

110TH CONGRESS
1ST SESSION

S. 1233

To provide and enhance intervention, rehabilitative treatment, and services to veterans with traumatic brain injury, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 26, 2007

Mr. AKAKA (for himself and Mr. CRAIG) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To provide and enhance intervention, rehabilitative treatment, and services to veterans with traumatic brain injury, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Veterans Traumatic Brain Injury Rehabilitation Act of
6 2007”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

- Sec. 2. Sense of Congress on Department of Veterans Affairs efforts in the rehabilitation and reintegration of veterans with traumatic brain injury.
- Sec. 3. Individual rehabilitation and community reintegration plans for veterans and others with traumatic brain injury.
- Sec. 4. Use of non-Department of Veterans Affairs facilities for implementation of rehabilitation and community reintegration plans for traumatic brain injury.
- Sec. 5. Research, education, and clinical care program on severe traumatic brain injury.
- Sec. 6. Pilot program on assisted living services for veterans with traumatic brain injury.
- Sec. 7. Age-appropriate nursing home care.
- Sec. 8. Research on traumatic brain injury.

1 **SEC. 2. SENSE OF CONGRESS ON DEPARTMENT OF VET-**
 2 **ERANS AFFAIRS EFFORTS IN THE REHABILI-**
 3 **TATION AND REINTEGRATION OF VETERANS**
 4 **WITH TRAUMATIC BRAIN INJURY.**

5 It is the sense of Congress that—

6 (1) the Department of Veterans Affairs should
 7 have the capacity and expertise to provide veterans
 8 who have a traumatic brain injury with patient-cen-
 9 tered health care, rehabilitation, and community in-
 10 tegration services that are comparable to or exceed
 11 similar care and services available to persons with
 12 such injuries in the academic and private sector;

13 (2) rehabilitation for veterans who have a trau-
 14 matic brain injury should be individualized, com-
 15 prehensive, and multidisciplinary with the goals of
 16 optimizing the independence of such veterans and
 17 reintegrating them into their communities;

18 (3) family support is integral to the rehabilita-
 19 tion and community reintegration of veterans who

1 have sustained a traumatic brain injury, and the De-
2 partment should provide the families of such vet-
3 erans with education and support;

4 (4) the Department of Defense and Department
5 of Veterans Affairs have made efforts to provide a
6 smooth transition of medical care and rehabilitative
7 services to individuals as they transition from the
8 health care system of the Department of Defense to
9 that of the Department of Veterans Affairs, but
10 more can be done to assist veterans and their fami-
11 lies in the continuum of the rehabilitation, recovery,
12 and reintegration of wounded or injured veterans
13 into their communities; and

14 (5) in planning for rehabilitation and commu-
15 nity reintegration of veterans who have a traumatic
16 brain injury, it is necessary for the Department of
17 Veterans Affairs to provide a system for life-long
18 case management for such veterans.

19 **SEC. 3. INDIVIDUAL REHABILITATION AND COMMUNITY RE-**
20 **INTEGRATION PLANS FOR VETERANS AND**
21 **OTHERS WITH TRAUMATIC BRAIN INJURY.**

22 (a) IN GENERAL.—Subchapter II of chapter 17 of
23 title 38, United States Code, is amended by inserting after
24 section 1710B the following new section:

1 **“§ 1710C. Traumatic brain injury: plans for rehabili-**
2 **tation and reintegration into the commu-**
3 **nity**

4 “(a) PLAN REQUIRED.—The Secretary shall, for each
5 veteran or member of the Armed Forces who receives inpa-
6 tient rehabilitation care from the Department for a trau-
7 matic brain injury—

8 “(1) develop an individualized plan for the re-
9 habilitation and reintegration of such individual into
10 the community; and

11 “(2) provide such plan to such individual before
12 such individual is discharged from inpatient care.

13 “(b) CONTENTS OF PLAN.—Each plan developed
14 under subsection (a) shall include, for the individual cov-
15 ered by such plan, the following:

16 “(1) Rehabilitation objectives for improving the
17 physical, cognitive, vocational, and psychosocial
18 functioning of such individual with the goal of maxi-
19 mizing the independence and reintegration of such
20 individual into the community.

21 “(2) A description of specific interventions, re-
22 habilitative treatments, and other services to achieve
23 the objectives described in paragraph (2), which de-
24 scription shall set forth the type, frequency, dura-
25 tion, and location of such interventions, treatments,
26 and services.

1 “(3) The name of the case manager designated
2 in accordance with subsection (d) to be responsible
3 for the implementation of such plan.

4 “(4) Dates on which the effectiveness of the
5 plan will be reviewed in accordance with subsection
6 (f).

7 “(c) COMPREHENSIVE ASSESSMENT.—

8 “(1) IN GENERAL.—Each plan developed under
9 subsection (a) shall be based upon a comprehensive
10 assessment, developed in accordance with paragraph
11 (2), of—

12 “(A) the physical, cognitive, vocational,
13 and psychosocial impairments of such indi-
14 vidual; and

15 “(B) the family education and family sup-
16 port needs of such individual after discharge
17 from inpatient care.

18 “(2) FORMATION.—The comprehensive assess-
19 ment required under paragraph (1) with respect to
20 an individual is a comprehensive assessment of the
21 matters set forth in that paragraph by a team, com-
22 posed by the Secretary for purposes of the assess-
23 ment, from among individuals with expertise in trau-
24 matic brain injury as follows:

25 “(A) A neurologist.

1 “(B) A rehabilitation physician.

2 “(C) A social worker.

3 “(D) A neuropsychologist or
4 neuropsychiatrist.

5 “(E) A physical therapist.

6 “(F) A vocational rehabilitation specialist.

7 “(G) An occupational therapist.

8 “(H) A rehabilitation nurse.

9 “(I) Such other health care professionals
10 as the Secretary considers appropriate, includ-
11 ing—

12 “(i) an audiologist;

13 “(ii) a blind rehabilitation specialist;

14 “(iii) a recreational therapist;

15 “(iv) a speech language pathologist;

16 and

17 “(v) a low vision optometrist.

18 “(d) CASE MANAGER.—The Secretary shall designate
19 a case manager for each individual described in subsection
20 (a) to be responsible for the implementation of the plan
21 required by such subsection for such individual.

22 “(e) PARTICIPATION AND COLLABORATION IN DE-
23 VELOPMENT OF PLANS.—(1) The Secretary shall involve
24 each individual described in subsection (a), and the family
25 of such individual, in the development of the plan for such

1 individual under that subsection to the maximum extent
2 practicable.

3 “(2) The Secretary shall collaborate in the develop-
4 ment of a plan for an individual under subsection (a) with
5 an individual with expertise in the protection of, and advo-
6 cacy for, individuals with traumatic brain injury if—

7 “(A) the individual covered by such plan re-
8 quests such collaboration; or

9 “(B) if such individual is incapacitated, the
10 family or guardian of such individual requests such
11 collaboration.

12 “(3) In the case of a plan required by subsection (a)
13 for a member of the Armed Forces who is on active duty,
14 the Secretary shall collaborate with the Secretary of De-
15 fense in the development of such plan.

16 “(4) In developing vocational rehabilitation objectives
17 required under subsection (b)(2) and in conducting the as-
18 sessment required under subsection (c), the Secretary
19 shall act through the Under Secretary for Health in co-
20 ordination with the Vocational Rehabilitation and Employ-
21 ment Service of the Department of Veterans Affairs.

22 “(f) EVALUATION.—

23 “(1) PERIODIC REVIEW BY SECRETARY.—The
24 Secretary shall periodically review the effectiveness
25 of each plan developed under subsection (a). The

1 Secretary shall refine each such plan as the Sec-
 2 retary considers appropriate in light of such review.

3 “(2) REQUEST FOR REVIEW BY VETERANS.—In
 4 addition to the periodic review required by para-
 5 graph (1), the Secretary shall conduct a review of
 6 the plan of a veteran under paragraph (1) at the re-
 7 quest of such veteran, or in the case that such vet-
 8 eran is incapacitated, at the request of the guardian
 9 or the designee of such veteran.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
 11 at the beginning of chapter 17 of such title is amended
 12 by inserting after the item relating to section 1710B the
 13 following new item:

“1710C. Traumatic brain injury: plans for rehabilitation and reintegration into
 the community.”.

14 **SEC. 4. USE OF NON-DEPARTMENT OF VETERANS AFFAIRS**
 15 **FACILITIES FOR IMPLEMENTATION OF REHA-**
 16 **BILITATION AND COMMUNITY REINTEGRA-**
 17 **TION PLANS FOR TRAUMATIC BRAIN INJURY.**

18 (a) IN GENERAL.—Subchapter II of chapter 17 of
 19 title 38, United States Code, is amended by inserting after
 20 section 1710C, as added by section 3 of this Act, the fol-
 21 lowing new section:

1 **“§ 1710D. Traumatic brain injury: use of non-Depart-**
2 **ment facilities for rehabilitation**

3 “(a) IN GENERAL.—Subject to section 1710(a)(4) of
4 this title and subsection (b) of this section, the Secretary
5 shall provide intervention, rehabilitative treatment, or
6 services to implement a plan developed under section
7 1710C of this title at a non-Department facility with
8 which the Secretary has entered into an agreement for
9 such purpose, to an individual—

10 “(1) who is described in subsection (a) of such
11 section; and

12 “(2)(A) to whom the Secretary is unable to pro-
13 vide such intervention, treatment, or services at the
14 frequency or for the duration prescribed in such
15 plan; or

16 “(B) who resides at such distance, as deter-
17 mined by the Secretary, from a Department medical
18 facility as to make the implementation of such plan
19 through a Department facility infeasible or impracti-
20 cable.

21 “(b) STANDARDS.—The Secretary may not provide
22 intervention, treatment, or services as described in sub-
23 section (a) at a non-Department facility under such sub-
24 section unless such facility maintains standards for the
25 provision of such intervention, treatment, or services es-
26 tablished by an independent, peer-reviewed organization

1 that accredits specialized rehabilitation programs for
2 adults with traumatic brain injury.”.

3 (b) CLERICAL AMENDMENT.—The table of sections
4 at the beginning of chapter 17 of such title is amended
5 by inserting after the item relating to section 1710C, as
6 added by section 3 of this Act, the following new item:

“1710D. Traumatic brain injury: use of non-Department facilities for rehabilitation.”.

7 **SEC. 5. RESEARCH, EDUCATION, AND CLINICAL CARE PRO-**
8 **GRAM ON SEVERE TRAUMATIC BRAIN IN-**
9 **JURY.**

10 (a) PROGRAM REQUIRED.—Subchapter II of chapter
11 73 of title 38, United States Code, is amended by inserting
12 after section 7330 the following new section:

13 **“§ 7330A. Severe traumatic brain injury research,**
14 **education, and clinical care program**

15 “(a) PROGRAM REQUIRED.—The Secretary shall es-
16 tablish a program on research, education, and clinical care
17 to provide intensive neuro-rehabilitation to veterans with
18 a severe traumatic brain injury, including veterans in a
19 minimally conscious state who would otherwise receive
20 nursing home care.

21 “(b) COLLABORATION REQUIRED.—The Secretary
22 shall establish the program required by subsection (a) in
23 collaboration with the Defense and Veterans Brain Injury
24 Center of the Department of Defense and academic insti-

1 tutions selected by the Secretary from among institutions
2 having an expertise in research in neuro-rehabilitation.

3 “(c) EDUCATION REQUIRED.—As part of the pro-
4 gram required by subsection (a), the Secretary shall con-
5 duct educational programs on recognizing and diagnosing
6 mild and moderate cases of traumatic brain injury.

7 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to the Secretary for each
9 of fiscal years 2008 through 2012, \$3,000,000 to carry
10 out the program required by subsection (a).”.

11 (b) CLERICAL AMENDMENT.—The table of sections
12 at the beginning of chapter 73 of such title is amended
13 by inserting after the item relating to section 7330 the
14 following new item:

“7330A. Severe traumatic brain injury research, education, and clinical care
program.”.

15 (c) REPORT.—Not later than 120 days after the date
16 of the enactment of this Act, the Secretary of Veterans
17 Affairs shall submit to Congress a report on the research
18 to be conducted under the program required by section
19 7330A of title 38, United States Code, as added by sub-
20 section (a).

1 **SEC. 6. PILOT PROGRAM ON ASSISTED LIVING SERVICES**
2 **FOR VETERANS WITH TRAUMATIC BRAIN IN-**
3 **JURY.**

4 (a) PILOT PROGRAM.—Not later than 90 days after
5 the date of the enactment of this Act, the Secretary of
6 Veterans Affairs shall carry out a pilot program to assess
7 the effectiveness of providing assisted living services to eli-
8 gible veterans to enhance the rehabilitation, quality of life,
9 and community integration of such veterans.

10 (b) DURATION OF PROGRAM.—The pilot program
11 shall be carried out during the five-year period beginning
12 on the date of the commencement of the pilot program.

13 (c) PROGRAM LOCATIONS.—

14 (1) IN GENERAL.—The pilot program shall be
15 carried out at locations selected by the Secretary for
16 purposes of the pilot program. Of the locations so
17 selected—

18 (A) at least one shall be in each health
19 care region of the Veterans Health Administra-
20 tion that contains a polytrauma center of the
21 Department of Veterans Affairs; and

22 (B) any other locations shall be in areas
23 that contain high concentrations of veterans
24 with traumatic brain injury, as determined by
25 the Secretary.

1 (2) SPECIAL CONSIDERATION FOR VETERANS IN
2 RURAL AREAS.—Special consideration shall be given
3 to provide veterans in rural areas with an oppor-
4 tunity to participate in the pilot program.

5 (d) PROVISION OF ASSISTED LIVING SERVICES.—

6 (1) AGREEMENTS.—In carrying out the pilot
7 program, the Secretary may enter into agreements
8 for the provision of assisted living services on behalf
9 of eligible veterans with either of the following:

10 (A) A provider of services that has entered
11 into a provider agreement under section
12 1866(a) of the Social Security Act (42 U.S.C.
13 1395cc(a)).

14 (B) A provider participating under a State
15 plan under title XIX of such Act (42 U.S.C.
16 1396 et seq.).

17 (2) STANDARDS.—The Secretary may not place,
18 transfer, or admit a veteran to any facility for as-
19 sisted living services under this program unless the
20 Secretary determines that the facility meets such
21 standards as the Secretary may prescribe for pur-
22 poses of the pilot program. Such standards shall, to
23 the extent practicable, be consistent with the stand-
24 ards of Federal, State, and local agencies charged

1 with the responsibility of licensing or otherwise regu-
2 lating or inspecting such facilities.

3 (e) CONTINUATION OF CASE MANAGEMENT AND RE-
4 HABILITATION SERVICES.—In carrying the pilot program
5 under subsection (a), the Secretary shall continue to pro-
6 vide each veteran who is receiving assisted living services
7 under the pilot program with rehabilitative services and
8 shall designate Department health-care employees to fur-
9 nish case management services for veterans participating
10 in the pilot program.

11 (f) REPORT.—

12 (1) IN GENERAL.—Not later than 60 days after
13 the completion of the pilot program, the Secretary
14 shall submit to the congressional veterans affairs
15 committees a report on the pilot program.

16 (2) CONTENTS.—The report required by para-
17 graph (1) shall include the following:

18 (A) A description of the pilot program.

19 (B) An assessment of the utility of the ac-
20 tivities under the pilot program in enhancing
21 the rehabilitation, quality of life, and commu-
22 nity reintegration of veterans with traumatic
23 brain injury.

1 (C) Such recommendations as the Sec-
2 retary considers appropriate regarding the ex-
3 tension or expansion of the pilot program.

4 (g) DEFINITIONS.—In this section:

5 (1) The term “assisted living services” means
6 services of a facility in providing room, board, and
7 personal care for and supervision of residents for
8 their health, safety, and welfare.

9 (2) The term “case management services” in-
10 cludes the coordination and facilitation of all services
11 furnished to a veteran by the Department of Vet-
12 erans Affairs, either directly or through contract, in-
13 cluding assessment of needs, planning, referral (in-
14 cluding referral for services to be furnished by the
15 Department, either directly or through a contract, or
16 by an entity other than the Department), moni-
17 toring, reassessment, and followup.

18 (3) The term “congressional veterans affairs
19 committees” means—

20 (A) the Committee on Veterans’ Affairs of
21 the Senate; and

22 (B) the Committee on Veterans’ Affairs of
23 the House of Representatives.

24 (4) The term “eligible veteran” means a vet-
25 eran who—

1 (A) is enrolled in the Department of Vet-
2 erans Affairs health care system;

3 (B) has received treatment for traumatic
4 brain injury from the Department of Veterans
5 Affairs;

6 (C) is unable to manage routine activities
7 of daily living without supervision and assist-
8 ance; and

9 (D) could reasonably be expected to receive
10 ongoing services after the end of the pilot pro-
11 gram under this section under another govern-
12 ment program or through other means.

13 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated to the Secretary of Veterans
15 Affairs to carry out this section, \$8,000,000 for each of
16 fiscal years 2008 through 2013.

17 **SEC. 7. AGE-APPROPRIATE NURSING HOME CARE.**

18 (a) FINDING.—Congress finds that young veterans
19 who are injured or disabled through military service and
20 require long-term care should have access to age-appro-
21 priate nursing home care.

22 (b) REQUIREMENT TO PROVIDE AGE-APPROPRIATE
23 NURSING HOME CARE.—Section 1710A of title 38,
24 United States Code, is amended—

1 (1) by redesignating subsection (c) as sub-
2 section (d); and

3 (2) by inserting after subsection (b) the fol-
4 lowing new subsection (c):

5 “(c) The Secretary shall ensure that nursing home
6 care provided under subsection (a) is provided in an age-
7 appropriate manner.”.

8 **SEC. 8. RESEARCH ON TRAUMATIC BRAIN INJURY.**

9 (a) **INCLUSION OF RESEARCH ON TRAUMATIC BRAIN**
10 **INJURY UNDER ONGOING RESEARCH PROGRAMS.**—The
11 Secretary of Veterans Affairs shall, in carrying out re-
12 search programs and activities under the provisions of law
13 referred to in subsection (b), ensure that such programs
14 and activities include research on the sequelae of trau-
15 matic brain injury, including—

16 (1) research on visually-related neurological
17 conditions;

18 (2) research on seizure disorders; and

19 (3) research on means of improving the diag-
20 nosis, treatment, and prevention of such sequelae.

21 (b) **RESEARCH AUTHORITIES.**—The provisions of law
22 referred to in this subsection are the following:

23 (1) Section 3119 of title 38, United States
24 Code, relating to rehabilitation research and special
25 projects.

1 (2) Section 7303 of title 38, United States
2 Code, relating to research programs of the Veterans
3 Health Administration.

4 (3) Section 7327 of title 38, United States
5 Code, relating to research, education, and clinical ac-
6 tivities on complex multi-trauma associated with
7 combat injuries.

8 (c) COLLABORATION.—In carrying out the research
9 required by subsection (a), the Secretary shall collaborate
10 with facilities that—

11 (1) conduct research on rehabilitation for indi-
12 viduals with traumatic brain injury; and

13 (2) receive grants for such research from the
14 National Institute on Disability and Rehabilitation
15 Research of the Department of Education.

16 (d) REPORT.—Not later than 90 days after the date
17 of the enactment of this Act, the Secretary shall submit
18 to the Committees on Veterans' Affairs of the Senate and
19 the House of Representatives a report describing in com-
20 prehensive detail the research to be carried out in order
21 to fulfill the requirement in subsection (a).

○