

113TH CONGRESS
2D SESSION

H. R. 5680

To direct the Secretary of Veterans Affairs to establish a registry for certain toxic exposures, to direct the Secretary to include certain information in the electronic health records of veterans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 19, 2014

Mr. WALZ introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to establish a registry for certain toxic exposures, to direct the Secretary to include certain information in the electronic health records of veterans, 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 “Veterans’ Toxic
5 Wounds Research Act of 2014”.

1 **SEC. 2. COMPREHENSIVE PROGRAM OF RESEARCH INTO**
2 **TOXIC EXPOSURES ENCOUNTERED BY VET-**
3 **ERANS DURING MILITARY SERVICE.**

4 (a) **REGISTRY OF TOXIC EXPOSURES.—**

5 (1) **ESTABLISHMENT.**—Not later than 180 days
6 after the date of the enactment of this Act, the Sec-
7 retary of Veterans Affairs shall establish a master
8 registry of veterans who experienced toxic exposures
9 while serving in the Armed Forces.

10 (2) **ELEMENTS.**—The master registry estab-
11 lished under paragraph (1) shall consist of the reg-
12 istries described in paragraph (3). The Secretary
13 shall establish each such registry using the Clinical
14 Case Registry of the Department of Veterans Affairs
15 as a model.

16 (3) **REGISTRIES DESCRIBED.**—The registries
17 described in this paragraph are registries for each of
18 the following:

19 (A) Agent Orange.

20 (B) Exposure to toxins relating to a de-
21 ployment during the Persian Gulf War (as de-
22 fined in section 101(33) of title 38, United
23 States Code), including with respect to such ex-
24 posures leading to Gulf War Illness (as defined
25 by the Institute of Medicine of the National
26 Academies).

1 (C) Exposure to toxins relating to a de-
2 ployment during Operation Iraqi Freedom, Op-
3 eration New Dawn, Operation Enduring Free-
4 dom, or the Global War on Terror.

5 (D) Exposure to toxins relating to a de-
6 ployment to Bosnia, Somalia, the Philippines,
7 or other locations determined appropriate by
8 the Secretary.

9 (E) Exposure to toxins relating to being
10 stationed at a military installation potentially
11 contaminated by toxic substances, including
12 Camp Lejeune, North Carolina, Fort McClellan,
13 Alabama, and such installations in Guam.

14 (F) Any other toxic exposure the Secretary
15 determines appropriate.

16 (b) REVIEW.—The Secretary of Veterans Affairs
17 shall enter into an agreement with the National Academy
18 of Sciences to review published scientific information and
19 studies on the health effects of toxic exposures covered in
20 a registry described in subsection (a)(3). Under such
21 agreement, the Institute of Medicine of the National Acad-
22 emies shall submit to the Secretary on a biennial basis
23 a report on toxic substance exposure-related illnesses.
24 Such report shall include—

1 (1) a review of all scientific studies and re-
2 search on the association between toxic substance
3 exposures and specific diseases covered in such a
4 registry, including the level of association between
5 such exposures and the specific diseases; and

6 (2) recommendations for future research.

7 (c) RESEARCH INTO THE EFFECTS OF TOXIC EXPO-
8 SURE ON SECOND AND THIRD GENERATIONS.—In addi-
9 tion to the reviews under subsection (b), the Secretary
10 shall enter into an agreement with the National Academy
11 of Sciences to review published scientific information and
12 studies on the health effects on the children and grand-
13 children of veterans with toxic exposures covered in a reg-
14 istry described in subsection (a)(3). Under such agree-
15 ment, the Institute of Medicine of the National Academies
16 shall submit to the Secretary on a biennial basis a report
17 on toxic substance exposure-related illnesses. Such report
18 shall include—

19 (1) a review of all scientific studies and re-
20 search on the association between toxic substance
21 exposures and specific diseases covered in such a
22 registry in such children and grandchildren, includ-
23 ing the level of association between such exposures
24 and the specific diseases; and

25 (2) recommendations for future research.

1 (d) RESEARCH.—The Secretary shall use the reviews
2 conducted under subsections (b) and (c) to inform the de-
3 cisions made by the Secretary with respect to selecting the
4 research to be conducted or funded by the Department
5 of Veterans Affairs. The Secretary shall submit to the
6 Committees on Veterans’ Affairs of the House of Rep-
7 resentatives and the Senate a report describing how the
8 Secretary used such reviews to make such selections.

9 **SEC. 3. PRESUMPTIONS OF SERVICE CONNECTION FOR ILL-**
10 **NESSES ASSOCIATED WITH TOXIC EXPO-**
11 **SURES ENCOUNTERED BY VETERANS DURING**
12 **MILITARY SERVICE.**

13 (a) IN GENERAL.—Subchapter II of chapter 11 of
14 title 38, United States Code, is amended by adding at the
15 end the following new section:

16 **“§ 1119. Presumptions of service connection for ill-**
17 **nesses associated with toxic exposures**

18 “(a) PRESUMPTION.—(1) For purposes of section
19 1110 of this title, and subject to section 1113 of this title,
20 each illness, if any, described in paragraph (2) shall be
21 considered to have been incurred in or aggravated by serv-
22 ice referred to in that paragraph, notwithstanding that
23 there is no record of evidence of such illness during the
24 period of such service.

1 “(2) An illness referred to in paragraph (1) is any
2 diagnosed or undiagnosed illness that—

3 “(A) the Secretary determines in regulations
4 prescribed under this section to warrant a presump-
5 tion of service connection by reason of having a posi-
6 tive association with exposure to a toxic substance
7 covered in the master registry; and

8 “(B) becomes manifest within the period, if
9 any, prescribed in such regulations in a veteran who
10 served in the Armed Forces and by reason of such
11 service experienced such exposure.

12 “(3) For purposes of this subsection, a veteran who
13 served in the Armed Forces in a location recognized under
14 the master registry as being a source of exposure and has
15 an illness described in paragraph (2) shall be presumed
16 to have been exposed by reason of such service unless
17 there is conclusive evidence to establish that the veteran
18 was not so exposed by reason of such service.

19 “(b)(1)(A) Whenever the Secretary makes a deter-
20 mination described in subparagraph (B), the Secretary
21 shall prescribe regulations providing that a presumption
22 of service connection is warranted for the illness covered
23 by that determination for purposes of this section.

24 “(B) A determination referred to in subparagraph
25 (A) is a determination based on sound medical and sci-

1 entific evidence that a positive association exists be-
2 tween—

3 “(i) the exposure of humans or animals to a
4 toxic substance covered in the master registry; and
5 “(ii) the occurrence of a diagnosed or undiag-
6 nosed illness in humans or animals.

7 “(2)(A) In making determinations for purposes of
8 paragraph (1), the Secretary shall take into account—

9 “(i) the reports submitted to the Secretary by
10 the National Academy of Sciences under section 2(b)
11 of the Veterans’ Toxic Wounds Research Act of
12 2014; and

13 “(ii) all other sound medical and scientific in-
14 formation and analyses available to the Secretary.

15 “(B) In evaluating any report, information, or anal-
16 ysis for purposes of making such determinations, the Sec-
17 retary shall take into consideration whether the results are
18 statistically significant, are capable of replication, and
19 withstand peer review.

20 “(3) An association between the occurrence of an ill-
21 ness in humans or animals and exposure to a toxic sub-
22 stance covered in the master registry shall be considered
23 to be positive for purposes of this subsection if the credible
24 evidence for the association is equal to or outweighs the
25 credible evidence against the association.

1 “(c)(1) Not later than 60 days after the date on
2 which the Secretary receives a report from the National
3 Academy of Sciences under section 2(b) of the Veterans’
4 Toxic Wounds Research Act of 2014, the Secretary shall
5 determine whether or not a presumption of service connec-
6 tion is warranted for each illness, if any, covered by the
7 report.

8 “(2) If the Secretary determines under this sub-
9 section that a presumption of service connection is war-
10 ranted, the Secretary shall, not later than 60 days after
11 making the determination, issue proposed regulations set-
12 ting forth the Secretary’s determination.

13 “(3)(A) If the Secretary determines under this sub-
14 section that a presumption of service connection is not
15 warranted, the Secretary shall, not later than 60 days
16 after making the determination, publish in the Federal
17 Register a notice of the determination. The notice shall
18 include an explanation of the scientific basis for the deter-
19 mination.

20 “(B) If an illness already presumed to be service con-
21 nected under this section is subject to a determination
22 under subparagraph (A), the Secretary shall, not later
23 than 60 days after publication of the notice under that
24 subparagraph, issue proposed regulations removing the
25 presumption of service connection for the illness.

1 “(4) Not later than 90 days after the date on which
2 the Secretary issues any proposed regulations under this
3 subsection, the Secretary shall issue final regulations.
4 Such regulations shall be effective on the date of issuance.

5 “(d) Whenever the presumption of service connection
6 for an illness under this section is removed under sub-
7 section (c)—

8 “(1) a veteran who was awarded compensation
9 for the illness on the basis of the presumption before
10 the effective date of the removal of the presumption
11 shall continue to be entitled to receive compensation
12 on that basis; and

13 “(2) a survivor of a veteran who was awarded
14 dependency and indemnity compensation for the
15 death of a veteran resulting from the illness on the
16 basis of the presumption before that date shall con-
17 tinue to be entitled to receive dependency and in-
18 demnity compensation on that basis.

19 “(e) MASTER REGISTRY DEFINED.—In this section,
20 the term ‘master registry’ means the registry of veterans
21 who experienced toxic exposures established by section 2
22 of the Veterans’ Toxic Wounds Research Act of 2014.”.

23 (b) CLERICAL AMENDMENT.—The table of sections
24 at the beginning of such chapter is amended by inserting

1 after the item relating to section 1118 the following new
 2 item:

“1119. Presumptions of service connection for illnesses associated with toxic exposures.”.

3 **SEC. 4. INCLUSION OF CERTAIN INFORMATION IN ELECTRONIC HEALTH RECORDS.**
 4

5 In implementing the electronic health record system
 6 of the Department of Veterans Affairs, the Secretary of
 7 Veterans Affairs shall ensure that the electronic health
 8 record of each individual includes, at a minimum, the fol-
 9 lowing information:

10 (1) Whether the individual served in the Armed
 11 Forces.

12 (2) The Armed Force in which the individual
 13 served.

14 (3) The locations in which the individual was
 15 stationed or deployed to during such service.

16 (4) The dates of such service.

17 (5) The military occupational specialty of the
 18 individual.

19 (6) The results of any tests or assessments of
 20 the individual regarding—

21 (A) vision;

22 (B) hearing;

23 (C) hepatitis C;

24 (D) HIV;

- 1 (E) blood pressure;
- 2 (F) cholesterol;
- 3 (G) blood glucose test and diabetes infor-
- 4 mation;
- 5 (H) body mass index measurement;
- 6 (I) bone density, as appropriate based on
- 7 the age or sex of the individual;
- 8 (J) cancer screenings (as appropriate
- 9 based on the age, sex, race, or ethnicity of the
- 10 individual) for—
 - 11 (i) breast cancer;
 - 12 (ii) colorectal cancer;
 - 13 (iii) lung cancer;
 - 14 (iv) prostate cancer; and
 - 15 (v) skin cancer;
- 16 (K) preventive immunizations, if not cur-
- 17 rent;
- 18 (L) spirometry (for lung function);
- 19 (M) smoking;
- 20 (N) a mental health evaluation;
- 21 (O) substance abuse; or
- 22 (P) infectious diseases or parasites or
- 23 other adverse health conditions endemic to

1 where the individual served while in the mili-
2 tary.

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