

110TH CONGRESS
1ST SESSION

S. 1999

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 SENATE OF THE UNITED STATES

AUGUST 3, 2007

Mr. KERRY (for himself, Mr. HAGEL, Mr. DOMENICI, and Mr. OBAMA) introduced the following bill; which was read twice and referred to the Committee on Armed Services

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. CENTER OF EXCELLENCE IN PREVENTION, DI-**
4 **AGNOSIS, MITIGATION, TREATMENT, AND RE-**
5 **HABILITATION OF MILITARY EYE INJURIES.**

6 (a) ESTABLISHMENT.—

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

4 **“§ 1105a. Center of Excellence in Prevention, Diag-**
5 **nosis, Mitigation, Treatment, and Reha-**
6 **ilitation of Military Eye Injuries**

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

15 “(b) PARTNERSHIPS.—The Secretary shall ensure
16 that the Center collaborates to the maximum extent prac-
17 ticable with the Department of Veterans Affairs, institu-
18 tions of higher education, and other appropriate public
19 and private entities (including international entities) to
20 carry out the responsibilities specified in subsection (c).

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

22 “(A) develop, implement, and oversee a registry
23 of information for the tracking of the diagnosis, sur-
24 gical intervention or other operative procedure, other
25 treatment, and follow up for each case of eye injury

1 incurred by a member of the armed forces in combat
2 that requires surgery or other operative intervention;
3 and

4 “(B) ensure the electronic exchange with Sec-
5 retary of Veterans Affairs of information obtained
6 through tracking under subparagraph (A).

7 “(2) The registry under this subsection shall be
8 known as the ‘Military Eye Injury Registry’.

9 “(3) The Center shall develop the Registry in con-
10 sultation with the ophthalmological specialist personnel
11 and optometric specialist personnel of the Department of
12 Defense. The mechanisms and procedures of the Registry
13 shall reflect applicable expert research on military and
14 other eye injuries.

15 “(4) The mechanisms of the Registry for tracking
16 under paragraph (1)(A) shall ensure that each military
17 medical treatment facility or other medical facility shall
18 submit to the Center for inclusion in the Registry informa-
19 tion on the diagnosis, surgical intervention or other opera-
20 tive procedure, other treatment, and follow up for each
21 case of eye injury described in that paragraph as follows
22 (to the extent applicable):

23 “(A) Not later than 72 hours after surgery or
24 other operative intervention.

1 “(B) Any clinical or other operative interven-
2 tion done within 30 days, 60 days, or 120 days after
3 surgery or other operative intervention as a result of
4 a follow-up examination.

5 “(C) Not later than 180 days after surgery or
6 other operative intervention.

7 “(5)(A) The Center shall provide notice to the Blind
8 Service or Low Vision Optometry Service, as applicable,
9 of the Department of Veterans Affairs on each member
10 of the armed forces described in subparagraph (B) for
11 purposes of ensuring the coordination of the provision of
12 visual rehabilitation benefits and services by the Depart-
13 ment of Veterans Affairs after the separation or release
14 of such member from the armed forces.

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

17 “(i) A member with an eye injury incurred in
18 combat who has a visual acuity of $\frac{20}{200}$ or less in
19 either eye.

20 “(ii) A member with an eye injury incurred in
21 combat who has a loss of peripheral vision of twenty
22 degrees or less.

23 “(d) UTILIZATION OF REGISTRY INFORMATION.—
24 The Secretary of Defense and the Secretary of Veterans
25 Affairs shall jointly ensure that information in the Mili-

1 tary Eye Injury Registry is available to appropriate oph-
2 thalmological and optometric personnel of the Department
3 of Veterans Affairs for purposes of encouraging and facili-
4 tating the conduct of research, and the development of
5 best practices and clinical education, on eye injuries in-
6 curred by members of the armed forces in combat.”.

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

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

11 (b) INCLUSION OF RECORDS OF OIF/OEF VET-
12 ERANS.—The Secretary of Defense shall take appropriate
13 actions to include in the Military Eye Injury Registry es-
14 tablished under section 1105a of title 10, United States
15 Code (as added by subsection (a)), such records of mem-
16 bers of the Armed Forces who incurred an eye injury in
17 combat in Operation Iraqi Freedom or Operation Endur-
18 ing Freedom before the establishment of the Registry as
19 the Secretary considers appropriate for purposes of the
20 Registry.

21 (c) REPORT ON ESTABLISHMENT.—Not later than
22 180 days after the date of the enactment of this Act, the
23 Secretary shall submit to Congress a report on the status
24 of the Center of Excellence in Prevention, Diagnosis, Miti-

1 gation, Treatment, and Rehabilitation of Military Eye In-
2 juries under section 1105a of title 10, United States Code
3 (as so added), including the progress made in establishing
4 the Military Eye Injury Registry required under that sec-
5 tion.

6 (d) TRAUMATIC BRAIN INJURY POST TRAUMATIC
7 VISUAL SYNDROME.—In carrying out the program at
8 Walter Reed Army Medical Center, District of Columbia,
9 on Traumatic Brain Injury Post Traumatic Visual Syn-
10 drome, the Secretary of Defense and the Department of
11 Veterans Affairs shall jointly provide for the conduct of
12 a cooperative study on neuro-optometric screening and di-
13 agnosis of members of the Armed Forces with Traumatic
14 Brain Injury by military medical treatment facilities of the
15 Department of Defense and medical centers of the Depart-
16 ment of Veterans Affairs selected for purposes of this sub-
17 section for purposes of vision screening, diagnosis, reha-
18 bilitative management, and vision research on visual dys-
19 function related to Traumatic Brain Injury.

20 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
21 hereby authorized to be appropriated for the Department
22 of Defense for fiscal year 2008 for Defense Health Pro-
23 gram, \$5,000,000 for the Center of Excellence in Preven-
24 tion, Diagnosis, Mitigation, Treatment, and Rehabilitation

- 1 of Military Eye Injuries under section 1105a of title 10,
- 2 United States Code (as so added).

