

VETERANS DOG TRAINING THERAPY ACT

MAY 20, 2010.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

[To accompany H.R. 3885]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3885) to direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

CONTENTS

	Page
Purpose and Summary	1
Background and Need for Legislation	2
Hearings	3
Subcommittee Consideration	4
Committee Consideration	4
Committee Votes	4
Committee Oversight Findings	4
Statement of General Performance Goals and Objectives	4
New Budget Authority, Entitlement Authority, and Tax Expenditures	4
Earmarks and Tax and Tariff Benefits	5
Committee Cost Estimate	5
Congressional Budget Office Estimate	5
Federal Mandates Statement	6
Advisory Committee Statement	6
Constitutional Authority Statement	6
Applicability to Legislative Branch	6
Section-by-Section Analysis of the Legislation	6

PURPOSE AND SUMMARY

H.R. 3885 was introduced by Representative Henry E. Brown, Jr. of South Carolina, the Ranking Member of the Subcommittee on Health of the Committee on Veterans' Affairs, on October 21, 2009.

H.R. 3885, the Veterans Dog Training Therapy Act, would require the Secretary of the U.S. Department of Veterans Affairs (VA) to conduct a five-year pilot program in at least three but not more than five VA medical centers assessing the effectiveness of addressing post-deployment mental health and post-traumatic stress disorder (PTSD) through a therapeutic medium of training service dogs for veterans with disabilities. The VA would be required to report to Congress annually on its progress.

BACKGROUND AND NEED FOR LEGISLATION

Considerable attention has been given in recent years to the invisible wounds of war including mental health illnesses such as depression, PTSD, substance use disorder, and traumatic brain injury. Unlike physical injuries, mental health issues may not be readily apparent but can nonetheless have a harmful effect on a veteran's quality of life by having a negative impact upon an individual's mood, thoughts, and behavior. Currently, VA provides mental health treatment through a variety of inpatient and outpatient mental health programs in VA medical centers, community-based outpatient clinics, and vet centers. In fiscal year 2009, VA's budget for mental health was approximately \$4.5 billion.

Perhaps the most widely recognized mental health issue affecting veterans, PTSD is a severe anxiety disorder that can develop after exposure to a traumatic event in which grave physical harm occurred or was threatened. Combat experience is one type of event that may trigger PTSD. Experts indicate that while PTSD is expected in 7 to 8 percent of the general population, they expect to see the disorder in about 11 to 20 percent of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans, 10 percent of Gulf War veterans, and 30 percent of Vietnam veterans. VA provides nearly 200 specialized PTSD treatment programs in facilities across the country.

Given the prevalence of PTSD among our veteran population, Congress has recognized the need to provide veterans seeking treatment for mental health issues with newer and more innovative modes of therapy. In that vein, the Conference Report (H. Rept. 111-366) that accompanied the Consolidated Appropriations Act, 2010 (P.L. 111-117 (123 Stat. 3034)) included the recommendation that VA "expand its partnership with accredited nonprofit service dog organizations where veterans with PTSD help to train service dogs."

On March 24, 2008, a Memorandum of Understanding was signed between the VA Palo Alto Health Care System (VAPAHCS) in Palo Alto, California, and the Assistance Dog Program to establish a specialized assistance dog training program for veterans. This program, within the Recreational Therapy Service at the VAPAHCS, is designed to create a therapeutic environment for veterans with post-deployment mental health issues and symptoms of PTSD to address their mental health needs. Veterans participating in this program train service dogs for later placement with veterans with hearing and physical disabilities.

A similar, privately-funded, pilot program is currently underway at Walter Reed Army Medical Center (WRAMC) where service dogs have been used in therapeutic settings since 2006. Called the "Paws for Purple Hearts" Service Dog Training Program, in this

pilot Warriors in Transition (WTs) from the battlefield to the home front volunteer to participate in a specialized service dog training program. The objectives of the program are to: improve a WT's emotional, cognitive, and physical symptoms through purposeful interactions and participation in a therapeutic occupation; provide an opportunity for PTSD patients to participate in a goal-directed, meaningful occupation that facilitates structure, skill development, and community participation; and, the successful placement of well-trained service dogs with fellow servicemembers and/or veterans with significant physical injuries resulting in mobility impairments.

The Walter Reed program has been so successful in meeting its objectives that Department of Defense (DOD) officials are moving to include similar therapeutic models in other service areas. For example, a similar program will be included in the National Intrepid Center of Excellence (NICoE) opening in late June 2010 on the campus of the National Naval Center in Bethesda, Maryland; the Army Surgeon General has created an Animal Assisted Therapy task force to develop policies and research related to dog therapy; and, the Army Family Action Plan conference listed funding for service dogs for wounded warriors as their second top issue of importance.

In each of the above programs, training service dogs for fellow veterans is believed to be helping to address symptoms associated with post-deployment mental health issues and PTSD in a myriad of ways. Specifically, veterans participating in the programs demonstrated improved emotional regulation, sleep patterns, and sense of personal safety. They also experienced reduced levels of anxiety and social isolation. Further, participation in the pilot enabled them to actively instill or re-establish a sense of purpose and meaning while providing an opportunity to help fellow veterans and reintegrate healthfully back into the community. However, despite the anecdotal evidence of the therapeutic benefit of service dog training on veterans with mental health issues and PTSD, there is a serious dearth of scientific research on the value of such programs.

The goal of this legislation is to reach more veterans with this innovative and successful mental health and PTSD treatment model and provide a means of collecting important research data to address the current lack of evidence-based research on the effectiveness of the service dog training therapy model. The pilot program created by this legislation has the added benefit of providing a career path to veterans who successfully graduate the program and are interested in becoming certified dog trainers and making well-trained service dogs available to other disabled veterans.

HEARINGS

On October 1, 2009, the Subcommittee on Health held a legislative hearing on several bills introduced in the 111th Congress, including draft legislation on psychiatric service dogs. The following witnesses testified: The Honorable Bob Filner of California; The Honorable Stephanie Herseth Sandlin of South Dakota; The Honorable Phil Hare of Illinois; The Honorable Ciro D. Rodriguez of Texas; The Honorable Glenn Nye of Virginia; The Honorable Harry Teague of New Mexico; The Honorable Michael A. Arcuri of New

York; Mr. Joseph Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, The American Legion; Mr. Justin Brown, Legislative Associate, National Legislative Service, Veterans of Foreign Wars; Mr. Rick Weidman, Executive Director, Policy and Government Affairs, Vietnam Veterans of America; Mr. Blake C. Ortner, Senior Associate Legislative Director, Paralyzed Veterans of America; Mr. Peter H. Dougherty, Director, Homeless Veterans Programs, U.S. Department of Veterans Affairs who was accompanied by Mr. Paul E. Smits, Associate Chief Consultant, Homeless and Residential Rehabilitation and Treatment Programs, U.S. Department of Veterans Affairs; and, Ms. Jane Clare Joyner, Deputy Assistant General Counsel, U.S. Department of Veterans Affairs. Those submitting for the record included: Rick A. McMichael, DC, President, American Chiropractic Association; the American Physical Therapy Association; and, the American Tinnitus Association.

SUBCOMMITTEE CONSIDERATION

On October 22, 2009, the Subcommittee on Health met in open markup session and ordered H.R. 3885 favorably forwarded to the full Committee by voice vote.

COMMITTEE CONSIDERATION

On May 12, 2010, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 3885 reported favorably to the House of Representatives by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 3885 reported to the House. A motion by Mr. Stearns of Florida to order H.R. 3885 reported favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by

the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3885 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 3885 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 3885 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 18, 2010.

Hon. BOB FILNER,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3885, the Veterans Dog Training Therapy Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 3885—Veterans Dog Training Therapy Act

H.R. 3885 would require the Department of Veterans Affairs (VA) to establish a pilot program through which veterans diagnosed with post-traumatic stress disorder or other mental health conditions would train service dogs for use by disabled veterans. The pilot program would operate in three to five medical centers over a five-year period. CBO estimates that implementing the bill would cost \$7 million over the 2011–2015 period, assuming appropriation of the necessary amounts. Enacting this legislation would not affect direct spending or revenues; therefore, pay-as-you-go procedures would not apply.

H.R. 3885 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The estimated budgetary impact of H.R. 3885 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

	By fiscal year, in millions of dollars—					
	2011	2012	2013	2014	2015	2011–2015
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Estimated Authorization Level	1	1	1	2	2	7
Estimated Outlays	1	1	1	2	2	7

Based on information from VA, CBO estimates that the department would implement the pilot program in four medical centers and would require two recreation therapists and one certified dog trainer at each facility as well as one recreation therapist and a director to oversee the program. Based on a similar program at the VA facility in Palo Alto, California, CBO further estimates that each facility would train five service dogs every two years. Assuming the program would be phased in over three years and that the necessary amounts would be appropriated, CBO estimates that implementing the bill would cost \$1 million in 2011, growing to \$2 million a year by 2014.

The CBO staff contact for this estimate is Sunita D'Monte. The estimate was approved by Theresa Gullo, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 3885 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 3885.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 3885 is provided by Article I, section 8 of the Constitution of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This section provides the short title of H.R. 3885 as the “Veterans Dog Training Therapy Act.”

Section 2. Department of Veterans Affairs pilot program on dog training therapy

Section 2(a) of the bill would require the Secretary of the VA, beginning no later than 120 days after enactment, to carry out a pilot program to assess the effectiveness of treating post-deployment

mental health issues and PTSD using the therapeutic medium of training service dogs for veterans with disabilities.

Section 2(b) of the bill would require the pilot described in Section 2(a) be carried out in at least three but not more than five VA medical centers during a five-year period beginning on the date of commencement of the pilot.

Section 2(c) of the bill would require that each VA medical center selected for participation in the pilot provide a training area for educating participating veterans in dog training and handling and that such training area include an indoor space for grooming and training, be wheelchair accessible, include a classroom or lecture space, include office space, include storage space, provide for periodic use of other training areas, include outdoor exercise and toileting space, and provide for weekly field trips.

Section 2(d) of the bill would require the pilot program set up under Section 2(a) be administered through the VA's Recreation Therapy Service under the direction of a certified recreational therapist, establish a qualified director of service dog training, ensure that each site have certified dog trainers, ensure that dogs used in the program be purpose-bred for assistance dog work and have adequate temperament and health, ensure that each dog be taught 90 basic commands, ensure that each dog live at the program site or with a volunteer foster home, ensure that the program include both lecture and hands-on training/grooming components, and be designed to maximize therapeutic benefits and provide well-trained assistance dogs to veterans with disabilities.

Section 2(e) of the bill would define a veteran eligible for the pilot program as a veteran with PTSD or another post-deployment mental health issue who volunteers, if the Secretary determines there are adequate resources available.

Section 2(f) of the bill would create a hiring preference for service dog trainers who are veterans who have successfully completed PTSD or other residential treatment programs and received adequate dog training certification.

Section 2(g) of the bill would require the VA Secretary to collect data to determine the effectiveness of the program and include information on how it assists veterans with reducing mental health stigma, improving emotional regulation, improving patience, establishing a sense of purpose, providing an opportunity to help fellow veterans, reintegrating back into the community, reducing social isolation, building relationship skills, relaxing their survival state, improving sleep patterns, and decreasing medication use.

Section 2(h) of the bill would require a yearly report to Congress on the program including the number of participating veterans; a description of the program's services; the effects of the pilot on symptoms of mental illness, relevant physiological markers, family dynamics, insomnia, pain management, and overall well-being; and, recommendations to extend or expand the program.

Section 2(i) of the bill would define a "service dog training instructor" as someone who provides direct training of veterans with PTSD or other mental illness in assistance dog training and handling.