

VETERANS TRAUMATIC BRAIN INJURY CARE
 IMPROVEMENT ACT OF 2014

SEPTEMBER 15, 2014.—Committed to the Committee of the Whole House on the
 State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs,
 submitted the following

R E P O R T

[To accompany H.R. 4276]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 4276) to extend and modify a pilot program on assisted living services for veterans with traumatic brain injury, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Traumatic Brain Injury Care Improvement Act of 2014”.

SEC. 2. EXTENSION AND MODIFICATION OF PILOT PROGRAM ON ASSISTED LIVING SERVICES FOR VETERANS WITH TRAUMATIC BRAIN INJURY.

(a) **MODIFICATION OF REPORT REQUIREMENTS.**—Subsection (e) of section 1705 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181; 38 U.S.C. 1710C note) is amended to read as follows:

“(e) **REPORTS.**—

“(1) **QUARTERLY REPORTS.**—

“(A) **IN GENERAL.**—For each calendar quarter occurring during the period beginning January 1, 2015, and ending September 30, 2017, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a report on the pilot program.

“(B) **ELEMENTS.**—Each report submitted under subparagraph (A) shall include each of the following for the quarter preceding the quarter during which the report is submitted the following:

“(i) The number of individuals that participated in the pilot program.

“(ii) The number of individuals that successfully completed the pilot program.

“(iii) The degree to which pilot program participants and family members of pilot program participants were satisfied with the pilot program.

“(iv) The interim findings and conclusions of the Secretary with respect to the success of the pilot program and recommendations for improvement.

“(2) **FINAL REPORT.**—

“(A) **IN GENERAL.**—Not later than 60 days after the completion of the pilot program, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a final report on the pilot program.

“(B) **ELEMENTS.**—The final report required by subparagraph (A) shall include the following:

“(i) A description of the pilot program.

“(ii) The Secretary’s assessment of the utility of the activities carried out under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.

“(iii) An evaluation of the pilot program in light of independent living programs carried out by the Secretary under title 38, United States Code, including—

“(I) whether the pilot program duplicates services provided under such independent living programs;

“(II) the ways in which the pilot program provides different services that the services provided under such independent living program;

“(III) how the pilot program could be better defined or shaped; and

“(IV) whether the pilot program should be incorporated into such independent living programs.

“(iv) Such recommendations as the Secretary considers appropriate regarding improving the pilot program.”

(b) **DEFINITION OF COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE SERVICES.**—Such section is further amended—

(1) in the section heading, by striking “**ASSISTED LIVING**” and inserting “**COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE**”;

(2) in subsection (c), in the subsection heading, by striking “**ASSISTED LIVING**” and inserting “**COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE**”;

(3) by striking “assisted living” each place it appears, and inserting “community-based brain injury rehabilitative care”; and

(4) in subsection (f)(1), by striking “and personal care” and inserting “rehabilitation, and personal care”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the date of the enactment of this Act.

PURPOSE AND SUMMARY

H.R. 4276, the Veterans Traumatic Brain Injury Care Improvement Act, was introduced by Representative Bill Cassidy of Louisiana on March 18, 2014. H.R. 4276, as amended, would: (1) require the Department of Veterans Affairs (VA), beginning in January 2015, to issue quarterly reports to Congress on the pilot program for assisted living services for veterans with traumatic brain injury with a final report to Congress due not later than 60 days after the completion of the pilot; and, (2) amend the definition of “assisted living” for purposes of the pilot program to encompass community-based brain injury residential rehabilitative care.

BACKGROUND AND NEED FOR LEGISLATION

Section 1705 of Public Law (P.L.) 110–181, the National Defense Authorization Act for Fiscal Year 2008, required VA to: (1) carry out a five-year pilot program in collaboration with the Defense and Veterans Brain Injury Center to assess the effectiveness of providing assisted living services to veterans with Traumatic Brain Injury (TBI) to enhance rehabilitation, quality of life, and community integration; (2) provide special consideration to eligible veterans in rural areas in carrying out the pilot program; (3) carry out at least one part of the pilot program in a region of the Veterans Health Administration that contains a VA polytrauma center; and, (4) report to the Committees on Veterans’ Affairs of the United States House of Representatives and the United States Senate on the pilot program.

Section 501 of P.L. 113–146, the Veterans Access, Choice, and Accountability Act of 2014, extended the date of termination for the pilot program an additional three years, from October 6, 2014, to October 6, 2017.

TBI is defined by the Defense and Veterans Brain Injury Center as a blow or jolt to the head that disrupts the normal function of the brain. TBI is increasingly prevalent in the veteran population and is one of the foremost combat injuries affecting veterans of Iraq and Afghanistan.

Identifying and implementing innovative treatment techniques to aid these veterans in their recovery has been a long-standing Committee priority and was the impetus behind the authorization of the pilot program. Specialized residential rehabilitation care for veterans with TBI is not currently available to veterans through VA apart from the pilot program.

According to information provided by VA, as of June 1, 2014, 187 veterans across 46 different facilities in 22 states have been enrolled in the pilot program. Anecdotal evidence seems to indicate that these veterans and their families are satisfied with the pilot program and, importantly, veterans enrolled in the pilot program appear to experience functional gains as a result of the services they receive. In a briefing provided to Committee staff in July 2014, VA reported that interim analysis of clinical data indicates veterans enrolled in the pilot program have experienced significant positive changes in several domains, including general health, activity tolerance, and social activities. According to VA, these gains appear to develop within the first six months of participation in the

pilot program and appear to be sustained over time. However, VA has yet to issue a report fully assessing the pilot program.

To ensure that the Department is continually tracking important components of the pilot program, recognizing areas where additional improvements are needed, and evaluating whether or not the pilot program is successful and should be continued, H.R. 4276, as amended, would require VA to provide the Congressional veterans' committees with quarterly reports on the status of the pilot program and a final report sixty days after the completion of the pilot.

H.R. 4276 would also replace the term "assisted living" with "community-based brain injury residential rehabilitative care." Conversations with stakeholders regarding the pilot program over the last several months have made it clear that this term is more appropriate and applicable to the services the pilot program is providing than the term "assisted living."

HEARINGS

H.R. 4276 was not the subject of any Subcommittee or full Committee hearings.

COMMITTEE CONSIDERATION

On September 10, 2014, the full Committee met in an open markup session, a quorum being present and ordered H.R. 4276, 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. 4276, as amended, reported to the House. A motion by Ranking Member Michael H. Michaud of Maine to report H.R. 4276, as amended, 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. 4276, as amended, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 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. 4276, as amended, 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. 476, as amended, 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, September 12, 2014.

Hon. JEFF MILLER,
*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. 4276, the Veterans Traumatic Brain Injury Care Improvement Act of 2014.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 4276—Veterans Traumatic Brain Injury Care Improvement Act of 2014

H.R. 4276 would require the Department of Veterans Affairs (VA) to submit detailed quarterly reports to the Congress regarding the pilot program for rehabilitative services for veterans with traumatic brain injury. Based on information from VA, CBO estimates that implementing this bill would cost \$1 million over the 2015–2019 period, assuming the availability of appropriated funds.

Enacting H.R. 4276 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 4276 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was approved by Theresa Gullo, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 4276, as amended, 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. 4276, as amended.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, the reported bill is authorized by Congress' power to "provide for the common Defense and general Welfare 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.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(j) of H. Res. 5, 113th Cong. (2013), the Committee finds that no provision of H.R. 4276, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(k) of H. Res. 5, 113th Cong. (2013), the Committee estimates that H.R. 4276, as amended, does not require any directed rule makings.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would provide the short title of H.R. 4276, as amended, as the "Veterans Traumatic Brain Injury Care Improvement Act of 2014."

Section 2. Extension and Modification of Pilot Program on Assisted Living Services for Veterans with Traumatic Brain Injury

Section 2(a) of the bill would create a new subsection (e) of 1710(C) of title 38 U.S.C. Subsection (e)(1)(A) would require VA to submit quarterly reports on the pilot program beginning on January 1, 2015, and ending September 30, 2017, to the Committees on Veterans' Affairs of the Senate and the House of Representatives. Subsection (e)(1)(B) would require each such report to include the number of individuals that participated in the pilot program; the

number of individuals that successfully completed the pilot program; the degree to which pilot program participants and family members were satisfied with the pilot program; and, interim findings and conclusions of the Secretary with respect to the success of the pilot program and recommendations for improvement. Subsection (e)(2)(A) would require VA to submit a final report on the pilot program to the Committees on Veterans' Affairs of the Senate and the House of Representatives not later than 60 days after completion of the pilot. Subsection (e)(2)(B) would require the final report to include a description of the pilot program; the Secretary's assessment of the utility of the activities carried out under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with TBI; an evaluation of the pilot program in light of independent living programs carried out by VA under title 38 U.S., to include whether the pilot is duplicative of such programs, the ways in which the pilot program provides different services than those provided under such programs, how the pilot program could be better defined or shaped, and whether the pilot program should be incorporated into such programs; and, such recommendations as the Secretary considers appropriate regarding improving the pilot program.

Section 2(b)(1) of the bill would amend the heading of section by striking "assisted living" and inserting "community-based brain injury residential rehabilitative care" and by

Section 2(b)(2) of the bill would amend the subsection heading by striking "assisted living" and inserting "community-based residential rehabilitative care."

Section 2(b)(3) of the bill would amend subsection (c) of 1710(C) of title 38 U.S.C. by striking "assisted living" and inserting "community-based residential rehabilitative care."

Section 2(b)(4) of the bill would amend subsection (f)(1) by striking "and personal care" and inserting "rehabilitation, and personal care."

Section 2(c) of the bill would set an effective date for the amendments made in Section 2 of the date of enactment.

Section 2(d) of the bill would stipulate that no additional funds are authorized to be appropriated to carry out the bill and amendments shall be carried out using amounts otherwise available for sure purpose.

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 (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, existing law in which no change is proposed is shown in roman):

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2008

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**DIVISION A—DEPARTMENT OF
DEFENSE AUTHORIZATIONS**

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TITLE XVII—VETERANS MATTERS

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SEC. 1705. PILOT PROGRAM ON [ASSISTED LIVING] COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE SERVICES FOR VETERANS WITH TRAUMATIC BRAIN INJURY

(a) PILOT PROGRAM.—Beginning not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in collaboration with the Defense and Veterans Brain Injury Center of the Department of Defense, shall carry out a pilot program to assess the effectiveness of providing [assisted living] *community-based brain injury rehabilitative care* services to eligible veterans to enhance the rehabilitation, quality of life, and community integration of such veterans.

* * * * *

(c) PROVISION OF [ASSISTED LIVING] COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE SERVICES.—

(1) AGREEMENTS.—In carrying out the pilot program, the Secretary may enter into agreements for the provision of [assisted living] *community-based brain injury rehabilitative care* services on behalf of eligible veterans with a provider participating under a State plan or waiver under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(2) STANDARDS.—The Secretary may not place, transfer, or admit a veteran to any facility for [assisted living] *community-based brain injury rehabilitative care* services under the pilot program unless the Secretary determines that the facility meets such standards as the Secretary may prescribe for purposes of the pilot program. Such standards shall, to the extent practicable, be consistent with the standards of Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting such facilities.

(d) CONTINUATION OF CASE MANAGEMENT AND REHABILITATION SERVICES.—In carrying out the pilot program, the Secretary shall—

(1) continue to provide each veteran who is receiving [assisted living] *community-based brain injury rehabilitative care* services under the pilot program with rehabilitative services; and

* * * * *

(e) REPORT.—

[(1) IN GENERAL.—Not later than 60 days after the completion of the pilot program, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the pilot program.

[(2) CONTENTS.—The report required by paragraph (1) shall include the following:

[(A) A description of the pilot program.

[(B) An assessment of the utility of the activities under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.

[(C) Such recommendations as the Secretary considers appropriate regarding the extension or expansion of the pilot program.]

(e) *REPORTS.*—

(1) *QUARTERLY REPORTS.*—

(A) *IN GENERAL.*—*For each calendar quarter occurring during the period beginning January 1, 2015, and ending September 30, 2017, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the pilot program.*

(B) *ELEMENTS.*—*Each report submitted under subparagraph (A) shall include each of the following for the quarter preceding the quarter during which the report is submitted the following:*

(i) *The number of individuals that participated in the pilot program.*

(ii) *The number of individuals that successfully completed the pilot program.*

(iii) *The degree to which pilot program participants and family members of pilot program participants were satisfied with the pilot program.*

(iv) *The interim findings and conclusions of the Secretary with respect to the success of the pilot program and recommendations for improvement.*

(2) *FINAL REPORT.*—

(A) *IN GENERAL.*—*Not later than 60 days after the completion of the pilot program, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a final report on the pilot program.*

(B) *ELEMENTS.*—*The final report required by subparagraph (A) shall include the following:*

(i) *A description of the pilot program.*

(ii) *The Secretary's assessment of the utility of the activities carried out under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.*

(iii) *An evaluation of the pilot program in light of independent living programs carried out by the Secretary under title 38, United States Code, including—*

(I) *whether the pilot program duplicates services provided under such independent living programs;*

(II) *the ways in which the pilot program provides different services that the services provided under such independent living program;*

(III) *how the pilot program could be better defined or shaped; and*

(IV) *whether the pilot program should be incorporated into such independent living programs.*

(iv) *Such recommendations as the Secretary considers appropriate regarding improving the pilot program.*

(f) DEFINITIONS.—In this section:

(1) The term “[assisted living] *community-based brain injury rehabilitative care services*” means services of a facility in providing room, board, [and personal care] *rehabilitation, and personal care* for and supervision of residents for their health, safety, and welfare.

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