

National Cemetery. Earlier today we honored four members of the United States Armed Forces, and it was my privilege to be there. The late Congresswoman Juanita Millender-McDonald, a key member in the Women's Caucus, was instrumental in organizing this year's celebration.

It wasn't until 1971 that the last Monday in May became the official national holiday, as we know today, as Memorial Day. The day itself was born from the tragedy of the Civil War when soldiers and family members in the North and the South decorated the graves of fallen soldiers with flowers.

In 1868, seeking to formalize this touching tribute, General John Logan, Commander in Chief of the Grand Army of the Republic, issued General Order Number 11 designating May 30, 1868, as Decoration Day, for the purpose of laying flowers and decorating graves of those who died in the defense of their country, our great country.

All together, these bills move benefits for veterans into the 21st century. From extending the eligible period for health care for combat service in the Persian Gulf to treating of trauma, brain injury, vocational rehabilitation benefits, chiropractic benefits and outreach activities at the VA, finally to deal with the final resting place for those who have sacrificed for the freedom of this Nation, these bills and this House honor our Nation's veterans.

I support all of these bills, and I urge my colleagues to support them as well. Let us all honor the veterans who have done so much for us and these families as we go into Memorial Day.

God bless America.

Mr. MORAN of Kansas. Mr. Speaker, I yield back the balance of my time.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 1470.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1470.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. FILNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

TRAUMATIC BRAIN INJURY HEALTH ENHANCEMENT AND LONG-TERM SUPPORT ACT OF 2007

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2199) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide certain improvements in the treatment of individuals with traumatic brain injuries, and for other purposes, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 2199

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007'.

SEC. 2. SCREENING, REHABILITATION, AND TREATMENT FOR TRAUMATIC BRAIN INJURY.

(a) SCREENING, REHABILITATION, AND TREATMENT FOR TRAUMATIC BRAIN INJURY.—

(1) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by adding at the end the following new subchapter:

"SUBCHAPTER IX—TRAUMATIC BRAIN INJURY

“§ 1791. Screening for traumatic brain injuries

(a) SCREENING PROGRAM.—The Secretary shall establish a program to screen veterans who are eligible for hospital care, medical services, and nursing home care under section 1710(e)(1)(D) of this title for symptoms of traumatic brain injury.

(b) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) The number of veterans screened under the program during the year preceding such report.

(2) The prevalence of traumatic brain injury symptoms among the veterans screened under the program.

(3) Recommendations for improving care and services to veterans exhibiting symptoms of traumatic brain injury.

“§ 1792. Comprehensive program for long-term traumatic brain injury rehabilitation

(a) COMPREHENSIVE PROGRAM.—The Secretary shall develop and carry out a comprehensive program of long-term care for post-acute traumatic brain injury rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary treatment teams.

(b) LOCATION OF PROGRAM.—The Secretary shall carry out the program developed under subsection (a) in four geographically dispersed polytrauma network sites designated by the Secretary.

(c) ELIGIBILITY.—A veteran is eligible for care under the program developed under subsection (a) if the veteran is otherwise eligible for care under this chapter and—

(1) served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998;

(2) is diagnosed as suffering from moderate to severe traumatic brain injury; and

(3) is unable to manage routine activities of daily living without supervision or assistance.

(d) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) A description of the operation of the program.

(2) The number of veterans provided care under the program during the year preceding such report.

(3) The annual cost of operating the program.

“§ 1793. Traumatic brain injury transition of

(a) ESTABLISHMENT.—The Secretary shall establish a traumatic brain injury transition office at each Department polytrauma network site for the purposes of coordinating the provision of health-care and services to veterans who suffer from moderate to severe traumatic brain injuries and are in need of health-care and services not immediately offered by the Department.

(b) COOPERATIVE AGREEMENTS.—The Secretary, through each such office established under subsection (a), shall have the authority to arrange for the provision of health-care and services through cooperative agreements with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.

“§ 1794. Traumatic brain injury registry

(a) IN GENERAL.—The Secretary shall establish and maintain a registry to be known as the 'Traumatic Brain Injury Veterans' Health Registry' (in this section referred to as the 'Registry').

(b) DESCRIPTION.—The Registry shall include the following information:

(1) A list containing the name of each individual who served as a member of the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom who exhibits symptoms associated with traumatic brain injury and who—

(A) applies for care and services from the Department under this chapter; or

(B) files a claim for compensation under chapter 11 of this title on the basis of any disability which may be associated with such service; and

(2) any relevant medical data relating to the health status of an individual described in paragraph (1) and any other information the Secretary considers relevant and appropriate with respect to such an individual if the individual—

(A) grants permission to the Secretary to include such information in the Registry; or

(B) is deceased at the time such individual is listed in the Registry.

(C) NOTIFICATION.—The Secretary shall notify individuals listed in the Registry of significant developments in research on the health consequences of military service in the Operation Enduring Freedom and Operation Iraqi Freedom theaters of operations.

“§ 1795. Centers for traumatic brain injury research, education, and clinical activities

(a) PURPOSE.—The purpose of this section is to provide for the improvement of the provision of health care to eligible veterans with traumatic brain injuries through—

(1) the conduct of research (including research on improving facilities of the Department concentrating on traumatic brain injury care and on improving the delivery of traumatic brain injury care by the Department);

(2) the education and training of health care personnel of the Department; and

“(3) the development of improved models and systems for the furnishing of traumatic brain injury care by the Department.

“(b) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish and operate centers for traumatic brain injury research, education, and clinical activities. Such centers shall be established and operated by collaborating Department facilities as provided in subsection (c)(1). Each such center shall function as a center for—

“(A) research on traumatic brain injury;

“(B) the use by the Department of specific models for furnishing traumatic brain injury care;

“(C) education and training of health-care professionals of the Department; and

“(D) the development and implementation of innovative clinical activities and systems of care with respect to the delivery of traumatic brain injury care by the Department.

“(2) The Secretary shall, upon the recommendation of the Under Secretary for Health, designate the centers under this section. In making such designations, the Secretary shall ensure that the centers designated are located in various geographic regions of the United States. The Secretary may designate a center under this section only if—

“(A) the proposal submitted for the designation of the center meets the requirements of subsection (c);

“(B) the Secretary makes the finding described in subsection (d); and

“(C) the peer review panel established under subsection (e) makes the determination specified in subsection (e)(3) with respect to that proposal.

“(3) Not more than five centers may be designated under this section.

“(4) The authority of the Secretary to establish and operate centers under this section is subject to the appropriation of funds for that purpose.

“(c) PROPOSALS FOR DESIGNATION OF CENTERS.—A proposal submitted for the designation of a center under this section shall—

“(1) provide for close collaboration in the establishment and operation of the center, and for the provision of care and the conduct of research and education at the center, by a Department facility or facilities in the same geographic area which have a mission centered on traumatic brain injury care and a Department facility in that area which has a mission of providing tertiary medical care;

“(2) provide that no less than 50 percent of the funds appropriated for the center for support of clinical care, research, and education will be provided to the collaborating facility or facilities that have a mission centered on traumatic brain injury care; and

“(3) provide for a governance arrangement between the collaborating Department facilities which ensures that the center will be established and operated in a manner aimed at improving the quality of traumatic brain injury care at the collaborating facility or facilities which have a mission centered on traumatic brain injury care.

“(d) FINDING OF SECRETARY.—The finding referred to in subsection (b)(2)(B) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendation of the Under Secretary for Health, that the facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

“(1) An arrangement with an accredited medical school that provides education and training in traumatic brain injury care and with which one or more of the participating Department facilities is affiliated under which medical residents receive education and training in traumatic brain injury care

through regular rotation through the participating Department facilities so as to provide such residents with training in the diagnosis and treatment of traumatic brain injury.

“(2) An arrangement under which nursing, social work, counseling, or allied health personnel receive training and education in traumatic brain injury care through regular rotation through the participating Department facilities.

“(3) The ability to attract scientists who have demonstrated achievement in research—

“(A) into the evaluation of innovative approaches to the design of traumatic brain injury care; or

“(B) into the causes, prevention, and treatment of traumatic brain injury.

“(4) The capability to evaluate effectively the activities of the center, including activities relating to the evaluation of specific efforts to improve the quality and effectiveness of traumatic brain injury care provided by the Department at or through individual facilities.

“(e) PEER REVIEW PANEL.—(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the official within the central office of the Veterans Health Administration responsible for traumatic brain injury care shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section.

“(2) The panel shall consist of experts in the fields of traumatic brain injury research, education and training, and clinical care. Members of the panel shall serve as consultants to the Department.

“(3) The panel shall review each proposal submitted to the panel by the official referred to in paragraph (1) and shall submit to that official its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

“(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

“(f) AWARD OF FUNDING.—Clinical and scientific investigation activities at each center established under this section—

“(1) may compete for the award of funding from amounts appropriated for the Department of Veterans Affairs medical and prosthetics research account; and

“(2) shall receive priority in the award of funding from such account insofar as funds are awarded to projects and activities relating to traumatic brain injury.

“(g) DISSEMINATION OF USEFUL INFORMATION.—The Under Secretary for Health shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section that may be useful for other activities of the Veterans Health Administration is disseminated throughout the Veterans Health Administration. Such dissemination shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

“(h) SUPERVISION OF CENTERS.—The official within the central office of the Veterans Health Administration responsible for traumatic brain injury care shall be responsible for supervising the operation of the centers

established pursuant to this section and shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

“(i) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to the Department of Veterans Affairs for the basic support of the research and education and training activities of centers established pursuant to this section such sums as may be necessary.

“(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical services account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.

“(j) ANNUAL REPORTS.—Not later than February 1 of each of year, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the status and activities of the centers for traumatic brain injury research, education, and clinical activities during the preceding fiscal year. Each such report shall include the following:

“(1) A description of the activities carried out at each center and the funding provided by the Department for such activities.

“(2) A description of the advances made at each of the participating facilities of the center in research, education and training, and clinical activities relating to traumatic brain injury care and treatment.

“(3) A description of the actions taken by the Under Secretary for Health pursuant to subsection (g) to disseminate information derived from such activities throughout the Veterans Health Administration.

“(4) The evaluation of the Secretary as to the effectiveness of the centers in fulfilling the purposes of this section.

“(k) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to the Department of Veterans Affairs for the basic support of the research and education and training activities of centers established pursuant to this section amounts as follows:

“(A) \$10,000,000 for fiscal year 2008.

“(B) \$20,000,000 for each of fiscal years 2009 through 2011.

“(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical services account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.

§1796. Committee on Care of Veterans with Traumatic Brain Injury

“(a) ESTABLISHMENT.—The Secretary shall establish in the Veterans Health Administration a committee to be known as the ‘Committee on Care of Veterans with Traumatic Brain Injury’. The Under Secretary for Health shall appoint employees of the Department with expertise in the care of veterans with traumatic brain injury to serve on the committee.

“(b) RESPONSIBILITIES OF COMMITTEE.—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury. In carrying out that responsibility, the committee shall—

“(1) evaluate the care provided to such veterans through the Veterans Health Administration;

“(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

“(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

“(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

“(c) ADVICE AND RECOMMENDATIONS.—The committee shall—

“(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of veterans with traumatic brain injury; and

“(2) make recommendations to the Under Secretary—

“(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

“(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration;

“(C) regarding research needs and priorities relevant to the care of such veterans; and

“(D) regarding the appropriate allocation of resources for all such activities.

“(d) ANNUAL REPORT.—Not later than June 1 of 2008, and each subsequent year, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the implementation of this section. Each such report shall include the following for the calendar year preceding the year in which the report is submitted:

“(1) A list of the members of the committee.

“(2) The assessment of the Under Secretary for Health, after review of the initial findings of the committee, regarding the capability of the Veterans Health Administration, on a systemwide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

“(3) The plans of the committee for further assessments.

“(4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

“(5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.”.

(2) CLERICAL AMENDMENT.—The table of contents at the beginning of such chapter is amended by adding at the end the following new items:

“SUBCHAPTER IX—TRAUMATIC BRAIN INJURY
“1791. Screening for traumatic brain injuries.

“1792. Comprehensive program for long-term traumatic brain injury rehabilitation.

“1793. Traumatic brain injury transition offices.

“1794. Traumatic brain injury registry.

“1795. Centers for traumatic brain injury research, education, and clinical activities.

“1796. Committee on Care of Veterans with Traumatic Brain Injury.”.

(b) EFFECTIVE DATE.—The Secretary shall implement the requirements of subchapter IX of title 38, United States Code, as added by subsection (a), not later than 180 days after the date of the enactment of this Act.

SEC. 3. PILOT PROGRAM FOR DELIVERY OF CERTAIN SERVICES TO VETERANS THROUGH MOBILE VET CENTERS.

(a) PILOT PROGRAM.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1712B the following new section:

“§ 1712C. Pilot program for delivery of certain services through mobile Vet Centers

“(a) PILOT PROGRAM.—To improve access to mental health services in rural areas, the Secretary shall carry out a pilot program under which the Secretary shall provide readjustment counseling, related mental health services, benefits outreach, and, to the extent practicable, assistance with claims for benefits under this title through the use of mobile centers (as that term is defined in section 1712A(i)(1)), to be known as ‘mobile Vet Centers’. In carrying out the pilot program, the Secretary shall determine the most effective manner in which to operate the mobile Vet Centers.

“(b) SCOPE AND LOCATION.—(1) The Secretary shall establish two mobile Vet Centers in each of the following five Veterans Integrated Service Networks:

“(A) Veterans Integrated Service Network 1.

“(B) Veterans Integrated Service Network 16.

“(C) Veterans Integrated Service Network 19.

“(D) Veterans Integrated Service Network 20.

“(E) Veterans Integrated Service Network 23.

“(2) Within each Veterans Integrated Service Network under paragraph (1), the Secretary shall determine the area to be serviced by each mobile Vet Center. In making that determination, the Secretary shall give priority to areas in which limited mental health and outreach services are available.

“(3) If the Secretary determines that mobile Vet Centers in addition to such centers required under paragraph (1) are warranted, the Secretary may establish additional mobile Vet Centers and may establish such centers in Veterans Integrated Service Networks other than the Veterans Integrated Service Networks referred to in that paragraph. Upon such a determination by the Secretary, the Secretary shall notify the Committees on Veterans’ Affairs of the Senate and House of Representatives of such determination.

“(c) TERMINATION.—The authority to carry out a pilot program under this section shall terminate on the date that is three years after the date of the enactment of this section.

“(d) REPORT.—Not later than 90 days after the date on which the pilot program terminates under subsection (a), the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the pilot program. Such report shall describe how the Secretary established and carried out the pilot program and include an evaluation of the Secretary of the benefits and disadvantages of providing readjustment counseling, related mental health services, benefits outreach, and claims assistance through the use of mobile Vets Centers.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$7,500,000 for fiscal year 2008 and each subsequent fiscal year.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is

amended by inserting after the item related to section 1712B the following new item:

“1712C. Pilot program for delivery of certain services through mobile Vet Centers.”.

SEC. 4. ADVISORY COMMITTEE ON RURAL VETERANS.

(a) ESTABLISHMENT OF COMMITTEE.—Subchapter III of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 546. Advisory Committee on Rural Veterans

“(a) ESTABLISHMENT.—(1) The Secretary shall establish an advisory committee to be known as the ‘Advisory Committee on Rural Veterans’ (hereinafter in this section referred to as ‘the Committee’).

“(2)(A) The Committee shall consist of members appointed by the Secretary from the general public, including—

“(i) representatives of rural veterans;

“(ii) individuals who are recognized authorities in fields pertinent to the needs of rural veterans, including specific or unique health-care needs of rural veterans and access issues of rural veterans;

“(iii) individuals who have expertise in the delivery of mental health care in rural areas;

“(iv) individuals who have expertise in the delivery of long-term care in rural areas;

“(v) at least one veterans service organization representative from a rural State; and

“(vi) representatives of rural veterans with service-connected disabilities.

“(B) The Committee shall include, as ex officio members—

“(i) the Secretary of Health and Human Services (or a representative of the Secretary of Health and Human Services designated by that Secretary);

“(ii) the Director of the Indian Health Service (or a representative of that Director); and

“(iii) the Under Secretary for Health and the Under Secretary for Benefits, or their designees.

“(C) The Secretary may invite representatives of other departments and agencies of the United States to participate in the meetings and other activities of the Committee.

“(3) The Secretary shall determine the number, terms of service, and pay and allowances of members of the Committee appointed by the Secretary, except that a term of service of any such member may not exceed three years. The Secretary may re-appoint any such member for additional terms of service.

“(b) RESPONSIBILITIES OF COMMITTEE.—The Secretary shall, on a regular basis, consult with and seek the advice of the Committee with respect to the administration of benefits by the Department for rural veterans, reports and studies pertaining to rural veterans, and the needs of rural veterans with respect to primary care, mental health care, and long-term care needs of rural veterans.

“(c) REPORT.—(1) Not later than September 1 of each odd-numbered year until 2013, the Committee shall submit to the Secretary a report on the programs and activities of the Department that pertain to rural veterans. Each such report shall include—

“(A) an assessment of the needs of rural veterans with respect to primary care, mental health care, and long-term care needs of rural veterans and other benefits and programs administered by the Department;

“(B) a review of the programs and activities of the Department designed to meet such needs; and

“(C) such recommendations (including recommendations for administrative and legislative action) as the Committee considers appropriate.

“(2) The Secretary shall, within 60 days after receiving each report under paragraph

(1), submit to Congress a copy of the report, together with any comments concerning the report that the Secretary considers appropriate.

“(3) The Committee may also submit to the Secretary such other reports and recommendations as the Committee considers appropriate.

“(4) The Secretary shall submit with each annual report submitted to Congress pursuant to section 529 of this title a summary of all reports and recommendations of the Committee submitted to the Secretary since the previous annual report of the Secretary submitted pursuant to that section.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“546. Advisory Committee on Rural Veterans.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I would point out this is one of the most important bills on the floor today or at any time. It's called the Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007.

The wounded from wars in Afghanistan and Iraq are returning with multiple injuries due to the use of improvised explosive devices, or IEDs. This often results in servicemembers and veterans needing polytrauma care, and has caused an increase in veterans with brain injury, or TBI.

We are going to have tens of thousands of these young men and women with these injuries. Among veterans and servicemembers that return from OEF and OIF and treated at Walter Reed for injuries of any type, approximately 65 percent have TBI or a comorbid, as they call it, diagnosis. Survivors of TBI experience physical, cognitive, emotional and community integration issues. Because of their injury, their capacity and initiative to seek appropriate care on their own is diminished.

We are also faced with thousands of veterans returning from Iraq and Afghanistan with milder cases of brain injury. This milder case often is missed and goes untreated, and symptoms may often mirror that of PTSD. Indeed, according to the Defense and Veterans Brain Injury Center, in prior military conflicts, TBI was present in up to 14 to 20 percent of surviving casualties. The numbers for operations in OEF/OIF are predicted to go much, much higher.

We must ensure that the health care and services that meet the needs of returning servicemembers are available and accessible, while never forgetting the needs of veterans from previous conflicts. This bill provides for mandatory screening of veterans for traumatic brain injury. It requires the Secretary to establish a comprehensive program of long-term care, of

postacute traumatic brain injury rehabilitation at four geographically disbursed polytrauma network sites. It provides for the establishment of TBI transition offices at each Department polytrauma network site to coordinate health care and services to veterans who suffer from moderate to severe traumatic brain injuries. It requires the Secretary to establish a registry of those who served in Iraq who exhibit symptoms associated with TBI.

This legislation establishes centers for TBI research, education and clinical activities, and requires the Secretary to establish a committee on the care of veterans with TBI. In addition to the provisions that address health care, research and treatment for veterans, this legislation also provides for veterans who reside in rural areas.

Mr. Speaker, it is a very important bill. We will hear soon from Mr. MICHAUD, the chairman of our Health Subcommittee, who was the primary author of this, who has been a leader to make sure that we serve the veterans who come back with these incredible injuries, that they receive the proper care that they need.

Mr. Speaker, I reserve the balance of my time.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

Let me first take this opportunity to thank the chairman of the Subcommittee on Health, Mr. MICHAUD, as well as the subcommittee's ranking member, Mr. MILLER, for their leadership in developing this legislation.

H.R. 2199, as amended, the Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007, seeks to improve the treatment of veterans suffering with traumatic brain injuries, often referred to as TBI, and the care for veterans who live in rural communities.

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However, I would comment that several of the provisions included in this legislation are similar to initiatives that already exist or are getting underway. For example, section 2 of the bill would require the VA to screen eligible veterans for symptoms of traumatic brain injury and create a TBI registry. These are also the recommendations of the President's task force on returning global war on terror heroes. In addition, in March 2007, Secretary Nicholson directed a number of changes to improve the way the VA provides care to our newest combat veterans.

These veterans initiatives include screening all OEF and OIF combat patients for TBI and for PTSD; providing each polytrauma patient with an advocate to assist them and their family; mandatory training for all VA health care personnel to recognize and care for patients with TBI; and establishing an outside panel of clinical experts to review the VA polytrauma system of care.

Additionally, the bill would provide five new centers for TBI research, edu-

cation, and clinical activities. During the 108th Congress, we recognized the frequency and unique nature of the polytrauma/blast injuries resulting from the global war on terror. These injuries require an interdisciplinary program to handle the medical, psychological, rehabilitation, and prosthetic needs of the injured servicemember.

Public Law 108-422, the Veterans' Health Programs Improvement Act of 2004, directed VA to establish “an appropriate number of centers for research, education, and clinical activities to improve and coordinate rehabilitative services for veterans suffering from complex multitrauma from combat injuries, and to coordinate these services with the Department of Defense.”

The centers required in Public Law 108-422 became the Polytrauma System of Care. There are four centers located in Richmond, VA; Tampa, FL; Minneapolis, MN; and Palo Alto, CA. The committee strongly recommends that the new TBI centers be colocated with the VA's polytrauma rehabilitation centers. In this way, we can capitalize on the experience and expertise available at the polytrauma centers and enhance the ability to understand and treat the entire spectrum of the TBI injury from mild to most severe.

I want to thank Mr. MICHAUD for recognizing that we can actually get some benefits by the colocation of these services where TBI is already located. Because we take and concentrate such expertise, the colocation can only have benefits. And the gentleman worked with me, and I think because TBI have a number of comorbidities such as PTSD, depression, anxiety disorders, and while these issues may appear with TBI, they may also exhibit themselves separately from TBI, and I think that is exactly what Mr. MICHAUD is trying to get to. So I want to thank the gentleman for his leadership and for bringing this bill to the committee, along with your staff, for their good work.

Mr. Speaker, I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I recognize the chairman of our subcommittee who has taken such a great leadership role on these issues, the gentleman from Maine (Mr. MICHAUD) for 4 minutes.

Mr. MICHAUD. Mr. Speaker, I thank the chairman for yielding.

H.R. 2199 is a bipartisan effort to address the challenges presented by traumatic brain injury and to improve the quality of care for our rural veterans.

TBI is considered to be the signature wound of this war. TBI is complex and frequently overlooked or misdiagnosed.

We also have very little understanding of the long-term consequences of TBI. We must make sure that the VA is doing all they can to provide for these wounded soldiers. This is only the beginning, we still have more work to do, but this is a good first step.

H.R. 2199 also includes two provisions to improve the quality of care provided

to our rural veterans. With so many veterans from Iraq and Afghanistan living in rural areas, and an already existing population of older veterans in these areas, we need to explore innovative ways to improve VA accessibility and quality of care, especially on mental health issues. You heard both from the chairman and ranking member as far as what this legislation does.

I would like to recognize the hard work of a group of Members on both sides of the aisle who helped craft this legislation. This truly is bipartisan legislation. I do want to start with my good friend, Mr. MILLER of Florida, who is the ranking member of the Health Care Subcommittee, who has been extremely helpful in getting this legislation introduced and moved through the full committee; also, Mr. ALTMIRE of Pennsylvania, who has taken a real leadership role in traumatic brain injury, and for his focus on TBI with his legislation, H.R. 1944, which is included in H.R. 2199; Mr. WALZ of Minnesota, for his legislation to establish centers for TBI research, education, and clinical activities, which are now also included in H.R. 2199, who also served on the Veterans' Affairs Committee; and Mr. McNERNEY of California, his legislation was included in H.R. 2199 to create the Committee on Care for Veterans with TBI; Mr. DONNELLY, who sits on the Veterans' Affairs Committee, of Indiana, for his bill which was included in section 4 of H.R. 2199, to create an advisory committee on rural veterans; Mr. WELCH of Vermont, for his bill and efforts to establish a pilot program for mobile vet centers, which are extremely important for rural areas; Mr. LAMBORN of Colorado, for his amendment to include providing benefits outreach and assistance with claims for benefits as part of the mission of mobile vet centers. He also sits on the committee and was very helpful in making this bill a better bill.

So this truly has been a real bipartisan piece of legislation that took a lot of components of other bills that were through, that were introduced and we had hearings on, to be part of this bill.

I also would like to thank Ranking Member BUYER for his focus on this issue, and for his understanding of the importance of long-term research and the pursuit of the best practices for TBI care. He definitely has been very helpful with this legislation.

And, finally, I would like to thank and congratulate Chairman FILNER for his strong bipartisan leadership on this bill and other veterans bills on the floor as well, and look forward to tackling other veterans issues as we move forward in the 110th Congress.

I urge my colleagues to support H.R. 2199.

Mr. BUYER. Mr. Speaker, I would like to thank Mr. MICHAUD because he did his committee work. He did his committee work because we brought a bill to the floor. Yes, under suspension,

Mr. FILNER, but he did his committee work. He filed a report which allowed us to work with him. When you don't file a report, you deny the minority their opportunity to be heard.

So I want to thank Mr. MICHAUD for working with us and for his leadership.

Mr. Speaker, I yield such time as he may consume to the gentleman from Arkansas (Mr. BOOZMAN).

Mr. BOOZMAN. The only thing I would say is that, again, I am very much in support of the bill and I appreciate the leadership that was shown, as Mr. BUYER just said, in getting the bill forward. I think it is a great example of everybody working together which, again, our committee very often does demonstrate. So I am very much in support, and urge a "yes" vote.

Mr. FILNER. Mr. Speaker, I yield 1½ minutes to the chairwoman of our Economic Opportunity Subcommittee, the gentlelady from South Dakota, STEPHANIE HERSETH SANDLIN.

Ms. HERSETH SANDLIN. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of H.R. 2199, the Traumatic Brain Injury Health Enhancement and Long-Term Support Act. I would like to thank the chairman of the Veterans' Affairs Health Subcommittee, Mr. MICHAUD, for introducing this important bill, and to thank Chairman FILNER and the ranking member for their support of this legislation.

Among other provisions, H.R. 2199 requires screening of veterans for TBI, establishes a comprehensive program for long-term TBI rehabilitation to be located at the polytrauma centers, and creates TBI transition offices at each of the polytrauma network sites. In addition, the bill creates an advisory committee on rural veterans. These are important steps toward helping the young men and women who have suffered traumatic brain injury, and ensuring the needs of our rural veterans are addressed.

Working closely with a National Guard soldier from South Dakota who suffered a traumatic brain injury while serving in Iraq, and having visited him and his family at the Minneapolis polytrauma center, I witnessed both the good and the bad of the VA's efforts to deal with these wounded servicemembers. While we have made remarkable strides in treating veterans with brain injuries, there is much room for improvement, especially when it comes to the long-term support of these servicemembers.

I believe the Traumatic Brain Injury Health Enhancement and Long-Term Support Act will tremendously improve the services available to veterans suffering from TBI. I look forward to continuing working with my colleagues on the Veterans' Affairs Committee to address these and other issues related to treating veterans suffering from traumatic brain injury.

Again, I thank Representative MICHAUD for introducing and advancing this bill, and I ask my colleagues to support H.R. 2199.

Mr. BUYER. Mr. Speaker, I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, we have had many people contribute to this legislation, as Mr. MICHAUD said. I would like to recognize a great new Member from Indiana who has worked hard on this legislation, Mr. DONNELLY, for 2 minutes.

Mr. DONNELLY. Mr. Speaker, I rise today in strong support of H.R. 2199.

Mr. Speaker, this bill will help us better care for America's wounded warriors suffering from traumatic brain injury, the signature wound of the Iraq and Afghanistan wars. This important legislation will require the VA to better screen veterans for symptoms of TBI, devise a long-term care strategy, and promote better understanding of TBI and how we can provide the best care possible.

I also want to thank my good friend, Mr. MICHAUD, for including my bill, H.R. 2190, establishing an advisory committee on rural veterans, as a provision of this legislation.

Mr. Speaker, over 40 percent of returning Iraq and Afghanistan veterans are coming home to rural communities, and countless older veterans live in rural America, places like Pulaski County and Starke County, Indiana. The health care needs and services rural veterans require are very, very unique. These veterans often have increased barriers to obtaining the same quality of care as their urban and suburban counterparts. We must do better by them.

It is critical that the VA have direct input from rural veterans at the highest level of policymaking. The Advisory Committee on Rural Veterans will work with and advise the VA Secretary on how policies and programs affect them, and how services can be improved for rural veterans and their families.

I urge my colleagues in the House to pass this bill to improve care for our wounded warriors and America's rural veterans.

Mr. BUYER. Mr. Speaker, I would also like to express my support for a provision in the bill that would require the VA to establish a TBI transition office at each of the polytrauma network sites. Not only is this vital for the DOD and the VA to provide for a seamless transition from active duty to veteran status, but it is also important for VA to aid in the coordination of veteran care between VA and other health care providers for services that could possibly not be provided by the VA. These transition offices would help coordinate veterans care for services not offered by the VA, and have the authority to arrange care with public or private entities to establish long-term neurobehavioral rehabilitation and recovery programs.

The bill also includes two rural health initiative provisions, one of which would establish a pilot program for vet centers in rural areas. H.R. 2199, as amended, included an amendment

offered by Mr. LAMBORN of Colorado, the ranking member of the Subcommittee on Disability Assistance and Memorial Affairs. This amendment will expand the role of the mobile vet center pilot program to include helping veterans in need of assistance in the filing of benefits claims.

Mr. Speaker, I yield such time as he may consume to the gentleman from Colorado (Mr. LAMBORN).

Mr. LAMBORN. Mr. Speaker, I rise in strong support of H.R. 2199, the Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007. I thank Chairman FILNER, Ranking Member BUYER, and Health Subcommittee Chairman MICHAUD, the sponsor of this legislation, for their leadership in bringing this excellent legislation to the floor. I especially want to thank the gentleman from Maine for working with me on a bipartisan basis to include my amendment in this bill.

One of the provisions of H.R. 2199, as introduced, is a pilot program of mobile vet centers which would provide veterans with readjustment counseling and related mental health services. My amendment would require that these mobile vet centers have trained staff to provide veterans with benefits outreach and help them with their claims applications and questions.

Mr. Speaker, much of the trouble associated with the claims processing system is related to a veteran's difficulties in filing a correct and complete claim. Veterans may have an incomplete understanding of the claims system.

□ 1730

That could easily lead to an imperfectly completed application. My amendment would help solve this problem by placing qualified VA employees in the mobile vet centers to educate the veteran and help him or her to correctly fill out their paperwork the first time.

H.R. 2199 could have significant impact on reducing the growing backlog of compensation and pension claims. I ask my colleagues to support this legislation. It will help veterans with traumatic brain injury get the care they need. At the same time, it will help veterans seeking to apply for the benefits they have earned in service to their Nation.

Mr. FILNER. Mr. Speaker, I would like to yield 2 minutes to another hard-working new member from our committee, the gentleman from California (Mr. MCNERNEY).

Mr. MCNERNEY. Mr. Speaker, traumatic brain injury is the signature injury of the war in Iraq.

Let me explain a little bit what happens to a veteran soldier with a traumatic brain injury. They remove part of your skull so that your brain can expand into that while it's swelling up. They give you blood thinners so that you don't have blood clots. They give you antibiotics, and they put on a vest

that keeps your body temperature cold, again so that you don't swell up and cause more injury. So this is the kind of thing that these veterans, these soldiers are going through.

And we estimate that there's approximately 12,000 servicemembers with some degree of traumatic brain injury. That's why I was motivated, along with Mr. BOOZMAN from Arkansas, to introduce the Caring for Veterans with Traumatic Brain Injury Act of 2007.

H.R. 2199 ensures that the VA will develop the infrastructure necessary to meet the needs of an increasing number of veterans diagnosed with TBI. Among other things, the bill requires the VA to screen all veterans for TBI. It creates a registry for veterans with TBI so that we don't lose track of them once they're diagnosed, and it also creates transition offices for patients with TBI who live in areas where the Veterans Administration isn't able to meet their needs.

I'm thankful for the leadership of Mr. MICHAUD and Mr. FILNER on this issue, and for the opportunity to speak in favor of 2199.

Mr. BUYER. Mr. Speaker, I reserve my time.

Mr. FILNER. Mr. Speaker, I would like to yield 2 minutes to another hard-working new member of our committee, the highest-enlisted man ever to be elected to Congress, Command Sergeant Major TIM WALZ from Minnesota.

Mr. WALZ of Minnesota. Mr. Speaker, I rise today in support of H.R. 2199. I want to thank my colleague from Maine for sponsoring this piece of legislation; also thank my colleague from Maine (Mr. MICHAUD), who's been a leader on this issue and veterans issues in general; grateful that he introduced this piece of legislation, and grateful that he allowed a piece of legislation that I had introduced establishing the five TBI centers around the country.

I'd also like to thank the ranking member, the gentleman from Indiana, for his thoughtful guidance on the colocation of those facilities. I think it's absolutely the right thing to do. I think it concentrates our resources and our expertise. So I thank him for that addition to it.

The colocation at the polytrauma centers is the right thing to do. The research that's being done there is world class. And I think an example of how we can enhance that comes from, and you just heard one of my colleagues speaking about this injury.

I visit the VA centers every Veterans Day for the last quite some time. And several years ago there was a young man from Michigan there, and he had suffered a traumatic brain injury. He had survived a shrapnel wound, but his brain had literally been turned inside of his head. And because of the great care he was receiving there, he was stabilized, and he was starting to rehabilitate. This bill will allow us to enhance his recovery, starting to reintegrate

him back to the life that he knows and that he should be able to live.

On this floor we're going to continue to debate the wars. We're going to continue to see the debates divide us on the war in Iraq. This Congress, and I thank the ranking member, and the chairman for allowing the care of our veterans to bring us back together. Regardless of how we feel on this war, this Congress and this committee is proving that the 110th Congress can and will advance crucial legislation like H.R. 2199. So I thank you both. I thank my colleagues.

Mr. BUYER. Mr. Speaker, I want to thank the gentleman who just spoke. As a retired sergeant major, we benefit by his expertise not only on the Veterans' Affairs Committee, but also in Congress. We have a lot of people here who have been enlisted, and we have had officers and generals and admirals, but when you get a sergeant major, they speak softly. And there's a reason the sergeant major speaks softly, because he doesn't have to speak loudly because they are so well respected. And so, Sergeant Major, your contributions to the committee are recognized and appreciated.

Mr. Speaker, I reserve my time.

Mr. FILNER. Mr. Speaker, how much time do we have left?

The SPEAKER pro tempore. The gentleman from California has 6½ minutes.

Mr. FILNER. I would now recognize another great new Member from Pennsylvania (Mr. ALTMIRE) for 2 minutes. He has taken the lead on dealing with traumatic brain injury.

Mr. ALTMIRE. Mr. Speaker, our brave service men and women are returning from Iraq and Afghanistan with TBI at an alarming rate. Sixty-five percent of the soldiers at Walter Reed today have been diagnosed with traumatic injury, and thousands of veterans have mild TBI, but have not been diagnosed. And I'm concerned that the VA has not been properly diagnosing and treating those veterans with traumatic brain injury.

As has been mentioned today, traumatic brain injury is the signature injury for the wars in Afghanistan and Iraq. This is why I introduced the Veterans Traumatic Brain Injury Treatment Act, which has been included in its entirety in this legislation we're debating today. My bill would improve the diagnosis and treatment of TBI for our Nation's veterans by requiring the VA to screen veterans for symptoms, develop and operate a comprehensive program of long-term care for postacute TBI rehabilitation, establish TBI transition offices at all polytrauma network sites, and create and maintain a TBI health registry.

In addition to improving the diagnosis and treatment of traumatic brain injury, this bill will improve the VA's research of TBI and ensure that the VA provides better care to veterans in rural communities.

I want to thank the subcommittee chairman, Mr. MICHAUD, and the full

committee chair, Mr. FILNER, for their leadership on this issue, for including my legislation in its entirety in this bill, and I want to urge my colleagues to support this piece of legislation.

Mr. BUYER. Mr. Speaker, I appreciate the gentleman's comments that he just made. Before you take off, this issue, and I appreciate your interest in it because this is one of our great challenges. We've got the best helmet that we put on our soldiers and marines in the field and even some of the Air Force personnel, Navy personnel. And it protects them against ballistics, and it's the best in the world. But when it comes to blasts and crash, what it does to the brain, we're now on the forefront, and we are pushing the boundary of our knowledge.

And some of the world's experts now are not only at the polytrauma centers, but in particular, when these soldiers end up at Landstuhl, Germany, that's where they are. So they can immediately deal with these neurotraumas.

And when the gentleman said that there could possibly be thousands, what we do know is that at the polytrauma centers, those who are actually being treated for traumatic brain injury, there's less than 400 cases.

But the gentleman is right with regard to individuals who may have had a concussion. Yet, how severe is the concussion?

And if the science is unknown, and we're trying to understand that. That's the purpose of Mr. MICHAUD's bill. And I appreciate the gentleman's interest, would love to continue to work with you in your interest.

I'd bring to your attention the Veterans Health Administration Directive 2007-013 released April 13, 2007, establishes the VA policy and procedure for screening and evaluation of possible TBI in OEF and OIF veterans. This directive states, "Not all patients who screen positive have TBI. It is possible to respond positively to all four sections due to the presence of other conditions such as PTSD, cervical cranial injury with headaches and inner ear injury, for example. Therefore, it's critical that patients not be labeled with a diagnosis of TBI on the basis of a positive screening test. Patients need to be referred for further evaluation."

So we are in an area of science whereby the sand shifts directly under our feet, and I would look forward to working with the gentleman.

Mr. Speaker, I reserve my time.

Mr. FILNER. Mr. Speaker, I'd like to yield 2 minutes to the fighting gentleman from New Jersey (Mr. PASCRELL), who we like to call an honorary member of the Veterans' Committee since he fights so hard for veterans and is cochair of the Traumatic Brain Injury Caucus in the Congress.

Mr. PASCRELL. Mr. Speaker, I rise in favor of H.R. 2199, the Traumatic Brain Injury Health Enhancement and Long-Term Support Act.

As cochair of the 8-year-old Congressional Brain Injury Task Force of over

110 members, I commend the committee under Chairman FILNER's leadership. You've never, ever acted, through the Speaker, to do favors for veterans. You've always handled it in terms of your own responsibility. I salute you for that.

For his ongoing endeavors to explore and thoughtfully legislate for the benefit of our Nation's many veterans suffering from TBI, I want to thank JACK MURTHA, Congressman MURTHA, for all his work over the last 5 years on this issue when it wasn't popular to talk about.

The Veterans Administration has shown tremendous effort in addressing the needs of our returning vets, our returning troops on its own; however, I believe the large volume of returning TBI victims, the need for timely treatment and the immediate need for rehab, expertise and capacity require additional resources. Flexibility for the VA to form partnerships to ensure top-notch care for our service personnel is essential. 2199 is an excellent first step to ensuring our Nation's veterans the care they need and deserve.

The bill establishes five new Veterans Administration research centers for TBI, which, without a doubt, produce new and exciting prevention and treatment techniques. A comprehensive TBI treatment program within the VA is long overdue.

I want to commend the TBI screening program for veterans. We recommended it. Football teams throughout the United States screen students before they put on football equipment. I think that's important that we do that with our vets. I worked to establish it in the civilian realm. We should have it in the military.

On behalf of the task force, I look forward to working with the Veterans Committee on this and other TBI issues in the future.

I urge my colleagues to vote in favor of H.R. 2199.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

At the May 9, 2007, full committee hearing on the results of the President's Task Force on Returning Global War on Terror Heroes, in response to my questioning about the actual number of TBI cases treated in VA as inpatients, Secretary Nicholson responded that VA has treated 369 veterans in its polytrauma centers so far for TBI.

Secretary Nicholson also commented that the VA has the capacity in their polytrauma centers, and that many of the patients in the polytrauma centers are active duty military.

Mr. Speaker, I continue to reserve my time.

Mr. FILNER. Mr. Speaker, I'd like to yield 2 minutes to another great new Member fighting for veterans, Congressman WELCH from Vermont.

Mr. WELCH of Vermont. Mr. Speaker, I want to thank the Veterans' Affairs Committee, the openness of that committee, to let anyone with a good idea to help veterans to come in and

have an opportunity to do that. Mr. FILNER, Mr. MICHAUD, and, of course, Mr. BUYER and Mr. MILLER, thank you.

Rural Americans have always served the Nation's armed services, National Guard and Reserves in very great numbers. In fact, though only 19 percent of the Nation lives in rural America, 44 percent of the current U.S. military recruits come from rural areas, and nearly one-third of those who died in Iraq are from small towns and communities across the Nation, Vermont very much among them.

And unfortunately, access to health care for many of our veterans in rural areas is limited by mileage, distance and just the difficulty of transportation. Especially true, the provision of mental health care in rural settings has historically been a challenge for all health care systems and providers, including the VA. And therefore, what we recognize in this legislation is that we need to help the VA develop innovative solutions to address the need for mental health services in remote areas, TBI being the big injury that's been discussed by my colleagues.

This legislation takes a significant step towards improving the mental health services available to geographically isolated veterans. It creates a pilot program where at least two mobile vet centers will provide readjustment counseling and mental health services to veterans in at least five Veterans Integrated Service Networks that have the highest concentration of rural veterans.

□ 1745

One of these covers New England and my home State of Vermont. These mobile vet centers will also provide information and outreach concerning veterans benefits and, when practicable, assistance with claims for benefits.

Rural individuals and their families have strong bonds and ties to their communities. These mobile vet centers will allow veterans to stay in their communities and prevent endless hours of car rides for the care they receive.

I urge support and passage of this legislation and thank the committee for its indulgence.

Mr. BUYER. Mr. Speaker, I believe that it is conceivable that at some point one of these needed Traumatic Brain Injury Centers of Excellence could be located in the Department of Veterans Affairs Medical Center in Albuquerque, New Mexico, which could be named the Raymond G. "Jerry" Murphy Department of Veterans Affairs Medical Center, if Chairman FILNER would clear either H.R. 474 or take up Senate bill 229 for consideration on the floor of which that Senate bill, Mr. Speaker, sits at your desk.

Mr. Speaker, I yield back the balance of my time.

Mr. FILNER. Mr. Speaker, let me just conclude by saying like everything else about this war, the administration did not prepare either for the fighting, the aftermath, or the treatment of the

veterans coming back. We simply left thousands of our veterans without adequate resources to treat these brain injuries or PTSD or other issues that arise. No matter what denial that comes from the minority party, no matter what denial comes from the administration, we have not prepared for adequate treatment of these veterans. We are passing legislation today to do that, and we will not deny that there will be thousands and thousands of brain-injured veterans. We should bring them home now and we should treat them well when they get back.

Mr. SPACE. Mr. Speaker, I rise again today in support of H.R. 2199, the Traumatic Brain Injury Health Enhancement and Long-Term Support Act. This bill offers a comprehensive legislative solution to confronting our servicemembers' increasing suffering from Traumatic Brain Injury.

Our brave men and women who serve in Operation Iraqi Freedom and Operation Enduring Freedom are faced with daunting physical and mental challenges every day as they carry out their duties. Troops deployed in Iraq, specifically, encounter the widespread use of IEDs, which can cause Traumatic Brain Injury. Extended deployments put our troops at risk for longer periods of time.

H.R. 2199 brings together solutions to begin addressing the needs of our wounded warriors who have been diagnosed with TBI. The bill requires the VA to establish five centers for TBI research, education, and clinical activities. It also instructs the VA to establish a TBI screening program that would provide critical information to Congress regarding the number of veterans screened, the prevalence of TBI symptoms, and recommendations for improving care. H.R. 2199 dictates that the VA should create a comprehensive program for the long-term care and rehabilitation for veterans who suffer from TBI. The bill also requires the VA to create a Traumatic Brain Injury Veterans Health Registry to generate a list of those who served in Iraq and/or Afghanistan, who have symptoms of TBI, and who apply for VA medical care or file a disability claim. The VA can then notify those on the registry of significant developments in research on health consequences of serving in Iraq and/or Afghanistan.

Additionally, this bill authorizes funding for a pilot program of mobile VA centers for rural areas. These mobile VA centers would improve access to readjustment benefits as well as mental health services. The mobile centers would also assist veterans in making disability claims.

I represent a rural district comprised of small towns and villages. I know that my rural veterans' constituency desperately needs better access to VA services and care, and these mobile VA centers could be part of the solution.

I strongly urge my colleagues to support this bill because it makes great strides in providing comprehensive care for our Nation's wounded warriors suffering from Traumatic Brain Injury.

Mr. HARE. Mr. Speaker, I rise today in strong support of H.R. 2199, the Traumatic Brain Injury Health Enhancement and Long-Term Support Act. As a Member of the Committee on Veterans' Affairs, I had the privilege of working on this bipartisan bill, which I believe provides critical resources to our heroes

with combat-related brain injuries. I commend Representative ALTMIRE who initiated this effort and I thank VA Subcommittee Chairman MICHAUD, and VA Chairman FILNER for quickly bringing this bill to the floor.

Traumatic brain injury (TBI) is the most common wound suffered by troops returning from Iraq and Afghanistan; unfortunately it is often undetected until it is too late. The bill before us today ensures we preemptively screen all veterans for brain injury and that we have the facilities and research necessary to provide the best care possible.

Additionally, this bill addresses the needs of the 44 percent of service members who live in rural areas, like those in my district, by establishing an Advisory Committee on Rural Veterans. It also creates a pilot program for mobile counseling and mental health services.

Mr. Speaker, I am proud we took up this bill in the Veterans' Affairs Committee because it is a strong investment in timely healthcare for our returning troops. I urge my colleagues to support our military heroes by voting for the Traumatic Brain Injury Health Enhancement and Long-Term Support Act.

Mr. REYES. Mr. Speaker, I rise today in support of H.R. 2199, the Traumatic Brain Injury Health Enhancement and Long Term Support Act of 2007. As a Vietnam combat veteran, I have seen the long term effects that war-related wounds and illnesses can have on the lives of our returning soldiers.

As Agent Orange sickness and Post Traumatic Stress Disorder (PTSD) came to typify the Vietnam War, I believe that Traumatic Brain Injuries (TBI) have become a signature wound of the current conflicts in Iraq and Afghanistan. Advances in body armor and battlefield medicine have allowed our troops to survive head wounds that once would have been fatal. However, the number of identified traumatic brain injuries is alarming. Of the 23,000-plus troops who have been wounded in the wars in Iraq and Afghanistan, two-thirds reportedly have been diagnosed with traumatic brain injuries. These numbers may even be higher since many cases are often undiagnosed and go untreated. Some reports suggest that 150,000 veterans of the war in Iraq have suffered a traumatic brain injury of some kind.

Many of those affected by these devastating injuries are unable to perform the most basic cognitive functions and have great difficulties with the tasks of everyday life. These injured soldiers will require quality care and treatment for the rest of their lives.

While it is our obligation to ensure that our military forces have all the necessary arms and equipment to safely carry out their missions, we are also responsible for making sure that our troops know that we will take care of them when they return home. Today we have an opportunity to demonstrate to our wounded veterans our appreciation for their sacrifices and our firm commitment to providing them with the means for living a full and rewarding life. I urge my colleagues to join me in supporting this important bill.

Mr. FILNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 2199, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. FILNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this question will be postponed.

EARLY ACCESS TO VOCATIONAL REHABILITATION AND EMPLOYMENT BENEFITS ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2239) to amend title 38, United States Code, to expand eligibility for vocational rehabilitation benefits administered by the Secretary of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2239

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Early Access to Vocational Rehabilitation and Employment Benefits Act".

SEC. 2. EXPANSION OF ELIGIBILITY FOR VOCATIONAL REHABILITATION BENEFITS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

Section 3102 of title 38, United States Code, is amended—

(1) in paragraph (1)(B), by striking "or" at the end;

(2) in paragraph (2), by striking the period at the end and inserting ";" or"; and

(3) by adding at the end the following new paragraph:

"(3) the person—

"(A) at the time of the Secretary's determination under subparagraph (B), is a member of the Armed Forces who is hospitalized or receiving outpatient medical care, services, or treatment;

"(B) is determined by the Secretary to have a disability incurred or aggravated in the line of duty in the active military, naval, or air service that is likely to be rated at 10 percent or more; and

"(C) is likely to be discharged or released from such service for such disability."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Arkansas (Mr. BOOZMAN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

This bill, the Early Access to Vocational Rehabilitation and Employment Benefits Act, was authored by my good friend from Arkansas (Mr. BOOZMAN), and we appreciate his efforts over many years on behalf of our veterans. I was glad that we could get this bill to the floor today. It is the last of seven that say thank you to our Nation's veterans as we come up on Memorial Day.

This would extend vocational rehabilitation and employment benefits to members of the Armed Forces who are