

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 6444
OFFERED BY MRS. MILLER-MEEKS OF IOWA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Blast Overpressure
3 Research and Mitigation Task Force Act”.

**4 SEC. 2. ESTABLISHMENT OF THE BLAST OVERPRESSURE
5 TASK FORCE OF THE DEPARTMENT OF VET-
6 ERANS AFFAIRS.**

7 (a) ESTABLISHMENT.—Not later than 180 days after
8 the date of the enactment of this Act, the Secretary of
9 Veterans Affairs shall appoint, through the Department
10 of Veterans Affairs-Department of Defense Joint Execu-
11 tive Committee under section 320 of title 38, United
12 States Code, the Blast Overpressure Task Force of the
13 Department of Veterans Affairs (in this section referred
14 to as the “Task Force”).

15 (b) MEMBERSHIP.—Each member of the Task Force
16 appointed under subsection (a) shall be a member of the
17 Health Executive Committee under subsection (b)(2) of
18 such section who, at the time of appointment, is involved

1 in research regarding the mitigation and treatment of
2 blast overpressure or blast exposure.

3 (c) DUTIES.—The duties of the Task Force are the
4 following:

5 (1) To improve how the Secretary of Veterans
6 Affairs, in consultation with the Secretary of De-
7 fense, provides health care and other benefits to vet-
8 erans or members of the Armed Forces diagnosed
9 with traumatic brain injury, post-traumatic stress
10 disorder, or other symptoms, from blast overpressure
11 or blast exposure.

12 (2) To align research agendas and acquisition
13 strategies of the Department regarding such health
14 care.

15 (3) To establish physiological and cognitive per-
16 formance baselines for such veterans and members.

17 (4) To prioritize translational research regard-
18 ing such veterans and members, including research
19 regarding—

20 (A) sleep therapy;

21 (B) blast-related gut health;

22 (C) mobile diagnostics;

23 (D) vestibular dysfunction and balance im-
24 pairment;

1 (E) autonomic nervous system
2 dysregulation;

3 (F) cumulative mild traumatic brain in-
4 jury;

5 (G) neuroinflammation and glial activation;
6 and

7 (H) any other issue determined appro-
8 priate by the Secretary.

9 (5) To monitor sensory decline (including with
10 regards to vision, hearing, and vestibular function)
11 and stress-related impairments among such veterans
12 and members.

13 (6) To support continuity of such care by inte-
14 grating mobile and longitudinal diagnostic tools.

15 (d) REPORTS.—The Task Force shall issue annual
16 reports to the Committees on Veterans' Affairs and on
17 Armed Services of the Senate and House of Representa-
18 tives. Each such report shall include the following ele-
19 ments:

20 (1) Details of research initiatives, coordination
21 outcomes, and clinical advancements of the Task
22 Force.

23 (2) Recommendations of the Task Force re-
24 garding—

1 (A) how claims processors of the Depart-
2 ment of Veterans Affairs should evaluate evi-
3 dence that links such conditions to active mili-
4 tary, naval, air, or space service; and

5 (B) best practices regarding the evaluation
6 of neurological injuries in examinations for ben-
7 efits under chapters 11 or 15 of title 38, United
8 States Code.

9 (e) SUNSET.—The Task Force shall terminate on
10 September 30, 2029.

