

VETERANS' EPILEPSY TREATMENT ACT OF 2008

JUNE 19, 2008.—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. 2818]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2818) to amend title 38, United States Code, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

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AMENDMENT

The amendments are as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans’ Epilepsy Treatment Act of 2008”.

SEC. 2. EPILEPSY CENTERS OF EXCELLENCE.

(a) REQUIREMENT FOR ESTABLISHMENT OF EPILEPSY CENTERS OF EXCELLENCE.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 7330A. Epilepsy centers of excellence

“(a) DESIGNATION OF CENTERS.—Not later than 120 days after the date of enactment of this section, the Secretary shall designate an epilepsy center of excellence at each of the 5 centers designated under section 7327.

“(b) EXPERT CLINICAL AND RESEARCH STAFF.—Each center designated under subsection (a) shall employ such expert clinical and research staff, including board certified neurologists and neurosurgeons, as may be necessary to ensure that such center is capable of serving as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy, including post-traumatic epilepsy.

“(c) REQUIREMENTS AND OPERATION OF CENTERS.—Each center designated under subsection (a) shall function as a center for—

“(1) research on the diagnosis, treatment, and long-term effects of epilepsy, including epilepsy developed as a result of combat, in order to support the provision of services for such diagnosis and treatment in accordance with the most current information on epilepsy;

“(2) the development of evidence-based methodologies for treating individuals with epilepsy;

“(3) the continuous and consistent coordination of care from the point of referral throughout the diagnostic and treatment process and ongoing follow-up after return to home and community;

“(4) the development of a national system of coordinated care for veterans with epilepsy, including the development and maintenance of a national network of Department health care personnel with an interest and expertise in the care and treatment of epilepsy and the establishment of a referral system and procedure within each Veterans Integrated Service Network;

“(5) assist in the expansion, where appropriate, of the utilization of telehealth technology, including exploring the use of such technology to develop, transmit, monitor, and review neurological diagnostic tests and other applicable uses of telehealth technology for the diagnosis, care, and treatment of veterans with epilepsy; and

“(6) the dissemination of educational materials and research regarding diagnosis, care, and treatment of epilepsy, throughout the Department.

“(d) ADMINISTRATION.—In order to assist the Secretary in carrying out this section, the Secretary shall designate a national coordinator for epilepsy programs who shall report to the official responsible for neurology at the Veterans Health Administration and shall—

“(1) supervise the operation of the centers designated under this section;

“(2) coordinate and support the national network of Department health care professionals with an interest and expertise in the care and treatment of epilepsy;

“(3) ensure that the education and research mission of such centers is being accomplished; and

“(4) conduct regular evaluations of such centers to ensure compliance with the requirements of this section.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2009 through 2013.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7330 the following new item:

“7330A. Epilepsy centers of excellence.”.

Amend the title so as to read:

A bill to amend title 38, United States Code, to provide for the establishment of epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs.”.

PURPOSE AND SUMMARY

H.R. 2818 was introduced by Representative Ed Perlmutter of Colorado on June 21, 2007. This legislation would establish Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs.

BACKGROUND AND NEED FOR LEGISLATION

Epilepsy is a neurological condition, which affects the nervous system and causes seizures. Epilepsy is usually diagnosed after a person has had at least two seizures that were not caused by some known medical condition. There is not one single cause of epilepsy and, in up to half of the epilepsy cases, it is not possible to specify the cause of the seizures. Research indicates that children may be born with a defect in the structure of their brain, or they may suffer a head injury or infection that causes epilepsy. Severe head injury and other neurological conditions such as strokes, tumors, and degenerative conditions such as Alzheimer's disease are also known causes of epilepsy.

According to the Veterans Health Administration (VHA) there are approximately 89,000 veterans with epilepsy enrolled in the Department of Veterans Affairs (VA) Health Care System. Of those veterans enrolled with epilepsy, about 42 percent, or 37,000, are service-connected for epilepsy.

In testimony presented to the Senate Committee on Veterans' Affairs on May 23, 2007, on behalf of the American Academy of Neurology, Dr. John Booss stated that in 1972, the VA created Health Centers which specialized in research and treatment of epilepsy. These VA Health Centers partnered with medical schools to assist in treating veterans with seizures, and build a body of knowledge around the diagnosis and treatment of epilepsy. However, in the early 1990's, funding dissipated and the Centers were curtailed.

At this time, the VA operates seven Epilepsy Monitoring sites. According to the Department of Veterans Affairs, the seven sites have the following capabilities: (1) an epilepsy monitoring unit; (2) capacity to perform invasive monitoring; (3) ability to implant vagus nerve stimulators; and, (4) ability to perform resection of epileptic foci. Five additional sites have the capacity to perform epilepsy surgery but not all of the other components listed above.

The use of improvised explosive devices (IEDs) in Iraq and Afghanistan and the prevalence of the types of blast injuries they inflict on the servicemembers are devastating. Loss of limb, traumatic brain injury (TBI), eye injuries, and other polytrauma injuries present new challenges to medicine and the overall treatment modalities within VA. The long-term effect of blast exposures is not known. Although there is no data on post-traumatic epilepsy in the current conflicts, during Vietnam, a number of men and women returned home with head wounds and head injuries. According to the 1985 report of the Vietnam Head Injury Study published in Neurology, of 421 veterans who had penetrating brain wounds in Vietnam 15 years ago, 53 percent had post-traumatic epilepsy, and one-half of those still had seizures 15 years after injury.

H.R. 2818, as amended, would establish Epilepsy Centers of Excellence within the Department of Veterans Affairs. The Epilepsy Centers of Excellence would function as centers for research on the

diagnosis, treatment and long-term effects of epilepsy. These Centers would develop evidence-based methodology for treatment of epilepsy, coordinate care for veterans with epilepsy, develop a national referral system for veterans with epilepsy, expand telehealth technology for treatment of veterans with epilepsy and disseminate educational materials on the diagnosis and treatment of epilepsy.

H.R. 2818 would further require that the Epilepsy Centers of Excellence be co-located with the five VA Polytrauma Rehabilitation Centers located in Palo Alto, California; Minneapolis, Minnesota; Richmond, Virginia; Tampa, Florida; and, San Antonio, Texas. Co-locating the Epilepsy Centers of Excellence and the Polytrauma Rehabilitation Centers will allow VA to optimize its already-existing resources and infrastructure to more effectively carry out the mission of the Centers.

The Committee generally supports the establishment of Centers of Excellence for conditions that affect veterans. However, given the resources of the VA, the Committee feels that any new Centers of Excellence should be established to give VA the ability to leverage already existing Department infrastructure and resources. Integration of resources will allow the VA to offer veterans a full continuum of comprehensive care throughout the VA healthcare system.

HEARINGS

On April 15, 2008, the Subcommittee on Health held a legislative hearing on a number of bills introduced in the 110th Congress, including H.R. 2818. The following witnesses testified: The Honorable Bob Filner of California; The Honorable Michael H. Michaud of Maine; The Honorable Ginny Brown-Waite of Florida; The Honorable Ed Perlmutter of Colorado; The Honorable Christopher P. Carney of Pennsylvania; The Honorable Brad Ellsworth of Indiana; Joseph L. Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, The American Legion; Joy J. Ilem, Assistant National Legislative Director, Disabled American Veterans; Christopher Needham, Senior Legislative Associate, National Legislative Service, Veterans of Foreign Wars of the United States; Richard F. Weidman, Executive Director for Policy and Government Affairs, Vietnam Veterans of America; Gerald M. Cross, MD, FFAFP, Principal Deputy Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs, accompanied by Walter Hall, Assistant General Counsel, U.S. Department of Veterans Affairs. Those submitting statements for the record included: American Veterans (AMVETS) and the Paralyzed Veterans of America.

COMMITTEE CONSIDERATION

On June 5, 2008, the Subcommittee on Health met in open markup session and ordered favorably forwarded to the full Committee H.R. 2818, as amended, by voice vote. During consideration of the bill the following amendment was considered:

An amendment in the nature of a substitute by Mr. Salazar of Colorado to require that the Epilepsy Centers of Excellence be co-located with the 5 polytrauma centers in

the Department of Veterans Affairs was agreed to by voice vote.

On June 11, 2008, the full Committee met in open markup session, a quorum being present, and ordered H.R. 2818, as amended, reported favorably to the House of Representatives, by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 2818 reported to the House. A motion by Mr. Buyer of Indiana to order H.R. 2818, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

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.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 2818 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 COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 2818 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 2818 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
 CONGRESSIONAL BUDGET OFFICE,
 Washington, DC, June 18, 2008.

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. 2818, the Veterans Epilepsy Treatment Act of 2008.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

ROBERT A. SUNSHINE
 (For Peter R. Orszag, Director).

Enclosure.

H.R. 2818—Veterans Epilepsy Treatment Act of 2008

H.R. 2818 would require the Secretary of the Department of Veterans Affairs (VA) to establish five centers of excellence for epilepsy research, education, and clinical care at VA health care facilities, and to appoint a national coordinator for those centers and for other epilepsy programs at the Veterans Health Administration. The bill would authorize the appropriation of \$5 million each year over the 2009–2013 period.

In total, CBO estimates that implementing H.R. 2818 would cost \$25 million over the 2009–2013 period, assuming that the specified amounts are appropriated and that outlays follow historical spending patterns for similar programs. Enacting the bill would have no effect on direct spending or revenues.

H.R. 2818 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

On November 30, 2007, CBO transmitted a cost estimate for S. 2004, a similar bill that was ordered reported by the Senate Committee on Veterans' Affairs on November 14, 2007. S. 2004 would authorize the appropriation of \$6 million a year for the centers of excellence and such sums as may be necessary for the national coordinator over the 2008–2012 period. CBO estimated that implementing S. 2004 would cost \$31 million over the 2008–2012 period, assuming appropriation of the specified and estimated amounts.

The CBO staff contact for this estimate is Sunita D'Monte. This estimate was approved by Peter H. Fontaine, Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2818 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 2818.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 2818 is provided by Article I, section 8 of the Constitution of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This section would provide the short title of H.R. 2818 as the “Veterans” Epilepsy Treatment Act of 2008.”

Section 2. Epilepsy Centers of Excellence

This section would amend chapter 73 of title 38, United States Code, to establish Epilepsy Centers of Excellence at each of the five polytrauma rehabilitation centers within the Department of Veterans Affairs. It requires that each center employ expert clinical and research staff. It also requires each center to function as a center for research on diagnosis, treatment and long-term effects of epilepsy; development of evidence-based methodology for treatment of epilepsy; coordination of care for veterans with epilepsy; development of a national referral system for veterans with epilepsy; expansion of telehealth technology for treatment of veterans with epilepsy; and dissemination of educational materials on the diagnosis and treatment of epilepsy. This section authorizes appropriations in the amount of \$5,000,000 for each fiscal year from 2009 through 2013.

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 italic and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART V—BOARDS, ADMINISTRATIONS, AND SERVICES

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CHAPTER 73—VETERANS HEALTH ADMINISTRATION - ORGANIZATION AND FUNCTIONS

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SUBCHAPTER I—ORGANIZATION

Sec.
7301. Functions of Veterans Health Administration: in general.
* * * * *

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

7311. Quality assurance.
* * * * *
7330A. *Epilepsy centers of excellence.*
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SUBCHAPTER II—GENERAL AUTHORITY AND
ADMINISTRATION

* * * * *

§ 7330A. *Epilepsy centers of excellence*

(a) *DESIGNATION OF CENTERS.*—Not later than 120 days after the date of enactment of this section, the Secretary shall designate an epilepsy center of excellence at each of the 5 centers designated under section 7327.

(b) *EXPERT CLINICAL AND RESEARCH STAFF.*—Each center designated under subsection (a) shall employ such expert clinical and research staff, including board certified neurologists and neurosurgeons, as may be necessary to ensure that such center is capable of serving as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy, including post-traumatic epilepsy.

(c) *REQUIREMENTS AND OPERATION OF CENTERS.*—Each center designated under subsection (a) shall function as a center for—

(1) research on the diagnosis, treatment, and long-term effects of epilepsy, including epilepsy developed as a result of combat, in order to support the provision of services for such diagnosis and treatment in accordance with the most current information on epilepsy;

(2) the development of evidence-based methodologies for treating individuals with epilepsy;

(3) the continuous and consistent coordination of care from the point of referral throughout the diagnostic and treatment process and ongoing follow-up after return to home and community;

(4) the development of a national system of coordinated care for veterans with epilepsy, including the development and maintenance of a national network of Department health care personnel with an interest and expertise in the care and treatment of epilepsy and the establishment of a referral system and procedure within each Veterans Integrated Service Network;

(5) assist in the expansion, where appropriate, of the utilization of telehealth technology, including exploring the use of such technology to develop, transmit, monitor, and review neurological diagnostic tests and other applicable uses of telehealth technology for the diagnosis, care, and treatment of veterans with epilepsy; and

(6) the dissemination of educational materials and research regarding diagnosis, care, and treatment of epilepsy, throughout the Department.

(d) *ADMINISTRATION.*—*In order to assist the Secretary in carrying out this section, the Secretary shall designate a national coordinator for epilepsy programs who shall report to the official responsible for neurology at the Veterans Health Administration and shall—*

(1) *supervise the operation of the centers designated under this section;*

(2) *coordinate and support the national network of Department health care professionals with an interest and expertise in the care and treatment of epilepsy;*

(3) *ensure that the education and research mission of such centers is being accomplished; and*

(4) *conduct regular evaluations of such centers to ensure compliance with the requirements of this section.*

(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2009 through 2013.*

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