these centers and the renovation and equipment needed to establish a center, CBO estimates that implementing this provision would cost $11 million in 2008 and about $45 million over the 2008–2012 period, assuming appropriation of the necessary amounts each year.

Mobile health centers for rural veterans

Section 3 would authorize a three-year pilot program in which VA would use mobile health centers to provide readjustment counseling and related health services to veterans in rural areas. The bill would require the use of two mobile centers in each of five specific geographic areas. Other mobile centers could be established if the Secretary determined they were needed. In addition to counseling and mental health services, the mobile centers would advise veterans of other benefits they may be eligible for and, to the extent possible, would help the veterans to apply for those additional benefits.

H.R. 2199 would authorize the appropriation of $7.5 million a year for three years to fund the mobile centers. CBO estimates that implementing this section would cost $7 million in 2008 and about $22 million over the 2008–2012 period.

Other provisions

Section 2 also would require VA to:

- Screen all veterans for signs and symptoms of traumatic brain injury—which VA has already begun;
- Establish a committee to assess VA's traumatic brain injury programs;
- Create a registry of veterans being treated for traumatic brain injury; and
- Establish offices at polytrauma centers to assist veterans who need care outside of VA.

CBO estimates that implementing those additional provisions would have an insignificant impact on discretionary spending.

Intergovernmental and private-sector impact: H.R. 2199 contains no intergovernmental or private-sector mandates as defined in

UMRA and would impose no costs on state, local, or tribal governments.

Estimate prepared by: Federal Costs: Michelle S. Patterson; Impact on state, local, and tribal governments: Melissa Merrell; Impact on the private sector: Victoria Liu.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART I—GENERAL PROVISIONS

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CHAPTER 5—AUTHORITY AND DUTIES OF THE SECRETARY

SUBCHAPTER I—GENERAL AUTHORITIES

Sec.
501. Rules and regulations.

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SUBCHAPTER III—ADVISORY COMMITTEES

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546. Advisory Committee on Rural Veterans.

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SUBCHAPTER III—ADVISORY COMMITTEES

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§ 546. Advisory Committee on Rural Veterans

(a) ESTABLISHMENT.—(1) The Secretary shall establish an advisory committee to be known as the "Advisory Committee on Rural Veterans" (hereinafter in this section referred to as "the Committee").

(2)(A) The Committee shall consist of members appointed by the Secretary from the general public, including—

(i) representatives of rural veterans;

(ii) individuals who are recognized authorities in fields pertinent to the needs of rural veterans, including specific or unique health-care needs of rural veterans and access issues of rural veterans;

(iii) individuals who have expertise in the delivery of mental health care in rural areas;

(iv) individuals who have expertise in the delivery of long-term care in rural areas;

(v) at least one veterans service organization representative from a rural State; and

(vi) representatives of rural veterans with service-connected disabilities.

(B) The Committee shall include, as ex officio members—

(i) the Secretary of Health and Human Services (or a representative of the Secretary of Health and Human Services designated by that Secretary);

(ii) the Director of the Indian Health Service (or a representative of that Director); and

(iii) the Under Secretary for Health and the Under Secretary for Benefits, or their designees.

(C) The Secretary may invite representatives of other departments and agencies of the United States to participate in the meetings and other activities of the Committee.

(3) The Secretary shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Secretary, except that a term of service of any such member may not exceed three years. The Secretary may reappoint any such member for additional terms of service.

(b) RESPONSIBILITIES OF COMMITTEE.—The Secretary shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits by the Department for rural veterans, reports and studies pertaining to rural veterans, and the needs of rural veterans with respect to primary care, mental health care, and long-term care needs of rural veterans.

(c) REPORT.—(1) Not later than September 1 of each odd-numbered year until 2013, the Committee shall submit to the Secretary a report on the programs and activities of the Department that pertain to rural veterans. Each such report shall include—

(A) an assessment of the needs of rural veterans with respect to primary care, mental health care, and long-term care needs of rural veterans and other benefits and programs administered by the Department;

(B) a review of the programs and activities of the Department designed to meet such needs; and

(C) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

(2) The Secretary shall, within 60 days after receiving each report under paragraph (1), submit to Congress a copy of the report, together with any comments concerning the report that the Secretary considers appropriate.

(3) The Committee may also submit to the Secretary such other reports and recommendations as the Committee considers appropriate.

(4) The Secretary shall submit with each annual report submitted to Congress pursuant to section 529 of this title a summary of all reports and recommendations of the Committee submitted to the Secretary since the previous annual report of the Secretary submitted pursuant to that section.

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PART II—GENERAL BENEFITS

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

SUBCHAPTER I—GENERAL

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

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SUBCHAPTER IX—TRAUMATIC BRAIN INJURY

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

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§ 1712C. Pilot program for delivery of certain services through mobile Vet Centers

(a) PILOT PROGRAM.—To improve access to mental health services in rural areas, the Secretary shall carry out a pilot program under which the Secretary shall provide readjustment counseling, related mental health services, benefits outreach, and, to the extent practicable, assistance with claims for benefits under this title through the use of mobile centers (as that term is defined in section 1712A(i)(1)), to be known as "mobile Vet Centers". In carrying out the pilot program, the Secretary shall determine the most effective manner in which to operate the mobile Vet Centers.

(b) SCOPE AND LOCATION.—(1) The Secretary shall establish two mobile Vet Centers in each of the following five Veterans Integrated Service Networks:

(A) Veterans Integrated Service Network 1.
(B) Veterans Integrated Service Network 16.
(C) Veterans Integrated Service Network 19.
(D) Veterans Integrated Service Network 20.
(E) Veterans Integrated Service Network 23.

(2) Within each Veterans Integrated Service Network under paragraph (1), the Secretary shall determine the area to be serviced by each mobile Vet Center. In making that determination, the Secretary shall give priority to areas in which limited mental health and outreach services are available.

(3) If the Secretary determines that mobile Vet Centers in addition to such centers required under paragraph (1) are warranted, the Secretary may establish additional mobile Vet Centers and may establish such centers in Veterans Integrated Service Networks other than the Veterans Integrated Service Networks referred to in that paragraph. Upon such a determination by the Secretary, the Secretary shall notify the Committees on Veterans' Affairs of the Senate and House of Representatives of such determination.

(c) TERMINATION.—The authority to carry out a pilot program under this section shall terminate on the date that is three years after the date of the enactment of this section.

(d) REPORT.—Not later than 90 days after the date on which the pilot program terminates under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the pilot program. Such report shall describe how the Secretary established and carried out the pilot program and include an evaluation of the Secretary of the benefits and disadvantages of providing readjustment counseling, related mental health services, benefits outreach, and claims assistance through the use of mobile Vets Centers.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $7,500,000 for fiscal year 2008 and each subsequent fiscal year.

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SUBCHAPTER IX—TRAUMATIC BRAIN INJURY

§ 1791. Screening for traumatic brain injuries

(a) SCREENING PROGRAM.—The Secretary shall establish a program to screen veterans who are eligible for hospital care, medical services, and nursing home care under section 1710(e)(1)(D) of this title for symptoms of traumatic brain injury.

(b) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) The number of veterans screened under the program during the year preceding such report.

(2) The prevalence of traumatic brain injury symptoms among the veterans screened under the program.

(3) Recommendations for improving care and services to veterans exhibiting symptoms of traumatic brain injury.

§ 1792. Comprehensive program for long-term traumatic brain injury rehabilitation

(a) COMPREHENSIVE PROGRAM.—The Secretary shall 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.

(b) LOCATION OF PROGRAM.—The Secretary shall carry out the program developed under subsection (a) in four geographically dispersed polytrauma network sites designated by the Secretary.

(c) ELIGIBILITY.—A veteran is eligible for care under the program developed under subsection (a) if the veteran is otherwise eligible for care under this chapter and—

(1) served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998;

(2) is diagnosed as suffering from moderate to severe traumatic brain injury; and

(3) is unable to manage routine activities of daily living without supervision or assistance.

(d) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) A description of the operation of the program.

(2) The number of veterans provided care under the program during the year preceding such report.

(3) The annual cost of operating the program.

§ 1793. Traumatic brain injury transition offices

(a) ESTABLISHMENT.—The Secretary shall 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.

(b) COOPERATIVE AGREEMENTS.—The Secretary, through each such office established under subsection (a), shall 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.

§ 1794. Traumatic brain injury registry

(a) IN GENERAL.—The Secretary shall establish and maintain a registry to be known as the "Traumatic Brain Injury Veterans' Health Registry" (in this section referred to as the "Registry").

(b) DESCRIPTION.—The Registry shall include the following information:

(1) A list containing the name of each individual who served as a member of the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom who exhibits symptoms associated with traumatic brain injury and who—

(A) applies for care and services from the Department under this chapter; or

(B) files a claim for compensation under chapter 11 of this title on the basis of any disability which may be associated with such service; and

(2) any relevant medical data relating to the health status of an individual described in paragraph (1) and any other infor-

mation the Secretary considers relevant and appropriate with respect to such an individual if the individual—

(A) grants permission to the Secretary to include such information in the Registry; or

(B) is deceased at the time such individual is listed in the Registry.

(c) NOTIFICATION.—The Secretary shall notify individuals listed in the Registry of significant developments in research on the health consequences of military service in the Operation Enduring Freedom and Operation Iraqi Freedom theaters of operations.

§ 1795. Centers for traumatic brain injury research, education, and clinical activities

(a) PURPOSE.—The purpose of this section is to provide for the improvement of the provision of health care to eligible veterans with traumatic brain injuries through—

(1) the 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);

(2) the education and training of health care personnel of the Department; and

(3) the development of improved models and systems for the furnishing of traumatic brain injury care by the Department.

(b) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish and operate centers for traumatic brain injury research, education, and clinical activities. Such centers shall be established and operated by collaborating Department facilities as provided in subsection (c)(1). Each such center shall function as a center for—

(A) research on traumatic brain injury;

(B) the use by the Department of specific models for furnishing traumatic brain injury care;

(C) education and training of health-care professionals of the Department; and

(D) the development and implementation of innovative clinical activities and systems of care with respect to the delivery of traumatic brain injury care by the Department.

(2) The Secretary shall, upon the recommendation of the Under Secretary for Health, designate the centers under this section. In making such designations, the Secretary shall ensure that the centers designated are located in various geographic regions of the United States. The Secretary may designate a center under this section only if—

(A) the proposal submitted for the designation of the center meets the requirements of subsection (c);

(B) the Secretary makes the finding described in subsection (d); and

(C) the peer review panel established under subsection (e) makes the determination specified in subsection (e)(3) with respect to that proposal.

(3) Not more than five centers may be designated under this section.

(4) The authority of the Secretary to establish and operate centers under this section is subject to the appropriation of funds for that purpose.

(c) PROPOSALS FOR DESIGNATION OF CENTERS.—A proposal submitted for the designation of a center under this section shall—

(1) provide for close collaboration in the establishment and operation of the center, and for the provision of care and the conduct of research and education at the center, by a Department facility or facilities in the same geographic area which have a mission centered on traumatic brain injury care and a Department facility in that area which has a mission of providing tertiary medical care;

(2) provide that no less than 50 percent of the funds appropriated for the center for support of clinical care, research, and education will be provided to the collaborating facility or facilities that have a mission centered on traumatic brain injury care; and

(3) provide for a governance arrangement between the collaborating Department facilities which ensures that the center will be established and operated in a manner aimed at improving the quality of traumatic brain injury care at the collaborating facility or facilities which have a mission centered on traumatic brain injury care.

(d) FINDING OF SECRETARY.—The finding referred to in subsection (b)(2)(B) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendation of the Under Secretary for Health, that the facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

(1) An arrangement with an accredited medical school that provides education and training in traumatic brain injury care and with which one or more of the participating Department facilities is affiliated under which medical residents receive education and training in traumatic brain injury care through regular rotation through the participating Department facilities so as to provide such residents with training in the diagnosis and treatment of traumatic brain injury.

(2) An arrangement under which nursing, social work, counseling, or allied health personnel receive training and education in traumatic brain injury care through regular rotation through the participating Department facilities.

(3) The ability to attract scientists who have demonstrated achievement in research—

(A) into the evaluation of innovative approaches to the design of traumatic brain injury care; or

(B) into the causes, prevention, and treatment of traumatic brain injury.

(4) The capability to evaluate effectively the activities of the center, including activities relating to the evaluation of specific efforts to improve the quality and effectiveness of traumatic brain injury care provided by the Department at or through individual facilities.

(e) PEER REVIEW PANEL.—(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the official within the central office of the Veterans Health Administration responsible for traumatic brain injury care shall establish a peer review panel to assess the

scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section.

(2) The panel shall consist of experts in the fields of traumatic brain injury research, education and training, and clinical care. Members of the panel shall serve as consultants to the Department.

(3) The panel shall review each proposal submitted to the panel by the official referred to in paragraph (1) and shall submit to that official its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

(f) AWARD OF FUNDING.—Clinical and scientific investigation activities at each center established under this section—

(1) may compete for the award of funding from amounts appropriated for the Department of Veterans Affairs medical and prosthetics research account; and

(2) shall receive priority in the award of funding from such account insofar as funds are awarded to projects and activities relating to traumatic brain injury.

(g) DISSEMINATION OF USEFUL INFORMATION.—The Under Secretary for Health shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section that may be useful for other activities of the Veterans Health Administration is disseminated throughout the Veterans Health Administration. Such dissemination shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

(h) SUPERVISION OF CENTERS.—The official within the central office of the Veterans Health Administration responsible for traumatic brain injury care shall be responsible for supervising the operation of the centers established pursuant to this section and shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

(i) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to the Department of Veterans Affairs for the basic support of the research and education and training activities of centers established pursuant to this section such sums as may be necessary.

(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical services account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.

(j) ANNUAL REPORTS.—Not later than February 1 of each of year, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a re-

port on the status and activities of the centers for traumatic brain injury research, education, and clinical activities during the preceding fiscal year. Each such report shall include the following:

(1) A description of the activities carried out at each center and the funding provided by the Department for such activities.

(2) A description of the advances made at each of the participating facilities of the center in research, education and training, and clinical activities relating to traumatic brain injury care and treatment.

(3) A description of the actions taken by the Under Secretary for Health pursuant to subsection (g) to disseminate information derived from such activities throughout the Veterans Health Administration.

(4) The evaluation of the Secretary as to the effectiveness of the centers in fulfilling the purposes of this section.

(k) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to the Department of Veterans Affairs for the basic support of the research and education and training activities of centers established pursuant to this section amounts as follows:

(A) $10,000,000 for fiscal year 2008.

(B) $20,000,000 for each of fiscal years 2009 through 2011.

(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical services account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.

§ 1796. Committee on Care of Veterans with Traumatic Brain Injury

(a) ESTABLISHMENT.—The Secretary shall establish in the Veterans Health Administration a committee to be known as 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.

(b) RESPONSIBILITIES OF 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—

(1) evaluate the care provided to such veterans through the Veterans Health Administration;

(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

(c) ADVICE AND RECOMMENDATIONS.—The committee shall—

(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of veterans with traumatic brain injury; and

(2) make recommendations to the Under Secretary—

(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration;

(C) regarding research needs and priorities relevant to the care of such veterans; and

(D) regarding the appropriate allocation of resources for all such activities.

(d) ANNUAL REPORT.—Not later than June 1 of 2008, and each subsequent year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section. Each such report shall include the following for the calendar year preceding the year in which the report is submitted:

(1) A list of the members of the committee.

(2) The assessment of the Under Secretary for Health, after review of the initial findings of the committee, regarding the capability of the Veterans Health Administration, on a system-wide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

(3) The plans of the committee for further assessments.

(4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

(5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

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