

110TH CONGRESS
1ST SESSION

S. 1065

To improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs of the Department of Defense and the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2007

Mrs. CLINTON (for herself and Ms. COLLINS) introduced the following bill;
which was read twice and referred to the Committee on Armed Services

A BILL

To improve the diagnosis and treatment of traumatic brain injury in members and former members of the Armed Forces, to review and expand telehealth and telemental health programs of the Department of Defense and the Department of Veterans Affairs, and for other purposes.

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 “Heroes at Home Act
5 of 2007”.

1 **SEC. 2. PROTOCOL FOR ASSESSMENT AND DOCUMENTA-**
2 **TION OF COGNITIVE FUNCTIONING OF EACH**
3 **DEPLOYED MEMBERS OF THE ARMED**
4 **FORCES.**

5 (a) **PROTOCOL REQUIRED.**—The Secretary of De-
6 fense shall establish a protocol for the assessment and doc-
7 umentation of the cognitive (including memory) func-
8 tioning of each member of the Armed Forces before each
9 such member is deployed in Operation Enduring Freedom
10 or Operation Iraqi Freedom, to facilitate the assessment
11 of the cognitive (including memory) functioning of each
12 such member upon returning from such deployment.

13 (b) **DIAGNOSIS OF TRAUMATIC BRAIN INJURY AND**
14 **POST TRAUMATIC STRESS DISORDER.**—

15 (1) **IN GENERAL.**—The Secretary shall ensure
16 that the protocol required by subsection (a) provides
17 appropriate mechanisms to permit the differential
18 diagnosis of traumatic brain injury (TBI) and post
19 traumatic stress disorder (PTSD) in members of the
20 Armed Forces who return from deployment in Oper-
21 ation Enduring Freedom or Operation Iraqi Free-
22 dom.

23 (2) **ADDITIONAL PURPOSES.**—Except as pro-
24 vided in subsection (d), the Secretary may use the
25 protocol for such other purposes as the Secretary
26 considers appropriate.

1 (c) NEUROCOGNITIVE ASSESSMENTS.—

2 (1) IN GENERAL.—The protocol required by
3 subsection (a) shall include the administration of
4 computer-based neurocognitive assessments to mem-
5 bers of the Armed Forces.

6 (2) FREQUENCY.—The assessments required by
7 paragraph (1) shall be administered at least once to
8 each member of the Armed Forces—

9 (A) before deploying to Operation Endur-
10 ing Freedom or Operation Iraqi Freedom; and

11 (B) upon returning from such deployment.

12 (3) DEVELOPMENT OF ASSESSMENT.—In devel-
13 oping the computer-based assessment required by
14 paragraph (1), the Secretary may use or adopt a
15 current commercial product or develop a new com-
16 puter-based assessment.

17 (4) FORMAT OF ASSESSMENT.—The format of
18 the assessments required by paragraph (1) shall be
19 the same for each administration described in para-
20 graph (2).

21 (d) PROHIBITION ON USE OF PROTOCOL TO DETER-
22 MINE DEPLOYMENT READINESS.—The Secretary may not
23 use the result of any assessment that is part of the pro-
24 tocol required by subsection (a) to determine the deploy-
25 ment readiness of any member of the Armed Forces.

1 (e) AVAILABILITY OF MEDICAL DATA.—The Sec-
2 retary shall make available such medical data on the cog-
3 nitive (including memory) functioning of members of the
4 Armed Forces who are deployed in Operation Enduring
5 Freedom or Operation Iraqi Freedom that is obtained
6 from the protocol required by subsection (a) as the Sec-
7 retary considers appropriate to—

8 (1) combat medics and other Department of
9 Defense personnel who provide medical services to
10 such members; and

11 (2) such entities as the Secretary considers ap-
12 propriate.

13 (f) REPORT.—Not later than one year after the date
14 of the enactment of this Act, the Secretary shall submit
15 to Congress a report on the implementation of this section.

16 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to the Department of De-
18 fense to carry out this section amounts as follows:

19 (1) For fiscal year 2008, \$3,750,000.

20 (2) For fiscal years 2009 through 2012, such
21 sums as may be necessary.

1 **SEC. 3. TRAINING AND CERTIFICATION PROGRAM FOR**
2 **FAMILY CAREGIVER PERSONAL CARE AT-**
3 **TENDANTS FOR VETERANS AND MEMBERS OF**
4 **THE ARMED FORCES WITH TRAUMATIC**
5 **BRAIN INJURY.**

6 (a) PROGRAM ON TRAINING AND CERTIFICATION OF
7 FAMILY CAREGIVER PERSONAL CARE ATTENDANTS.—
8 The Secretary of Veterans Affairs shall establish a pro-
9 gram on training and certification of family caregivers of
10 veterans and members of the Armed Forces with trau-
11 matic brain injury as personal care attendants of such vet-
12 erans and members.

13 (b) LOCATION.—The program required by subsection
14 (a) shall be located in each of the polytrauma centers of
15 the Department of Veterans Affairs designated as a Tier
16 I polytrauma center.

17 (c) TRAINING CURRICULA.—

18 (1) IN GENERAL.—The Secretary of Veterans
19 Affairs shall, in collaboration with the Secretary of
20 Defense, develop curricula for the training of per-
21 sonal care attendants described in subsection (a).
22 Such curricula shall incorporate applicable standards
23 and protocols utilized by certification programs of
24 national brain injury care specialist organizations.

25 (2) USE OF EXISTING CURRICULA.—In devel-
26 oping the curricula required by paragraph (1), the

1 Secretary of Veterans Affairs shall, to the extent
2 practicable, utilize and expand upon training cur-
3 ricula developed pursuant to section 744(b) of the
4 John Warner National Defense Authorization Act
5 for Fiscal Year 2007 (Public Law 109–364; 120
6 Stat. 2308).

7 (d) PROGRAM PARTICIPATION.—

8 (1) IN GENERAL.—The Secretary of Veterans
9 Affairs shall determine the eligibility of a family
10 member of a veteran or member of the Armed
11 Forces for participation in the program required by
12 subsection (a).

13 (2) BASIS FOR DETERMINATION.—A determina-
14 tion made under paragraph (1) shall be based on the
15 clinical needs of the veteran or member of the
16 Armed Forces concerned, as determined by the phy-
17 sician of such veteran or member.

18 (e) ELIGIBILITY FOR COMPENSATION.—A family
19 caregiver of a veteran or member of the Armed Forces
20 who receives certification as a personal care attendant
21 under this section shall be eligible for compensation from
22 the Department of Veterans Affairs for care provided to
23 such veteran or member.

24 (f) COSTS OF TRAINING.—

1 (1) TRAINING OF FAMILIES OF VETERANS.—

2 Any costs of training provided under the program
3 under this section for family members of veterans
4 shall be borne by the Secretary of Veterans Affairs.

5 (2) TRAINING OF FAMILIES OF MEMBERS OF

6 THE ARMED FORCES.—The Secretary of Defense
7 shall reimburse the Secretary of Veterans Affairs for
8 any costs of training provided under the program
9 under this section for family members of members of
10 the Armed Forces. Amounts for such reimbursement
11 shall be derived from amounts available for Defense
12 Health Program for the TRICARE program.

13 (g) CONSTRUCTION.—Nothing in this section shall be
14 construed to require or permit the Secretary of Veterans
15 Affairs to deny reimbursement for health care services
16 provided to a veteran with a brain injury to a personal
17 care attendant who is not a family member of such vet-
18 eran.

19 **SEC. 4. TELEHEALTH AND TELEMENTAL HEALTH SERVICES**
20 **OF THE DEPARTMENT OF DEFENSE AND THE**
21 **DEPARTMENT OF VETERANS AFFAIRS.**

22 (a) TELEHEALTH AND TELEMENTAL HEALTH DEM-
23 ONSTRATION PROJECT.—

24 (1) IN GENERAL.—The Secretary of Defense
25 and the Secretary of Veterans Affairs shall jointly

1 establish a demonstration project to assess the feasi-
2 bility and advisability of using telehealth technology
3 to assess cognitive (including memory) functioning
4 of members and former members of the Armed
5 Forces who have sustained head trauma, in order to
6 improve the diagnosis and treatment of traumatic
7 brain injury.

8 (2) LOCATION.—

9 (A) IN GENERAL.—The Secretary of De-
10 fense and the Secretary of Veterans Affairs
11 shall carry out the demonstration project re-
12 quired by paragraph (1) at one or more loca-
13 tions selected by the Secretaries for purposes of
14 the demonstration project.

15 (B) PRIORITY FOR RURAL AREAS.—In se-
16 lecting locations to carry out the demonstration
17 project required by paragraph (1), the Sec-
18 retary of Defense and the Secretary of Veterans
19 Affairs shall give priority to locations that
20 would provide service in a rural area.

21 (3) REQUIREMENTS.—The demonstration
22 project required by paragraph (1) shall include the
23 following:

24 (A) The use of telehealth technology to as-
25 sess the cognitive (including memory) func-

tioning of a member or former member of the
Armed Forces, including the following:

(i) Obtaining information regarding
the nature of any brain injury incurred by
such member or former member.

(ii) Assessing any symptoms of traumatic brain injury in such member or former member.

(B) The use of telehealth technology to rehabilitate members or former members of the Armed Forces who have traumatic brain injury, and the use, to the extent practicable, of applicable standards and protocols used by certification programs of national brain injury care specialist organizations in order to assess progress in such rehabilitation.

(C) The use of telehealth technology to disseminate education material to members and former members of the Armed Forces and the family members of such members on techniques, strategies, and skills for caring for and assisting such members, and to the extent practicable, such education materials shall incorporate training curricula developed pursuant to section 744(b) of the John Warner National

1 Defense Authorization Act for Fiscal Year 2007
2 (Public Law 109–364; 120 Stat. 2308).

3 (4) USE OF PROVEN TECHNOLOGIES.—Any as-
4 sessment administered as a part of the demonstra-
5 tion project required by paragraph (1) shall incor-
6 porate telemental health technology that has proven
7 effective in the diagnosis and treatment of mental
8 health conditions associated with traumatic brain in-
9 jury.

10 (5) ADMINISTRATION.—

11 (A) IN GENERAL.—The demonstration
12 project required by paragraph (1) shall be ad-
13 ministered under the joint incentives program
14 and carried out pursuant to section 8111(d) of
15 title 38, United States Code.

16 (B) FUNDING.—Amounts to carry out the
17 demonstration project shall be derived from
18 amounts in the DOD–VA Health Care Sharing
19 Incentive Fund established under paragraph (2)
20 of such section.

21 (6) REPORT.—

22 (A) IN GENERAL.—The Secretary of De-
23 fense and the Secretary of Veterans Affairs
24 shall jointly submit to Congress a report on the

1 demonstration project required by paragraph
2 (1).

3 (B) SUBMISSION WITH ANNUAL JOINT RE-
4 PORT.—The report required by subparagraph
5 (A) shall be submitted to Congress at the same
6 time as the annual joint report required by sec-
7 tion 8111(f) of title 38, United States Code, for
8 the fiscal year following the fiscal year of the
9 date of the enactment of this Act.

10 (b) ONGOING STUDY ON TELEHEALTH AND TELE-
11 MENTAL HEALTH SERVICES.—

12 (1) IN GENERAL.—The Secretary of Defense
13 and the Secretary of Veterans Affairs shall, through
14 the Joint Executive Council (JEC) of the Depart-
15 ment of Defense and the Department of Veterans
16 Affairs, conduct an ongoing study of all matters re-
17 lating to the telehealth and telemental health serv-
18 ices of the Department of Defense and the Depart-
19 ment of Veterans Affairs.

20 (2) MATTERS STUDIED.—The matters studied
21 under paragraph (1) shall include the following:

22 (A) The number of members and former
23 members of the Armed Forces who have used
24 telehealth or telemental health services of the

1 Department of Defense or the Department of
2 Veterans Affairs.

3 (B) The extent to which members of the
4 National Guard and the Reserves are utilizing
5 telehealth or telemental health services of the
6 Department of Defense or the Department of
7 Veterans Affairs.

8 (C) The ways in which the Department of
9 Defense and the Department of Veterans Af-
10 fairs can improve the integration of telehealth
11 and telemental health services with clinical
12 medicine.

13 (D) The extent to which telehealth and
14 telemental health services of the Department of
15 Defense and the Department of Veterans Af-
16 fairs are provided in rural settings and through
17 community-based outpatient clinics (CBOCs).

18 (E) Best practices of civilian mental health
19 providers and facilities with respect to the pro-
20 vision of telehealth and telemental health serv-
21 ices, including how such practices can be adopt-
22 ed to improve telehealth and telemental health
23 services of the Department of Defense and the
24 Department of Veterans Affairs.

1 (F) The feasibility and advisability of
2 partnering with civilian mental health facilities
3 to provide telehealth and telemental health serv-
4 ices to members and former members of the
5 Armed Forces.

6 (3) ANNUAL REPORTS.—Not later than one
7 year after the date of the enactment of this Act, and
8 annually thereafter, the Secretary of Defense and
9 the Secretary of Veterans Affairs shall jointly sub-
10 mit to Congress a report on the findings of the Joint
11 Executive Counsel under this subsection during the
12 preceding year.

13 **SEC. 5. DEFINITIONS.**

14 In this Act:

15 (1) The term “national brain injury care spe-
16 cialist organization” means a national organization
17 or association with demonstrated experience in pro-
18 viding training, education, and technical assistance
19 in the provision of care for individuals with brain in-
20 jury.

21 (2) The term “neurocognitive” means of, relat-
22 ing to, or involving the central nervous system and
23 cognitive or information processing abilities (think-
24 ing, memory, and reasoning), as well as sensory

1 processing (sight, hearing, touch, taste, and smell),
2 and communication (expression and understanding).

3 (3) The term “traumatic brain injury” means
4 an acquired injury to the brain, including brain inju-
5 ries caused by anoxia due to trauma and such other
6 injuries as the Secretary considers appropriate, ex-
7 cept that such term excludes brain dysfunction
8 caused by—

9 (A) congenital or degenerative disorders; or

10 (B) birth trauma.

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