

110TH CONGRESS
1ST SESSION

H. R. 3558

To provide for the establishment of a Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Military Eye Injuries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 18, 2007

Mr. BOOZMAN (for himself, Mr. HALL of New York, Mrs. WILSON of New Mexico, Ms. BERKLEY, Mr. MILLER of Florida, Mr. GORDON of Tennessee, Mr. FILNER, Mr. MCGOVERN, Mr. HAYES, Mr. BILIRAKIS, Ms. NORTON, Mr. BRADY of Pennsylvania, and Mr. BERRY) introduced the following bill; which was referred to the Committee on Armed Services, and in addition to the Committee on Veterans' Affairs, 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 provide for the establishment of a Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment, and Rehabilitation of Military Eye Injuries, 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 “Military Eye Trauma
5 Treatment Act of 2007”.

1 **SEC. 2. CENTER OF EXCELLENCE IN PREVENTION, DIAG-**
2 **NOSIS, MITIGATION, TREATMENT, AND REHA-**
3 **BILITATION OF MILITARY EYE INJURIES.**

4 (a) ESTABLISHMENT.—

5 (1) IN GENERAL.—Chapter 55 of title 10,
6 United States Code, is amended by inserting after
7 section 1105 the following new section:

8 **“§ 1105a. Center of Excellence in Prevention, Diag-**
9 **nosis, Mitigation, Treatment, and Reha-**
10 **ilitation of Military Eye Injuries**

11 “(a) IN GENERAL.—The Secretary of Defense shall
12 establish within the Department of Defense a center of
13 excellence in the prevention, diagnosis, mitigation, treat-
14 ment, and rehabilitation of military eye injuries to carry
15 out the responsibilities specified in subsection (c). The
16 center shall be known as a ‘Center of Excellence in Pre-
17 vention, Diagnosis, Mitigation, Treatment, and Rehabili-
18 tation of Military Eye Injuries’.

19 “(b) PARTNERSHIPS.—The Secretary shall ensure
20 that the Center collaborates to the maximum extent prac-
21 ticable with the Secretary of Veterans Affairs, institutions
22 of higher education, and other appropriate public and pri-
23 vate entities (including international entities) to carry out
24 the responsibilities specified in subsection (c).

25 “(c) RESPONSIBILITIES.—(1) The Center shall—

1 “(A) develop, implement, and oversee a registry
2 of information for the tracking of the diagnosis, sur-
3 gical intervention or other operative procedure, other
4 treatment, and follow up for each case of significant
5 eye injury incurred by a member of the armed forces
6 while serving on active duty;

7 “(B) ensure the electronic exchange with the
8 Secretary of Veterans Affairs of information ob-
9 tained through tracking under subparagraph (A);
10 and

11 “(C) enable the Secretary of Veterans Affairs to
12 access the registry and add information pertaining
13 to additional treatments or surgical procedures and
14 eventual visual outcomes for veterans who were en-
15 tered into the registry and subsequently received
16 treatment through the Veterans Health Administra-
17 tion.

18 “(2) The registry under this subsection shall be
19 known as the ‘Military Eye Injury Registry’ (hereinafter
20 referred to as the ‘Registry’).

21 “(3) The Center shall develop the Registry in con-
22 sultation with the ophthalmological specialist personnel
23 and optometric specialist personnel of the Department of
24 Defense and the ophthalmological specialist personnel and
25 optometric specialist personnel of the Department of Vet-

1 erans Affairs. The mechanisms and procedures of the Reg-
2 istry shall reflect applicable expert research on military
3 and other eye injuries.

4 “(4) The mechanisms of the Registry for tracking
5 under paragraph (1)(A) shall ensure that each military
6 medical treatment facility or other medical facility shall
7 submit to the Center for inclusion in the Registry informa-
8 tion on the diagnosis, surgical intervention or other opera-
9 tive procedure, other treatment, and follow up for each
10 case of eye injury described in that paragraph as follows
11 (to the extent applicable):

12 “(A) Not later than 30 days after surgery or
13 other operative intervention, including a surgery or
14 other operative intervention carried out as a result
15 of a follow-up examination.

16 “(B) Not later than 180 days after the signifi-
17 cant eye injury is reported or recorded in the med-
18 ical record.

19 “(5)(A) The Center shall provide notice to the Blind
20 Rehabilitation Service of the Department of Veterans Af-
21 fairs and to the eye care services of the Veterans Health
22 Administration on each member of the armed forces de-
23 scribed in subparagraph (B) for purposes of ensuring the
24 coordination of the provision of ongoing eye care and vis-
25 ual rehabilitation benefits and services by the Department

1 of Veterans Affairs after the separation or release of such
2 member from the armed forces.

3 “(B) A member of the armed forces described in this
4 subparagraph is a member of the armed forces as follows:

5 “(i) A member with a significant eye injury in-
6 curred while serving on active duty, including a
7 member with visual dysfunction related to traumatic
8 brain injury.

9 “(ii) A member with an eye injury incurred
10 while serving on active duty who has a visual acuity
11 of 20/200 or less in the injured eye.

12 “(iii) A member with an eye injury incurred
13 while serving on active duty who has a loss of pe-
14 ripheral vision resulting in twenty degrees or less of
15 visual field in the injured eye.

16 “(d) UTILIZATION OF REGISTRY INFORMATION.—
17 The Secretary of Defense and the Secretary of Veterans
18 Affairs shall jointly ensure that information in the Mili-
19 tary Eye Injury Registry is available to appropriate oph-
20 thalmological and optometric personnel of the Department
21 of Veterans Affairs for purposes of encouraging and facili-
22 tating the conduct of research, and the development of
23 best practices and clinical education, on eye injuries in-
24 curred by members of the armed forces in combat.”.

1 (2) CLERICAL AMENDMENT.—The table of sec-
2 tions at the beginning of chapter 55 of such title is
3 amended by inserting after the item relating to sec-
4 tion 1105 the following new item:

 “1105a. Center of Excellence in Prevention, Diagnosis, Mitigation, Treatment,
 and Rehabilitation of Military Eye Injuries.”.

5 (b) INCLUSION OF RECORDS OF OIF/OEF VET-
6 ERANS.—The Secretary of Defense shall take appropriate
7 actions to include in the Military Eye Injury Registry es-
8 tablished under section 1105a of title 10, United States
9 Code (as added by subsection (a)), such records of mem-
10 bers of the Armed Forces who incurred an eye injury while
11 serving on active duty on or after September 11, 2001,
12 but before the establishment of the Registry, as the Sec-
13 retary considers appropriate for purposes of the Registry.

14 (c) REPORT ON ESTABLISHMENT.—Not later than
15 180 days after the date of the enactment of this Act, the
16 Secretary shall submit to Congress a report on the status
17 of the Center of Excellence in Prevention, Diagnosis, Miti-
18 gation, Treatment, and Rehabilitation of Military Eye In-
19 juries under section 1105a of title 10, United States Code
20 (as so added), including the progress made in establishing
21 the Military Eye Injury Registry required under that sec-
22 tion.

23 (d) TRAUMATIC BRAIN INJURY POST TRAUMATIC
24 VISUAL SYNDROME.—In carrying out the program at

1 Walter Reed Army Medical Center, District of Columbia,
2 on Traumatic Brain Injury Post Traumatic Visual Syn-
3 drome, the Secretary of Defense and the Department of
4 Veterans Affairs shall jointly provide for the conduct of
5 a cooperative program for members of the Armed Forces
6 and veterans with Traumatic Brain Injury by military
7 medical treatment facilities of the Department of Defense
8 and medical centers of the Department of Veterans Affairs
9 selected for purposes of this subsection for purposes of vi-
10 sion screening, diagnosis, rehabilitative management, and
11 vision research, including research on prevention, on visual
12 dysfunction related to Traumatic Brain Injury.

13 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
14 hereby authorized to be appropriated for the Department
15 of Defense for fiscal year 2008 for Defense Health Pro-
16 gram, \$5,000,000 for the Center of Excellence in Preven-
17 tion, Diagnosis, Mitigation, Treatment, and Rehabilitation
18 of Military Eye Injuries under section 1105a of title 10,
19 United States Code (as so added).

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