



H.R. 2199 - Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007

Floor Situation

H.R. 2199, as amended, is being considered on the floor by suspending the rules and will require a two-thirds majority vote for passage. This legislation was introduced by Representative Michael Michaud (D-ME) on May 8, 2007. The bill was ordered to be reported, amended, from the Committee on Veterans' Affairs, by voice vote, on May 15, 2007.

H.R. 2199, as amended, is expected to be considered on May 23, 2007.

Summary

H.R. 2199, as amended, requires the Department of Veterans' Affairs ("VA") to create a program to screen veterans for traumatic brain injuries (TBI). The bill also requires the Secretary of the VA to carry out a comprehensive program of long-term care for post-acute TBI rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary treatment teams.

A veteran is eligible for care under this program if the veteran:

- 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 after November 11, 1998;
- Is diagnosed as suffering from moderate to severe traumatic brain injury; and,
- Is unable to manage routine activities of daily living without supervision or assistance.

H.R. 2199, as amended, requires the Secretary to create 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 healthcare and services not immediately offered by the Department.

This legislation requires the Secretary to establish a “Traumatic Brain Injury Veterans' Health Registry.” The registry must include the following information:

- 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,
- Any relevant medical data relating to the health status of an individual described above and any other information the Secretary considers relevant and appropriate with respect to such an individual if the individual:
 - Grants permission to the Secretary to include such information in the Registry; or,
 - Is deceased at the time such individual is listed in the Registry.

The Secretary is required to establish and operate centers for TBI research, education, and clinical activities. These centers will be located in various geographic regions of the United States and no more than 5 centers may be created. The centers will be operated by collaborating Department facilities and will function for:

- Research on traumatic brain injury;
- The use by the Department of specific models for furnishing traumatic brain injury care;
- Education and training of health-care professionals of the Department; and
- 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.

The bill authorizes appropriations for the TBI centers in the following amounts:

- \$10 million for fiscal year 2008; and,
- \$20 million for each of fiscal years 2009 through 2011.

The Secretary must create in the Veterans Health Administration a committee 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. This committee will be

responsible for streamlining and improving TBI care and it will also make recommendations and provide advice to the Under Secretary.

H.R. 2199, as amended, also creates a pilot program using mobile Vet centers, which will provide readjustment counseling and related mental health services through the use of mobile centers. The mobile VET centers will also provide benefits outreach and assistance with claims development for benefits. The mobile Vets centers will provide assistance in Veterans Integrated Service Networks 1, 16, 19, 20, and 23.

Background

The Veterans Health Program Improvement Act of 2004 (PL 108-422) required the VA to establish centers for research, education, and clinical activities on complex trauma related to combat injuries, and these centers have become the VA's polytrauma centers.

Recent combat has resulted in new patterns of polytraumatic injuries and disability requiring specialized intensive rehabilitation processes and coordination of care throughout the course of recovery and rehabilitation. While serving in Operations Iraqi and Enduring Freedom, military service members are sustaining multiple severe injuries as a result of explosions and blasts.

Of these injured military personnel, 60-62% have some degree of TBI. The four current Department of Veterans Affairs (VA) TBI Lead Rehabilitation Centers have provided rehabilitation care to the majority of the severely combat injured personnel requiring inpatient rehabilitation.

Cost

This bill has not been scored by the Congressional Budget Office.

Staff Contact

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