

109TH CONGRESS
1ST SESSION

S. 1190

To provide sufficient blind rehabilitation outpatient specialists at medical centers of the Department of Veterans Affairs.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2005

Mr. SALAZAR introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To provide sufficient blind rehabilitation outpatient specialists at medical centers of the Department of Veterans Affairs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Blinded Veterans Con-
5 tinuum of Care Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) There are approximately 135,000 blinded
9 veterans throughout the United States, including ap-
10 proximately 35,000 who are enrolled with the De-

1 department of Veterans Affairs. An aging veteran pop-
2 ulation and injuries incurred in Operation Iraqi
3 Freedom and Operation Enduring Freedom are in-
4 creasing the number of blinded veterans.

5 (2) Since 1996, when the Department of Vet-
6 erans Affairs hired its first 14 blind rehabilitation
7 outpatient specialists (referred to in this Act as
8 “Specialists”, Specialists have been a critical part of
9 the continuum of care for blind and visually im-
10 paired veterans.

11 (3) The Department of Veterans Affairs oper-
12 ates 10 residential blind rehabilitation centers that
13 are considered among the best in the world. These
14 centers have had long waiting lists, with as many as
15 1,500 blind veterans waiting for openings in 2004.

16 (4) Specialists provide—

17 (A) critically needed services to veterans
18 who are unable to attend residential centers or
19 are waiting to enter such a program;

20 (B) a range of services, including training
21 with living skills, mobility, and adaptation of
22 manual skills; and

23 (C) pre-admission screening and follow-up
24 care for blind rehabilitation centers.

1 (5) There are not enough Specialist positions to
2 meet the increased numbers and needs of blinded
3 veterans.

4 **SEC. 3. BLIND REHABILITATION OUTPATIENT SPECIALISTS**
5 **AT VA MEDICAL CENTERS.**

6 (a) IN GENERAL.—The Secretary of Veterans Affairs
7 shall establish Specialist positions at medical centers
8 with—

9 (1) visual impairment services teams with a
10 full-time coordinator; or

11 (2) more than 150 currently enrolled legally
12 blind veterans.

13 (b) PRIORITIZATION.—In assigning Specialists under
14 subsection (a), the Secretary shall—

15 (1) during the first year after the date of enact-
16 ment of this Act, give priority to any medical center
17 with more than 400 legally blind veterans enrolled;

18 (2) during the second year after the date of en-
19 actment of this Act, give priority to any medical cen-
20 ter with more than 300 legally blind veterans en-
21 rolled;

22 (3) during the third year after the date of en-
23 actment of this Act, give priority to any medical cen-
24 ter with more than 200 legally blind veterans en-
25 rolled; and

1 (4) after the 3-year period beginning on the
2 date of enactment of this Act, give priority to any
3 medical center with more than 150 legally blind vet-
4 erans enrolled.

5 (c) REPORTING REQUIREMENT.—Not later than
6 March 31 of each year, the Secretary of Veterans Affairs
7 shall submit a report to Congress, which contains—

8 (1) the number of Specialist positions filled;
9 (2) the location of each Specialist position; and
10 (3) the continuum of care offered to blind and
11 visually impaired veterans.

12 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

13 There are authorized to be appropriated \$5,000,000
14 for each of fiscal years 2006 through 2010 to carry out
15 this Act.

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