

110TH CONGRESS
2D SESSION

S. 2921

To require pilot programs on training and certification for family caregiver personal care attendants for veterans and members of the Armed Forces with traumatic brain injury, to require a pilot program on provision of respite care to such veterans and members, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 28, 2008

Mr. REID (for Mrs. CLINTON) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To require pilot programs on training and certification for family caregiver personal care attendants for veterans and members of the Armed Forces with traumatic brain injury, to require a pilot program on provision of respite care to such veterans and members, 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 “Caring for Wounded
5 Warriors Act of 2008”.

1 **SEC. 2. PILOT PROGRAMS ON TRAINING AND CERTIFI-**
2 **CATION FOR FAMILY CAREGIVER PERSONAL**
3 **CARE ATTENDANTS FOR VETERANS AND**
4 **MEMBERS OF THE ARMED FORCES WITH**
5 **TRAUMATIC BRAIN INJURY.**

6 (a) PILOT PROGRAMS AUTHORIZED.—The Secretary
7 of Veterans Affairs shall, in collaboration with the Sec-
8 retary of Defense, carry out up to three pilot programs
9 to assess the feasibility and advisability of providing train-
10 ing and certification for family caregivers of veterans and
11 members of the Armed Forces with traumatic brain injury
12 as personal care attendants of such veterans and mem-
13 bers.

14 (b) LOCATIONS.—Each pilot program under this sec-
15 tion shall be carried out in a medical facility of the De-
16 partment of Veterans Affairs. In selecting the locations
17 of the pilot programs, the Secretary shall give special em-
18 phasis to the polytrauma centers of the Department of
19 Veterans Affairs designated as Tier I polytrauma centers.

20 (c) TRAINING CURRICULA.—

21 (1) IN GENERAL.—The Secretary of Veterans
22 Affairs shall develop curricula for the training of
23 personal care attendants under the pilot programs
24 under this section. Such curricula shall incor-
25 porate—

1 (A) applicable standards and protocols uti-
2 lized by certification programs of national brain
3 injury care specialist organizations; and

4 (B) best practices recognized by caregiving
5 organizations.

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

14 (d) PARTICIPATION IN PROGRAMS.—

15 (1) IN GENERAL.—The Secretary of Veterans
16 Affairs shall determine the eligibility of a family
17 member of a veteran or member of the Armed
18 Forces for participation in the pilot programs under
19 this section.

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

1 (e) ELIGIBILITY FOR COMPENSATION.—A family
2 caregiver of a veteran or member of the Armed Forces
3 who receives certification as a personal care attendant
4 under the pilot programs under this section shall be eligi-
5 ble for compensation from the Department of Veterans Af-
6 fairs for care provided to such veteran or member.

7 (f) COSTS OF TRAINING.—

8 (1) TRAINING OF FAMILIES OF VETERANS.—
9 Any costs of training provided under the pilot pro-
10 grams under this section for family members of vet-
11 erans shall be borne by the Secretary of Veterans
12 Affairs.

13 (2) TRAINING OF FAMILIES OF MEMBERS OF
14 THE ARMED FORCES.—The Secretary of Defense
15 shall reimburse the Secretary of Veterans Affairs for
16 any costs of training provided under the pilot pro-
17 grams for family members of members of the Armed
18 Forces. Amounts for such reimbursement shall be
19 derived from amounts available for Defense Health
20 Program for the TRICARE program.

21 (g) ASSESSMENT OF FAMILY CAREGIVER NEEDS.—

22 (1) IN GENERAL.—The Secretary of Veterans
23 Affairs may provide to a family caregiver who re-
24 ceives training under a pilot program under this sec-
25 tion—

1 (A) an assessment of their needs with re-
2 spect to their role as a family caregiver; and

3 (B) a referral to services and support
4 that—

5 (i) are relevant to any needs identified
6 in such assessment; and

7 (ii) are provided in the community
8 where the family caregiver resides, includ-
9 ing such services and support provided by
10 community-based organizations, publicly-
11 funded programs, and the Department of
12 Veterans Affairs.

13 (2) USE OF EXISTING TOOLS.—In developing
14 and administering an assessment under paragraph
15 (1), the Secretary shall, to the extent practicable,
16 use and expand upon caregiver assessment tools al-
17 ready developed and in use by the Department.

18 (h) CONSTRUCTION.—Nothing in this section shall be
19 construed to require or permit the Secretary of Veterans
20 Affairs to deny—

21 (1) reimbursement for health care services pro-
22 vided to a veteran with a brain injury to a personal
23 care attendant who is not a family member of such
24 veteran; or

1 (2) access to other services and benefits other-
2 wise available to veterans with a brain injury.

3 **SEC. 3. PILOT PROGRAM ON PROVISION OF RESPITE CARE**
4 **TO MEMBERS OF THE ARMED FORCES AND**
5 **VETERANS WITH TRAUMATIC BRAIN INJURY**
6 **BY STUDENTS IN GRADUATE PROGRAMS OF**
7 **EDUCATION RELATED TO MENTAL HEALTH**
8 **OR REHABILITATION.**

9 (a) **PILOT PROGRAM AUTHORIZED.**—The Secretary
10 of Veterans Affairs shall, in collaboration with the Sec-
11 retary of Defense, carry out a pilot program to assess the
12 feasibility and advisability of providing respite care to
13 members of the Armed Forces and veterans described in
14 subsection (b) through students enrolled in graduate pro-
15 grams of education described in subsection (c)(1) to pro-
16 vide—

17 (1) relief to the family caregivers of such mem-
18 bers and veterans from the responsibilities associ-
19 ated with providing care to such members and vet-
20 erans; and

21 (2) socialization and cognitive skill development
22 to such members and veterans.

23 (b) **COVERED MEMBERS AND VETERANS.**—The
24 members of the Armed Forces and veterans described in
25 this subsection are the individuals as follows:

1 (1) Members of the Armed Forces who have
2 been diagnosed with traumatic brain injury, includ-
3 ing limitations of ambulatory mobility, cognition,
4 and verbal abilities.

5 (2) Veterans who have been so diagnosed.

6 (c) PROGRAM LOCATIONS.—

7 (1) IN GENERAL.—The pilot program shall be
8 carried out at not more than 10 locations selected by
9 the Secretary of Veterans Affairs for purposes of the
10 pilot program. Each location so selected shall be a
11 medical facility of the Department of Veterans Af-
12 fairs that is in close proximity to, or that has a rela-
13 tionship, affiliation, or established partnership with,
14 an institution of higher education that has a grad-
15 uate program in an appropriate mental health or re-
16 habilitation related field, such as social work, nurs-
17 ing, psychology, occupational therapy, physical ther-
18 apy, or interdisciplinary training programs.

19 (2) CONSIDERATIONS.—In selecting medical fa-
20 cilities of the Department for the pilot program, the
21 Secretary shall give special consideration to the fol-
22 lowing:

23 (A) The polytrauma centers of the Depart-
24 ment designated as Tier I polytrauma centers.

1 (B) Facilities of the Department in regions
2 with a high concentration of veterans with trau-
3 matic brain injury.

4 (d) SCOPE OF ASSISTANCE.—

5 (1) USE OF GRADUATE STUDENTS.—In car-
6 rying out the pilot program, the Secretary shall—

7 (A) recruit students enrolled in a graduate
8 program of education selected by the Secretary
9 under subsection (c)(1) to provide respite care
10 to the members of the Armed Forces and vet-
11 erans described in subsection (b);

12 (B) train such students to provide respite
13 care to such members and veterans; and

14 (C) match such students with such mem-
15 bers and veterans in the student's local area for
16 the provision of individualized respite care to
17 such members and veterans.

18 (2) REPORTS.—Each student participating in
19 the pilot program shall submit to the physician of
20 the member of the Armed Forces or the veteran to
21 whom such graduate is providing respite care under
22 the pilot program a report setting forth the status
23 of the member or veteran under such care in such
24 manner and in such frequency as the Secretary may
25 require.

1 (3) COURSEWORK CREDIT.—A student that
2 participates in the pilot program and meets the re-
3 quirements for successful participation established
4 under paragraph (4) and the requirements of para-
5 graph (2), may receive an appropriate amount of
6 coursework credit for such participation as deter-
7 mined by the head of the student’s graduate pro-
8 gram of education chosen to participate in the pilot
9 program under subsection (c)(1) in consultation with
10 the Secretary.

11 (4) DETERMINATIONS IN CONJUNCTION WITH
12 HEADS OF GRADUATE PROGRAMS OF EDUCATION.—
13 The Secretary shall determine, in collaboration with
14 the head of the graduate program of education cho-
15 sen to participate in the pilot program under sub-
16 section (c)(1), the following:

17 (A) The amount of training that a student
18 shall complete before providing respite care
19 under the pilot program.

20 (B) The number of hours of respite care to
21 be provided by the students who participate in
22 the pilot program.

23 (C) The requirements for successful par-
24 ticipation by a student in the pilot program.

1 (e) TRAINING STANDARDS AND BEST PRACTICES.—

2 In providing training under subsection (d)(1)(B), the Sec-
3 retary shall use—

4 (1) applicable standards and protocols used by
5 certification programs of national brain injury care
6 specialist organizations in the provision of respite
7 care training; and

8 (2) best practices recognized by caregiving or-
9 ganizations.

10 **SEC. 4. DEFINITIONS.**

11 In this Act:

12 (1) FAMILY CAREGIVER.—With respect to mem-
13 ber of the Armed Forces or a veteran with traumatic
14 brain injury, the term “family caregiver” means a
15 relative, partner, or friend of such member or vet-
16 eran who is providing care to such member or vet-
17 eran for such traumatic brain injury.

18 (2) RESPITE CARE.—The term “respite care”
19 means the temporary provision of care to an indi-
20 vidual to provide relief to the regular caregiver of
21 the individual from the ongoing responsibility of pro-
22 viding care to such individual.

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