

119TH CONGRESS
2^D SESSION

S. _____

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to offer annual preventative health evaluations to veterans with a spinal cord injury or disorder and increase access to assistive technologies, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. MORAN introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to offer annual preventative health evaluations to veterans with a spinal cord injury or disorder and increase access to assistive technologies, 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 “Veterans Spinal Trau-
5 ma Access to New Devices Act” or the “Veterans STAND
6 Act”.

1 **SEC. 2. PROVISION OF PREVENTATIVE HEALTH EVALUA-**
2 **TIONS FOR VETERANS WITH A SPINAL CORD**
3 **INJURY OR DISORDER.**

4 Section 1706 of title 38, United States Code, is
5 amended by adding at the end the following new sub-
6 section:

7 “(d)(1) In managing the provision of hospital care
8 and medical services under section 1710(a) of this title,
9 the Secretary shall furnish (through direct provision of
10 service, referral, or a telehealth program operated by the
11 Department) a preventative health evaluation annually to
12 any veteran with a spinal cord injury or disorder who
13 elects to undergo the evaluation.

14 “(2) The evaluation described in paragraph (1) shall
15 include the following:

16 “(A) An assessment of any circumstance or
17 condition the veteran is experiencing that indicates
18 a risk for any health complication related to the spi-
19 nal cord injury or disorder, including a risk of
20 comorbidities.

21 “(B) An assessment regarding chronic pain
22 and, if applicable, the management of chronic pain.

23 “(C) An assessment regarding dietary manage-
24 ment and weight management.

25 “(D) An assessment regarding prosthetic equip-
26 ment, including which prosthetic equipment the vet-

1 eran needs, how well any existing prosthetic equip-
2 ment is functioning considering the needs of the vet-
3 eran, and any safety concerns regarding the pros-
4 thetic equipment in use by or recommended to the
5 veteran.

6 “(E) An assessment with respect to the provi-
7 sion of assistive technology, including spinal cord
8 neuromodulation technology (such as non-invasive
9 transcutaneous spinal stimulation), that could help
10 maximize the voluntary motor or autonomic func-
11 tion, independence, or mobility of the veteran, in-
12 cluding suitability of such technology for home use
13 and need for training, programming, and remote fol-
14 low-up.

15 “(3)(A) In maintaining, prescribing, or amending any
16 guidance, rules, or regulations issued by the Department
17 regarding the requirements set out in this subsection, the
18 Secretary shall consult with—

19 “(i) the spinal cord injury and disorder pro-
20 gram managers of the Department;

21 “(ii) clinicians employed by the Department as
22 specialists in spinal cord injuries and disorders;

23 “(iii) clinicians and technologists with dem-
24 onstrated expertise in spinal cord neuromodulation

1 therapies, including non-invasive transcutaneous ap-
2 proaches; and

3 “(iv) representatives of organizations recognized
4 under section 5902 of this title.

5 “(B) Before issuing any guidance, rules, or regula-
6 tions regarding the requirements set out in this sub-
7 section, the Secretary shall consult with manufacturers of
8 assistive technologies and other entities relevant to the
9 provision of assistive technologies if the guidance, rules,
10 or regulations would directly affect such manufacturers or
11 entities.

12 “(C) The Secretary shall ensure, to the extent pos-
13 sible, that any veteran known by the Secretary to have
14 a spinal cord injury or disorder receives information annu-
15 ally about the evaluation available under this subsection
16 and the benefits to the veteran of choosing to undergo the
17 evaluation.

18 “(4) As the Secretary determines clinically appro-
19 priate, the Secretary may provide training, programming,
20 remote monitoring, and follow-up for assistive technologies
21 through telehealth.

22 “(5) Not later than one year after the date of the
23 enactment of the Veterans Spinal Trauma Access to New
24 Devices Act, and every two years thereafter, the Secretary
25 shall submit to the Committee on Veterans’ Affairs of the

1 Senate and the Committee on Veterans' Affairs of the
2 House of Representatives a report that includes the fol-
3 lowing:

4 “(A) For the period covered by the report—

5 “(i) the number of veterans who—

6 “(I) received hospital care or medical
7 services from the Department and used an
8 assistive technology;

9 “(II) received hospital care or medical
10 services from the Department and were as-
11 sessed for the provision of an assistive
12 technology; and

13 “(III) received hospital care or med-
14 ical services from the Department and
15 were prescribed an assistive technology.

16 “(ii) for any assistive technology pre-
17 scribed, an identification of the category of such
18 technology, including spinal cord
19 neuromodulation, and a summary of functional
20 outcomes associated with the prescription of
21 such technology, if available.

22 “(B) The year-to-year change (for the period
23 covered by the report, including the two years imme-
24 diately prior to year the report is submitted) in the
25 percent of veterans with a spinal cord injury or dis-

1 order who received an evaluation under this sub-
2 section.

3 “(6) In reviewing the performance metrics of a Vet-
4 erans Integrated Service Network for any year beginning
5 after the date that is one year after the date of the enact-
6 ment of the Veterans Spinal Trauma Access to New De-
7 vices Act, the Secretary shall consider the provision of
8 evaluations under paragraph (1).

9 “(7) In this subsection, the term ‘assistive tech-
10 nology’ means a powered medical device or electronic tool
11 used to treat or alleviate symptoms or conditions caused
12 by a spinal cord injury or disorder, including the following:

13 “(A) A personal mobility device, including a
14 powered exoskeleton device.

15 “(B) A speech generating device.

16 “(C) A spinal cord neuromodulation technology,
17 including non-invasive transcutaneous spinal stimu-
18 lation using sensory (afferent) pathways, intended to
19 improve voluntary motor function, autonomic func-
20 tion, independence, or quality of life.

21 “(D) As clinically appropriate, and consistent
22 with the prosthetic and sensory aids policies of the
23 Department, an implantable spinal cord stimulation
24 system that is approved by the Food and Drug Ad-
25 ministration.”.