

117TH CONGRESS
2D SESSION

H. R. 9005

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

SEPTEMBER 28, 2022

Mrs. HARSHBARGER (for herself and Mr. ROY) 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 2022”.

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

7 **SEC. 3. PILOT PROGRAM OF DEPARTMENT OF VETERANS**
8 **AFFAIRS FOR ADDRESSING COGNITIVE DIS-**
9 **ORDERS AMONG VETERANS.**

10 (a) PILOT PROGRAM.—

11 (1) PILOT PROGRAM.—Not later than 180 days
12 after the date of the enactment of this Act, the Sec-
13 retary of Veterans Affairs shall carry out, as a part
14 of the Veterans Community Care Program under
15 section 1703 of title 38, and in accordance with the
16 requirements of such program, a pilot program (in
17 this section referred to as the “pilot program”)
18 under which the Secretary may enter into agree-
19 ments with eligible entities to furnish to partici-
20 pating veterans telehealth, virtual training tools for
21 home health aides, and other innovative services,
22 that slow the progression of cognitive disorders.

23 (2) VETERANS CARE AGREEMENTS.—In enter-
24 ing into agreements under paragraph (1), the Sec-
25 retary may enter into a Veterans Care Agreement

1 under section 1703A of title 38, United States Code,
2 consistent with the requirements of such section.

3 (b) SELECTION OF ENTITIES.—

4 (1) ELIGIBLE ENTITIES.—An entity is eligible
5 for entry into an agreement under the pilot program
6 if the entity is a private organization that—

7 (A) furnishes telehealth, virtual training
8 tools for home health aides, or other innovative
9 services, that slow the progression of cognitive
10 disorders; and

11 (B) meets such other requirements as the
12 Secretary may prescribe.

13 (2) PRIORITY.—In selecting eligible entities for
14 entry into an agreement under the pilot program,
15 the Secretary shall give priority to eligible entities
16 with—

17 (A) demonstrated experience in providing
18 assistance to individuals with cognitive dis-
19 orders;

20 (B) demonstrated experience in addressing
21 behavioral and temperament issues, including
22 through interactive engagement and stimulation
23 solutions;

24 (C) demonstrated experience in caregiver
25 or home health aid training; and

1 (D) the ability to provide services under
2 the pilot program to veterans at locations other
3 than a hospital, nursing home, or other medical
4 facility, in accordance with subsection (d)(2).

5 (3) LIST OF SELECTED ENTITIES.—The Sec-
6 retary shall—

7 (A) publish on an internet website of the
8 Department a list identifying each eligible enti-
9 ty with which the Secretary has entered into an
10 agreement under the pilot program; and

11 (B) ensure such list is accessible to vet-
12 erans selected for participation in the pilot pro-
13 gram.

14 (c) LIMITATION ON VETERAN PARTICIPATION.—In
15 selecting veterans for participation in the pilot program,
16 the Secretary shall ensure that not more than 500 vet-
17 erans participate in the pilot program at any given time.

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

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

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

6 (e) TERMINATION.—The pilot program shall termi-
7 nate on the date that is five years after the date on which
8 the pilot program commences.

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

14 (1) A detailed overview of each entity with
15 which the Secretary has entered into an agreement
16 under the pilot program, and the services that entity
17 provided to participating veterans pursuant to such
18 agreement.

19 (2) An identification of the following:

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

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

1 (C) Of the veterans who participated in the
2 pilot program, the number who, for the dura-
3 tion of such participation, received services
4 under the pilot program.

5 (D) The percentage of participants
6 (disaggregated by type of outcome specified in
7 clauses (i) through (iii)) who reported that par-
8 ticipation in the pilot program resulted in the
9 following outcomes, with respect to the indi-
10 vidual participant:

11 (i) Quality of life improved.

12 (ii) Quality of life was unaffected.

13 (iii) Quality of life worsened.

14 (E) A socioeconomic and demographic
15 breakdown of participants in the pilot program.

16 (F) Such other information as may be de-
17 termined relevant by the Secretary.

18 (g) SOURCE OF FUNDS.—Amounts required to carry
19 out this Act shall be derived from unobligated amounts
20 appropriated to the Veterans Health Administration and
21 determined appropriate by the Secretary.

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