

118TH CONGRESS
1ST SESSION

H. R. 5002

To direct the Secretary of Veterans Affairs to carry out a pilot program for the cognitive care of veterans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2023

Mrs. HARSHBARGER introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to carry out a pilot program for the cognitive care of veterans, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Innovative Cognitive
5 Care for Veterans Act of 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to a 2020 study by the Office of
9 the Assistant Deputy Under Secretary for Health
10 for Policy and Planning of the Department of Vet-

1 erans Affairs, it is projected that the number of vet-
2 erans with Alzheimer's dementia will increase by
3 28.9 percent between fiscal year 2021 and fiscal
4 year 2033, amounting to an estimated 48,000 new
5 patients with cognitive impairments.

6 (2) The cost of expenditures of the Department
7 of Veterans Affairs for long-term care is growing
8 rapidly, as demonstrated by a 2020 Government Ac-
9 countability Office report that estimates such ex-
10 penditures are projected to double to
11 \$14,300,000,000 by 2037.

12 (3) As described in the report specified in para-
13 graph (2), the Department of Veterans Affairs also
14 faces both a current and incoming workforce short-
15 age, in addition to other challenges relating to the
16 provision of long-term care services to the more than
17 2,800,000 estimated veterans who are enrolled in
18 the patient enrollment system of the Department es-
19 tablished and operated under section 1705(a) of title
20 38, United States Code, and live in rural areas.

21 (4) As observed by the Secretary of Veterans
22 Affairs, veterans can also be prone to unique factors
23 that increase the risk for future cognitive impair-
24 ment. For example, it has been found that veterans
25 who served during the Vietnam era and, while so

1 serving, were exposed to Agent Orange are nearly
2 twice as likely as those without such exposure to re-
3 ceive a diagnosis of dementia.

4 (5) According to the Department of Veterans
5 Affairs, more than 185,000 veterans enrolled in the
6 health care system of the Department of Veterans
7 Affairs have been diagnosed with at least one trau-
8 matic brain injury. Traumatic brain injury often af-
9 fects the cognitive abilities of an individual and can
10 disrupt normal brain function. Veterans with a trau-
11 matic brain injury are also 60 percent more likely to
12 develop Alzheimer's Disease or other forms of de-
13 mentia.

14 (6) This data compels the United States Gov-
15 ernment to do more for veterans and their cognitive
16 care.

17 **SEC. 3. PILOT PROGRAM OF DEPARTMENT OF VETERANS**
18 **AFFAIRS FOR ADDRESSING COGNITIVE DIS-**
19 **ORDERS AMONG VETERANS.**

20 (a) PILOT PROGRAM.—

21 (1) PILOT PROGRAM.—Not later than 180 days
22 after the date of the enactment of this Act, the Sec-
23 retary of Veterans Affairs shall carry out, as a part
24 of the Veterans Community Care Program under
25 section 1703 of title 38, and in accordance with the

1 requirements of such program, a pilot program (in
2 this section referred to as the “pilot program”)
3 under which the Secretary may enter into agree-
4 ments with eligible entities to furnish to partici-
5 pating veterans telehealth, virtual training tools for
6 home health aides, and other innovative services,
7 that slow the progression of cognitive disorders.

8 (2) VETERANS CARE AGREEMENTS.—In enter-
9 ing into agreements under paragraph (1), the Sec-
10 retary may enter into a Veterans Care Agreement
11 under section 1703A of title 38, United States Code,
12 consistent with the requirements of such section.

13 (b) SELECTION OF ENTITIES.—

14 (1) ELIGIBLE ENTITIES.—An entity is eligible
15 for entry into an agreement under the pilot program
16 if the entity—

17 (A) furnishes telehealth, virtual training
18 tools for home health aides, or other innovative
19 services, that slow the progression of cognitive
20 disorders; and

21 (B) meets such other requirements as the
22 Secretary may prescribe.

23 (2) PRIORITY.—In selecting eligible entities for
24 entry into an agreement under the pilot program,

1 the Secretary shall give priority to eligible entities
2 with—

3 (A) demonstrated experience in—

4 (i) providing assistance to individuals
5 with cognitive disorders;

6 (ii) addressing behavioral and tem-
7 perament issues, including through inter-
8 active engagement and stimulation solu-
9 tions;

10 (iii) caregiver or home health aid
11 training; and

12 (iv) working in the field of cognitive
13 disorders, including through the treatment
14 of, or rehabilitation for, traumatic brain
15 injury or neurodegenerative conditions; and

16 (B) the ability to provide services under
17 the pilot program to veterans at locations other
18 than a hospital, nursing home, or other medical
19 facility, in accordance with subsection (d)(2).

20 (3) LIST OF SELECTED ENTITIES.—The Sec-
21 retary shall—

22 (A) publish on an internet website of the
23 Department a list identifying each eligible enti-
24 ty with which the Secretary has entered into an
25 agreement under the pilot program; and

1 (B) ensure such list is accessible to vet-
2 erans selected for participation in the pilot pro-
3 gram.

4 (c) SELECTION OF VETERANS.—In selecting veterans
5 for participation in the pilot program, the Secretary—

6 (1) shall ensure that not more than 500 vet-
7 erans participate in the pilot program at any given
8 time; and

9 (2) may not take into consideration age or risk
10 factors for cognitive disorders.

11 (d) SERVICES: SELF-DIRECTED AND IN-HOME NA-
12 TURE.—Each veteran selected by the Secretary for partici-
13 pation in the pilot program—

14 (1) may select, from among the entities listed
15 under subsection (b)(3) that are accessible to the
16 veteran, the entity from which services shall be re-
17 ceived by the veteran under the pilot program; and

18 (2) may elect to receive services under the pilot
19 program at a location that is not a traditional med-
20 ical setting, such as at the residence of the veteran,
21 in lieu of receiving such services at a hospital, nurs-
22 ing home, or other medical facility.

23 (e) TERMINATION.—The pilot program shall termi-
24 nate on the date that is five years after the date on which
25 the pilot program commences.

1 (f) REPORT.—Not later than 180 days after the date
2 of termination under subsection (e), the Secretary shall
3 submit to the Committees on Veterans' Affairs of the
4 House of Representatives and the Senate a report on the
5 pilot program. Such report shall include the following:

6 (1) A detailed overview of each entity with
7 which the Secretary entered into an agreement
8 under the pilot program, and the services that entity
9 provided to participating veterans pursuant to such
10 agreement.

11 (2) An identification of the types of technology
12 that eligible entities with which the Secretary en-
13 tered into an agreement under the pilot program
14 used to provide services to participating veterans
15 pursuant to such agreement.

16 (3) An identification of the following:

17 (A) The number of veterans that partici-
18 pated in the pilot program.

19 (B) The number of veterans that applied
20 to participate in the pilot program but were not
21 selected for participation as a result of the limi-
22 tation under subsection (c)(2).

23 (C) Of the veterans who participated in the
24 pilot program, the number who, for the dura-

tion of such participation, received services under the pilot program.

(D) Of the veterans who participated in the pilot program, the number who suffered traumatic brain injury while serving in the Armed Forces, including, for each such veteran—

(i) a classification of the traumatic brain injury so suffered as mild, moderate, or severe (as the case may be); and

(ii) an identification of the mechanism of injury.

(E) The percentage of veterans who participated in the pilot program (disaggregated by type of outcome specified in clauses (i) through (iii)) who reported that such participation resulted in the following outcomes, with respect to the individual veteran:

(i) Quality of life improved.

(ii) Quality of life was unaffected.

(iii) Quality of life worsened.

(F) A socioeconomic and demographic breakdown of veterans who participated in the pilot program.

1 (G) The type of housing in which the vet-
2 erans who participated in the pilot program re-
3 side.

4 (H) Whether the veterans who participated
5 in the pilot program have access to personal
6 care services from a caregiver, and if so, wheth-
7 er such services were furnished by the Secretary
8 (including through a non-Department of Vet-
9 erans Affairs health care provider providing
10 such services under the laws administered by
11 the Secretary).

12 (I) Such other information as may be de-
13 termined relevant by the Secretary.

14 (g) SOURCE OF FUNDS.—Amounts required to carry
15 out this Act shall be derived from unobligated amounts
16 appropriated to the Veterans Health Administration and
17 determined appropriate by the Secretary.

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