

110TH CONGRESS
1ST SESSION

H. R. 3051

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

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2007

Mr. SALAZAR (for himself, Mr. PASCARELL, Mr. ELLISON, Mr. McDERMOTT, Mrs. MCCARTHY of New York, Mr. McNULTY, Mr. PAYNE, Mr. CLAY, Mrs. EMERSON, Mr. SMITH of New Jersey, Mr. HINCHEY, Mr. NADLER, Mr. KUCINICH, Mr. SESTAK, Mr. BRADY of Pennsylvania, Mr. LOBIONDO, Mr. KAGEN, Mr. EMANUEL, Ms. SUTTON, Mr. RANGEL, Ms. MATSUI, Mr. HALL of New York, Ms. CORRINE BROWN of Florida, Mr. MORAN of Virginia, Mrs. NAPOLITANO, Ms. HOOLEY, Ms. LINDA T. SÁNCHEZ of California, Mr. SIRES, Mr. UDALL of New Mexico, Mr. WAXMAN, Mr. AL GREEN of Texas, Ms. WOOLSEY, Mr. MCGOVERN, Mr. PERLMUTTER, and Mr. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Heroes at Home Act
5 of 2007”.

6 **SEC. 2. TRAINING AND CERTIFICATION PROGRAM FOR**
7 **FAMILY CAREGIVER PERSONAL CARE AT-**
8 **TENDANTS FOR VETERANS AND MEMBERS OF**
9 **THE ARMED FORCES WITH TRAUMATIC**
10 **BRAIN INJURY.**

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

18 (b) LOCATION.—The program required by subsection
19 (a) shall be located in each of the medical centers of the
20 Department of Veterans Affairs.

21 (c) TRAINING CURRICULA.—

22 (1) IN GENERAL.—The Secretary of Veterans
23 Affairs shall, in collaboration with the Secretary of
24 Defense, develop curricula for the training of per-
25 sonal care attendants described in subsection (a).

1 Such curricula shall incorporate applicable standards
2 and protocols utilized by certification programs of
3 national brain injury care specialist organizations.

4 (2) USE OF EXISTING CURRICULA.—In devel-
5 oping the curricula required by paragraph (1), the
6 Secretary of Veterans Affairs shall, to the extent
7 practicable, utilize and expand upon training cur-
8 ricula developed pursuant to section 744(b) of the
9 John Warner National Defense Authorization Act
10 for Fiscal Year 2007 (Public Law 109–364; 120
11 Stat. 2308).

12 (d) PROGRAM PARTICIPATION.—

13 (1) IN GENERAL.—The Secretary of Veterans
14 Affairs shall determine the eligibility of a family
15 member of a veteran or member of the Armed
16 Forces for participation in the program required by
17 subsection (a).

18 (2) BASIS FOR DETERMINATION.—A determina-
19 tion made under paragraph (1) shall be based on the
20 clinical needs of the veteran or member of the
21 Armed Forces concerned, as determined by the phy-
22 sician of such veteran or member.

23 (e) ELIGIBILITY FOR COMPENSATION.—A family
24 caregiver of a veteran or member of the Armed Forces
25 who receives certification as a personal care attendant

1 under this section shall be eligible for compensation from
2 the Department of Veterans Affairs for care provided to
3 such veteran or member.

4 (f) COSTS OF TRAINING.—

5 (1) TRAINING OF FAMILIES OF VETERANS.—

6 Any costs of training provided under the program
7 under this section for family members of veterans
8 shall be borne by the Secretary of Veterans Affairs.

9 (2) TRAINING OF FAMILIES OF MEMBERS OF
10 THE ARMED FORCES.—The Secretary of Defense
11 shall reimburse the Secretary of Veterans Affairs for
12 any costs of training provided under the program
13 under this section for family members of members of
14 the Armed Forces. Amounts for such reimbursement
15 shall be derived from amounts available for Defense
16 Health Program for the TRICARE program.

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

23 **SEC. 3. OUTREACH AND PUBLIC AWARENESS.**

24 (a) OUTREACH REQUIRED.—The Secretary of Vet-
25 erans Affairs shall conduct comprehensive outreach to en-

1 hance the awareness of veterans and the general public
2 about the symptoms of post-traumatic stress disorder and
3 traumatic brain injury and the services provided by the
4 Department of Veterans Affairs to veterans with such
5 symptoms.

6 (b) PROVISION OF BEST PRACTICES.—The Secretary
7 of Veterans Affairs shall make available to non-Depart-
8 ment of Veterans Affairs health practitioners the best
9 practices developed by the Department for the treatment
10 of traumatic brain injury and post-traumatic stress dis-
11 order.

12 **SEC. 4. TELEHEALTH AND TELEMENTAL HEALTH SERVICES**
13 **OF THE DEPARTMENT OF DEFENSE AND THE**
14 **DEPARTMENT OF VETERANS AFFAIRS.**

15 (a) TELEHEALTH AND TELEMENTAL HEALTH DEM-
16 ONSTRATION PROJECT.—

17 (1) IN GENERAL.—The Secretary of Defense
18 and the Secretary of Veterans Affairs shall jointly
19 establish a demonstration project to assess the feasi-
20 bility and advisability of using telehealth technology
21 to assess cognitive (including memory) functioning
22 of members and former members of the Armed
23 Forces who have sustained head trauma, in order to
24 improve the diagnosis and treatment of traumatic
25 brain injury.

1 (2) LOCATION.—

2 (A) IN GENERAL.—The Secretary of De-
3 fense and the Secretary of Veterans Affairs
4 shall carry out the demonstration project re-
5 quired by paragraph (1) at one or more loca-
6 tions selected by the Secretaries for purposes of
7 the demonstration project.

8 (B) PRIORITY FOR RURAL AREAS.—In se-
9 lecting locations to carry out the demonstration
10 project required by paragraph (1), the Sec-
11 retary of Defense and the Secretary of Veterans
12 Affairs shall give priority to locations that
13 would provide service in a rural area.

14 (3) REQUIREMENTS.—The demonstration
15 project required by paragraph (1) shall include the
16 following:

17 (A) The use of telehealth technology to as-
18 sess the cognitive (including memory) func-
19 tioning of a member or former member of the
20 Armed Forces, including the following:

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

1 (ii) Assessing any symptoms of trau-
2 matic brain injury in such member or
3 former member.

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

12 (C) The use of telehealth technology to dis-
13 seminate education material to members and
14 former members of the Armed Forces and the
15 family members of such members on tech-
16 niques, strategies, and skills for caring for and
17 assisting such members, and to the extend prac-
18 ticable, such education materials shall incor-
19 porate training curricula developed pursuant to
20 section 744(b) of the John Warner National
21 Defense Authorization Act for Fiscal Year 2007
22 (Public Law 109–364; 120 Stat. 2308).

23 (4) USE OF PROVEN TECHNOLOGIES.—Any as-
24 sessment administered as a part of the demonstra-
25 tion project required by paragraph (1) shall incor-

1 porate telemental health technology that has proven
2 effective in the diagnosis and treatment of mental
3 health conditions associated with traumatic brain in-
4 jury.

5 (5) ADMINISTRATION.—

6 (A) IN GENERAL.—The demonstration
7 project required by paragraph (1) shall be ad-
8 ministered under the joint incentives program
9 and carried out pursuant to section 8111(d) of
10 title 38, United States Code.

11 (B) FUNDING.—Amounts to carry out the
12 demonstration project shall be derived from
13 amounts in the DOD–VA Health Care Sharing
14 Incentive Fund established under paragraph (2)
15 of such section.

16 (6) REPORT.—

17 (A) IN GENERAL.—The Secretary of De-
18 fense and the Secretary of Veterans Affairs
19 shall jointly submit to Congress a report on the
20 demonstration project required by paragraph
21 (1).

22 (B) SUBMISSION WITH ANNUAL JOINT RE-
23 PORT.—The report required by subparagraph
24 (A) shall be submitted to Congress at the same
25 time as the annual joint report required by sec-

1 tion 8111(f) of title 38, United States Code, for
2 the fiscal year following the fiscal year of the
3 date of the enactment of this Act.

4 (b) ONGOING STUDY ON TELEHEALTH AND TELE-
5 MENTAL HEALTH SERVICES.—

6 (1) IN GENERAL.—The Secretary of Defense
7 and the Secretary of Veterans Affairs shall, through
8 the Joint Executive Council (JEC) of the Depart-
9 ment of Defense and the Department of Veterans
10 Affairs, conduct an ongoing study of all matters re-
11 lating to the telehealth and telemental health serv-
12 ices of the Department of Defense and the Depart-
13 ment of Veterans Affairs.

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

16 (A) The number of members and former
17 members of the Armed Forces who have used
18 telehealth or telemental health services of the
19 Department of Defense or the Department of
20 Veterans Affairs.

21 (B) The extent to which members of the
22 National Guard and the Reserves are utilizing
23 telehealth or telemental health services of the
24 Department of Defense or the Department of
25 Veterans Affairs.

1 (C) The ways in which the Department of
2 Defense and the Department of Veterans Af-
3 fairs can improve the integration of telehealth
4 and telemental health services with clinical
5 medicine.

6 (D) The extent to which telehealth and
7 telemental health services of the Department of
8 Defense and the Department of Veterans Af-
9 fairs are provided in rural settings and through
10 community-based outpatient clinics (CBOCs).

11 (E) Best practices of civilian mental health
12 providers and facilities with respect to the pro-
13 vision of telehealth and telemental health serv-
14 ices, including how such practices can be adopt-
15 ed to improve telehealth and telemental health
16 services of the Department of Defense and the
17 Department of Veterans Affairs.

18 (F) The feasibility and advisability of
19 partnering with civilian mental health facilities
20 to provide telehealth and telemental health serv-
21 ices to members and former members of the
22 Armed Forces.

23 (3) ANNUAL REPORTS.—Not later than one
24 year after the date of the enactment of this Act, and
25 annually thereafter, the Secretary of Defense and

1 the Secretary of Veterans Affairs shall jointly sub-
2 mit to Congress a report on the findings of the Joint
3 Executive Counsel under this subsection during the
4 preceding year.

5 **SEC. 5. DEFINITIONS.**

6 In this Act:

7 (1) The term “national brain injury care spe-
8 cialist organization” means a national organization
9 or association with demonstrated experience in pro-
10 viding training, education, and technical assistance
11 in the provision of care for individuals with brain in-
12 jury.

13 (2) The term “neurocognitive” means of, relat-
14 ing to, or involving the central nervous system and
15 cognitive or information processing abilities (think-
16 ing, memory, and reasoning), as well as sensory
17 processing (sight, hearing, touch, taste, and smell),
18 and communication (expression and understanding).

19 (3) The term “traumatic brain injury” means
20 an acquired injury to the brain, including brain inju-
21 ries caused by anoxia due to trauma and such other
22 injuries as the Secretary considers appropriate, ex-
23 cept that such term excludes brain dysfunction
24 caused by—

25 (A) congenital or degenerative disorders; or

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(B) birth trauma.

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