

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.

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## 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

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## 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.

## 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—

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.

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 feasibility  
2 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.—

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.

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

1 toring of a member or former member of the  
2 Armed Forces, including the following:

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

6 (ii) Assessing any symptoms of tra-  
7 umatic brain injury in such member or  
8 former member.

9 (B) The use of telehealth technology to re-  
10 habilitate members or former members of the  
11 Armed Forces who have traumatic brain injury,  
12 and the use, to the extent practicable, of appli-  
13 cable standards and protocols used by certifi-  
14 cation programs of national brain injury care  
15 specialist organizations in order to assess  
16 progress in such rehabilitation.

17 (C) The use of telehealth technology to dis-  
18 seminate education material to members and  
19 former members of the Armed Forces and the  
20 family members of such members on tech-  
21 niques, strategies, and skills for caring for and  
22 assisting such members, and to the extent prac-  
23 ticable, such education materials shall incor-  
24 porate training curricula developed pursuant to  
25 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                   essment 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.

### 13 SEC. 5. DEFINITIONS.

14 In this Act:

21 (2) The term “neurocognitive” means of, relating  
22 to, or involving the central nervous system and  
23 cognitive or information processing abilities (thinking,  
24 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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