

PUBLIC LAW 110-387—OCT. 10, 2008

VETERANS' MENTAL HEALTH AND OTHER
CARE IMPROVEMENTS ACT OF 2008

Public Law 110–387
110th Congress

An Act

Oct. 10, 2008
[S. 2162]

To improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Veterans' Mental
Health and
Other Care
Improvements
Act of 2008.
38 USC 101 note.

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Veterans’ Mental Health and Other Care Improvements Act of 2008”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
Sec. 2. References to title 38, United States Code.

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

- Sec. 101. Tribute to Justin Bailey.
Sec. 102. Findings on substance use disorders and mental health.
Sec. 103. Expansion of substance use disorder treatment services provided by Department of Veterans Affairs.
Sec. 104. Care for veterans with mental health and substance use disorders.
Sec. 105. Pilot program for Internet-based substance use disorder treatment for veterans of Operation Iraqi Freedom and Operation Enduring Freedom.
Sec. 106. Report on residential mental health care facilities of the Veterans Health Administration.
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TITLE II—MENTAL HEALTH RESEARCH

- Sec. 201. Research program on comorbid post-traumatic stress disorder and substance use disorders.
Sec. 202. Extension of authorization for Special Committee on Post-Traumatic Stress Disorder.

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TITLE IV—HEALTH CARE MATTERS

- Sec. 401. Veterans beneficiary travel program.
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Sec. 403. Pilot program of enhanced contract care authority for health care needs of veterans in highly rural areas.
Sec. 404. Epilepsy centers of excellence.
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Sec. 407. Repeal of limitation on authority to conduct widespread HIV testing program.

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- Sec. 409. Exemption from copayment requirement for veterans receiving hospice care.

TITLE V—PAIN CARE

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- Sec. 601. Increased authorization of appropriations for comprehensive service programs.
- Sec. 602. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions.
- Sec. 603. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans.
- Sec. 604. Financial assistance for supportive services for very low-income veteran families in permanent housing.

TITLE VII—AUTHORIZATION OF MEDICAL FACILITY PROJECTS AND MAJOR MEDICAL FACILITY LEASES

- Sec. 701. Authorization for fiscal year 2009 major medical facility projects.
- Sec. 702. Modification of authorization amounts for certain major medical facility construction projects previously authorized.
- Sec. 703. Authorization of fiscal year 2009 major medical facility leases.
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- Sec. 706. Conveyance of certain non-Federal land by City of Aurora, Colorado, to Secretary of Veterans Affairs for construction of veterans medical facility.
- Sec. 707. Report on facilities administration.
- Sec. 708. Annual report on outpatient clinics.
- Sec. 709. Name of Department of Veterans Affairs spinal cord injury center, Tampa, Florida.

TITLE VIII—EXTENSION OF CERTAIN AUTHORITIES

- Sec. 801. Repeal of sunset on inclusion of noninstitutional extended care services in definition of medical services.
- Sec. 802. Extension of recovery audit authority.
- Sec. 803. Permanent authority for provision of hospital care, medical services, and nursing home care to veterans who participated in certain chemical and biological testing conducted by the Department of Defense.
- Sec. 804. Extension of expiring collections authorities.
- Sec. 805. Extension of nursing home care.
- Sec. 806. Permanent authority to establish research corporations.
- Sec. 807. Extension of requirement to submit annual report on the Committee on Care of Severely Chronically Mentally Ill Veterans.
- Sec. 808. Permanent requirement for biannual report on Women's Advisory Committee.
- Sec. 809. Extension of pilot program on improvement of caregiver assistance services.

TITLE IX—OTHER MATTERS

- Sec. 901. Technical amendments.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

SEC. 101. TRIBUTE TO JUSTIN BAILEY.

This title is enacted in tribute to Justin Bailey, who, after returning to the United States from service as a member of the Armed Forces in Operation Iraqi Freedom, died in a domiciliary facility of the Department of Veterans Affairs while receiving care for post-traumatic stress disorder and a substance use disorder.

38 USC 1720A
note.

SEC. 102. FINDINGS ON SUBSTANCE USE DISORDERS AND MENTAL HEALTH.

Congress makes the following findings:

(1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use disorder, with similar rates of acknowledged problems with alcohol use disorder among members of the National Guard.

(2) The effects of substance use disorder are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.

(3) While veterans suffering from mental health conditions, chronic physical illness, and polytrauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.

(4) While the Veterans Health Administration has dramatically increased health services for veterans from 1996 through 2006, the number of veterans receiving specialized substance use disorder treatment services decreased 18 percent during that time. No comparable decrease in the national rate of substance use disorder has been observed during that time.

(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

(6) According to a 2006 report by the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and the Fiscal Year 2007 National Mental Health Program Monitoring System report shows that little progress has been made in restoring these services to their pre-1996 levels.

38 USC 1720A
note.

SEC. 103. EXPANSION OF SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure the provision of such services and treatment to each veteran enrolled in the health care system of the Department of Veterans

Affairs who is in need of services and treatments for a substance use disorder as follows:

- (1) Screening for substance use disorder in all settings, including primary care settings.
- (2) Short term motivational counseling services.
- (3) Marital and family counseling.
- (4) Intensive outpatient or residential care services.
- (5) Relapse prevention services.
- (6) Ongoing aftercare and outpatient counseling services.
- (7) Opiate substitution therapy services.
- (8) Pharmacological treatments aimed at reducing craving for drugs and alcohol.
- (9) Detoxification and stabilization services.
- (10) Coordination with groups providing peer to peer counseling.
- (11) Such other services as the Secretary considers appropriate.

(b) PROVISION OF SERVICES.—

(1) ALLOCATION OF RESOURCES FOR PROVISION OF SERVICES.—The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care, treatment, and services described in subsection (a) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

(2) MANNER OF PROVISION.—The services and treatment described in subsection (a) may be provided to a veteran described in such subsection—

(A) at Department of Veterans Affairs medical centers or clinics;

(B) by referral to other facilities of the Department that are accessible to such veteran; or

(C) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

(c) ALTERNATIVES IN CASE OF SERVICES DENIED DUE TO CLINICAL NECESSITY.—If the Secretary denies the provision to a veteran of services or treatment for a substance use disorder due to clinical necessity, the Secretary shall provide the veteran such other services or treatment as are medically appropriate.

SEC. 104. CARE FOR VETERANS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

38 USC 1720A
note.

(a) IN GENERAL.—If the Secretary of Veterans Affairs provides a veteran inpatient or outpatient care for a substance use disorder and a comorbid mental health disorder, the Secretary shall ensure that treatment for such disorders is provided concurrently—

(1) through a service provided by a clinician or health professional who has training and expertise in treatment of substance use disorders and mental health disorders;

(2) by separate substance use disorder and mental health disorder treatment services when there is appropriate coordination, collaboration, and care management between such treatment services; or

(3) by a team of clinicians with appropriate expertise.

(b) **TEAM OF CLINICIANS WITH APPROPRIATE EXPERTISE DEFINED.**—In this section, the term “team of clinicians with appropriate expertise” means a team consisting of the following:

(1) Clinicians and health professionals with expertise in treatment of substance use disorders and mental health disorders who act in coordination and collaboration with each other.

(2) Such other professionals as the Secretary considers appropriate for the provision of treatment to veterans for substance use and mental health disorders.

38 USC 1720A
note.

SEC. 105. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

(a) **FINDINGS.**—Congress makes the following findings:

(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who return as veterans to civilian life.

(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

(5) Veterans living in rural areas may find access to treatment for substance use disorder limited.

(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

Deadline.

(b) **IN GENERAL.**—Not later than October 1, 2009, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program shall be available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

(c) **ELEMENTS OF PILOT PROGRAM.**—

(1) **IN GENERAL.**—In carrying out the pilot program under this section, the Secretary shall ensure that—

(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department of Veterans Affairs;

(B) the Internet website is accessible from remote locations, especially rural areas; and

(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and

educational materials for such disorders, and appropriate information and materials for family members of veterans.

(2) CONSIDERATION OF SIMILAR PROJECTS.—In designing the pilot program under this section, the Secretary shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2304).

(3) LOCATION OF PILOT PROGRAM.—The Secretary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

(4) CONTRACT AUTHORITY.—The Secretary may enter into contracts with qualified entities or organizations to carry out the pilot program required under this section.

(d) DURATION OF PILOT PROGRAM.—The pilot program required by subsection (a) shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

(e) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program, and shall include in that report— an assessment of the feasibility and advisability of continuing or expanding the pilot program, of any cost savings or other benefits associated with the pilot program, and any other recommendations.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of Veterans Affairs \$1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.

SEC. 106. REPORT ON RESIDENTIAL MENTAL HEALTH CARE FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) REVIEW.—

(1) IN GENERAL.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, acting through the Inspector General of the Department of Veterans Affairs, complete a review of all residential mental health care facilities, including domiciliary facilities, of the Veterans Health Administration.

(2) ASSESSMENT.—As part of the review required by paragraph (1), the Secretary, acting through the Inspector General, shall assess the following:

(A) The availability of care in residential mental health care facilities in each Veterans Integrated Service Network (VISN).

(B) The supervision and support provided in the residential mental health care facilities of the Veterans Health Administration.

(C) The ratio of staff members at each residential mental health care facility to patients at such facility.

(D) The appropriateness of rules and procedures for the prescription and administration of medications to patients in such residential mental health care facilities.

(E) The protocols at each residential mental health care facility for handling missed appointments.

(3) **RECOMMENDATIONS.**—As part of the review required by paragraph (1), the Secretary, acting through the Inspector General, shall develop such recommendations as the Secretary considers appropriate for improvements to residential mental health care facilities of the Veterans Health Administration and the care provided in such facilities.

Deadline.

(b) **FOLLOW-UP REVIEW.**—Not later than two years after the date of the completion of the review required by subsection (a), the Secretary of Veterans Affairs shall, acting through the Inspector General of the Department of Veterans Affairs, complete a follow-up review of the facilities reviewed under subsection (a) to evaluate any improvements made or problems remaining since the review under subsection (a) was completed.

(c) **REPORT.**—Not later than 90 days after the completion of the review required by subsection (a), the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings of the Secretary with respect to such review.

38 USC 1712A
note.

SEC. 107. PILOT PROGRAM ON PEER OUTREACH AND SUPPORT FOR VETERANS AND USE OF COMMUNITY MENTAL HEALTH CENTERS AND INDIAN HEALTH SERVICE FACILITIES.

Deadline.

(a) **PILOT PROGRAM REQUIRED.**—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing to veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and, in particular, veterans who served in such operations as a member of the National Guard or Reserve, the following:

(1) Peer outreach services.

(2) Peer support services provided by licensed providers of peer support services or veterans who have personal experience with mental illness.

(3) Readjustment counseling services described in section 1712A of title 38, United States Code.

(4) Other mental health services.

(b) **PROVISION OF CERTAIN SERVICES.**—In providing services described in paragraphs (3) and (4) of subsection (a) under the pilot program to veterans who reside in rural areas and do not have adequate access through the Department of Veterans Affairs to the services described in such paragraphs, the Secretary shall, acting through the Office of Mental Health Services and the Office of Rural Health, provide such services as follows:

(1) Through community mental health centers under contracts or other agreements if entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for the provision of such services for purposes of the pilot program.

(2) Through the Indian Health Service, or an Indian tribe or tribal organization that has entered into an agreement with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.), if a memorandum of understanding is entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for purposes of the pilot program.

(3) Through other appropriate entities under contracts or other agreements entered into by the Secretary of Veterans Affairs for the provision of such services for purposes of the pilot program.

(c) DURATION.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

(d) PROGRAM LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out within areas selected by the Secretary for the purpose of the pilot program in at least three Veterans Integrated Service Networks (VISNs).

(2) RURAL GEOGRAPHIC LOCATIONS.—The locations selected shall be in rural geographic locations that, as determined by the Secretary, lack access to comprehensive mental health services through the Department of Veterans Affairs.

(3) QUALIFIED PROVIDERS.—In selecting locations for the pilot program, the Secretary shall select locations in which an adequate number of licensed mental health care providers with credentials equivalent to those of Department mental health care providers are available in Indian Health Service facilities, community mental health centers, and other entities for participation in the pilot program.

(e) PARTICIPATION IN PROGRAM.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall—

(1) provide the services described in paragraphs (3) and (4) of subsection (a) to eligible veterans, including, to the extent practicable, telehealth services that link the center or facility with Department of Veterans Affairs clinicians;

(2) use the clinical practice guidelines of the Veterans Health Administration or the Department of Defense in the provision of such services; and

(3) meet such other requirements as the Secretary shall require.

Requirements.

(f) COMPLIANCE WITH DEPARTMENT PROTOCOLS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall comply with—

(1) applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services as part of the pilot program; and

(2) access and quality standards of the Department relevant to the provision of services as part of the pilot program.

(g) PROVISION OF CLINICAL INFORMATION.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall, in a timely fashion, provide the Secretary with such clinical information on each veteran for whom such health center or facility provides mental health services under the pilot program as the Secretary shall require.

(h) TRAINING.—

(1) TRAINING OF VETERANS.—As part of the pilot program, the Secretary shall carry out a program of training for veterans described in subsection (a) to provide the services described in paragraphs (1) and (2) of such subsection.

(2) TRAINING OF CLINICIANS.—

(A) IN GENERAL.—The Secretary shall conduct a training program for clinicians of community mental health centers, Indian Health Service facilities, or other entities participating in the pilot program under subsection (b) to ensure that such clinicians can provide the services described in paragraphs (3) and (4) of subsection (a) in a manner that accounts for factors that are unique to the experiences of veterans who served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including their combat and military training experiences).

(B) PARTICIPATION IN TRAINING.—Personnel of each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall participate in the training program conducted pursuant to subparagraph (A).

(i) ANNUAL REPORTS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall submit to the Secretary on an annual basis a report containing, with respect to the provision of services under subsection (b) and for the last full calendar year ending before the submission of such report—

(1) the number of—

(A) veterans served; and

(B) courses of treatment provided; and

(2) demographic information for such services, diagnoses, and courses of treatment.

(j) PROGRAM EVALUATION.—

(1) IN GENERAL.—The Secretary shall, through Department of Veterans Affairs Mental Health Services investigators and in collaboration with relevant program offices of the Department, design and implement a strategy for evaluating the pilot program.

(2) ELEMENTS.—The strategy implemented under paragraph (1) shall assess the impact that contracting with community mental health centers, the Indian Health Service, and other entities participating in the pilot program under subsection (b) has on the following:

(A) Access to mental health care by veterans in need of such care.

(B) The use of telehealth services by veterans for mental health care needs.

(C) The quality of mental health care and substance use disorder treatment services provided to veterans in need of such care and services.

(D) The coordination of mental health care and other medical services provided to veterans.

(k) DEFINITIONS.—In this section:

(1) The term “community mental health center” has the meaning given such term in section 410.2 of title 42, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act).

(2) The term “eligible veteran” means a veteran in need of mental health services who—

(A) is enrolled in the Department of Veterans Affairs health care system; and

(B) has received a referral from a health professional of the Veterans Health Administration to a community mental health center, a facility of the Indian Health Service, or other entity for purposes of the pilot program.

(3) The term “Indian Health Service” means the organization established by section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1661(a)).

(I) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

TITLE II—MENTAL HEALTH RESEARCH

SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS.

38 USC 1712A
note.

(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Development, carry out a program of research into comorbid post-traumatic stress disorder (PTSD) and substance use disorder.

(b) DISCHARGE THROUGH NATIONAL CENTER FOR POSTTRAUMATIC STRESS DISORDER.—The research program required by subsection (a) shall be carried out by the National Center for Posttraumatic Stress Disorder. In carrying out the program, the Center shall—

(1) develop protocols and goals with respect to research under the program; and

(2) coordinate research, data collection, and data dissemination under the program.

(c) RESEARCH.—The program of research required by subsection (a) shall address the following:

(1) Comorbid post-traumatic stress disorder and substance use disorder.

(2) The systematic integration of treatment for post-traumatic stress disorder with treatment for substance use disorder.

(3) The development of protocols to evaluate care of veterans with comorbid post-traumatic stress disorder and substance use disorder.

(d) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2012, \$2,000,000 to carry out this section.

(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall be made available to the National Center on Posttraumatic Stress Disorder for the purpose specified in that paragraph.

(3) SUPPLEMENT NOT SUPPLANT.—Any amount made available to the National Center on Posttraumatic Stress Disorder for a fiscal year under paragraph (2) is in addition to any other amounts made available to the National Center on Posttraumatic Stress Disorder for such year under any other provision of law.

SEC. 202. EXTENSION OF AUTHORIZATION FOR SPECIAL COMMITTEE ON POST-TRAUMATIC STRESS DISORDER.

Section 110(e)(2) of the Veterans' Health Care Act of 1984 (38 U.S.C. 1712A note; Public Law 98-528) is amended by striking "through 2008" and inserting "through 2012".

TITLE III—ASSISTANCE FOR FAMILIES OF VETERANS

SEC. 301. CLARIFICATION OF AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO PROVIDE MENTAL HEALTH SERVICES TO FAMILIES OF VETERANS.

- (a) **IN GENERAL.**—Chapter 17 is amended—
- 38 USC 1701. (1) in section 1701(5)(B)—
- (A) by inserting "marriage and family counseling," after "professional counseling,"; and
- (B) by striking "as may be essential to" and inserting "as the Secretary considers appropriate for"; and
- (2) in section 1782—
- (A) in subsection (a), by inserting "marriage and family counseling," after "professional counseling,"; and
- (B) in subsection (b)—
- (i) by inserting "marriage and family counseling," after "professional counseling,"; and
- (ii) by striking "if—" and all that follows and inserting a period.
- 38 USC 1701 note. (b) **LOCATION.**—Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly referred to as "Vet Centers"), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.

SEC. 302. PILOT PROGRAM ON PROVISION OF READJUSTMENT AND TRANSITION ASSISTANCE TO VETERANS AND THEIR FAMILIES IN COOPERATION WITH VET CENTERS.

- (a) **PILOT PROGRAM.**—The Secretary of Veterans Affairs shall carry out, through a non-Department of Veterans Affairs entity, a pilot program to assess the feasibility and advisability of providing readjustment and transition assistance described in subsection (b) to veterans and their families in cooperation with centers under section 1712A of title 38, United States Code (commonly referred to as "Vet Centers").
- (b) **READJUSTMENT AND TRANSITION ASSISTANCE.**—Readjustment and transition assistance described in this subsection is assistance as follows:
- (1) Readjustment and transition assistance that is preemptive, proactive, and principle-centered.
- (2) Assistance and training for veterans and their families in coping with the challenges associated with making the transition from military to civilian life.
- (c) **NON-DEPARTMENT OF VETERANS AFFAIRS ENTITY.**—

(1) IN GENERAL.—The Secretary shall carry out the pilot program through any for-profit or non-profit organization selected by the Secretary for purposes of the pilot program that has demonstrated expertise and experience in the provision of assistance and training described in subsection (b).

(2) CONTRACT OR AGREEMENT.—The Secretary shall carry out the pilot program through a non-Department entity described in paragraph (1) pursuant to a contract or other agreement entered into by the Secretary and the entity for purposes of the pilot program.

(d) COMMENCEMENT OF PILOT PROGRAM.—The pilot program shall commence not later than 180 days after the date of the enactment of this Act. Deadline.

(e) DURATION OF PILOT PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program, and may be carried out for additional one-year periods thereafter.

(f) LOCATION OF PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary shall provide assistance under the pilot program in cooperation with 10 centers described in subsection (a) designated by the Secretary for purposes of the pilot program.

(2) DESIGNATIONS.—In designating centers described in subsection (a) for purposes of the pilot program, the Secretary shall designate centers so as to provide a balanced geographical representation of such centers throughout the United States, including the District of Columbia, the Commonwealth of Puerto Rico, tribal lands, and other territories and possessions of the United States.

(g) PARTICIPATION OF CENTERS.—A center described in subsection (a) that is designated under subsection (f) for participation in the pilot program shall participate in the pilot program by promoting awareness of the assistance and training available to veterans and their families through—

(1) the facilities and other resources of such center;

(2) the non-Department of Veterans Affairs entity selected pursuant to subsection (c); and

(3) other appropriate mechanisms.

(h) ADDITIONAL SUPPORT.—In carrying out the pilot program, the Secretary may enter into contracts or other agreements, in addition to the contract or agreement described in subsection (c), with such other non-Department of Veterans Affairs entities meeting the requirements of subsection (c) as the Secretary considers appropriate for purposes of the pilot program.

(i) REPORT ON PILOT PROGRAM.—

(1) REPORT REQUIRED.—Not later than three years after the date of the enactment of this Act, the Secretary shall submit to the congressional veterans affairs committees a report on the pilot program.

(2) ELEMENTS.—Each report under paragraph (1) shall include the following:

(A) A description of the activities under the pilot program as of the date of such report, including the number of veterans and families provided assistance under the pilot program and the scope and nature of the assistance so provided.

(B) A current assessment of the effectiveness of the pilot program.

(C) Any recommendations that the Secretary considers appropriate for the extension or expansion of the pilot program.

(3) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this subsection, the term “congressional veterans affairs committees” means—

(A) the Committees on Veterans’ Affairs and Appropriations of the Senate; and

(B) the Committees on Veterans’ Affairs and Appropriations of the House of Representatives.

(j) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2011 \$1,000,000 to carry out this section.

(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall remain available until expended.

TITLE IV—HEALTH CARE MATTERS

SEC. 401. VETERANS BENEFICIARY TRAVEL PROGRAM.

(a) REPEAL OF REQUIREMENT TO ADJUST AMOUNTS DEDUCTED FROM PAYMENTS OR ALLOWANCES FOR BENEFICIARY TRAVEL.—

38 USC 111.

(1) IN GENERAL.—Section 111(c) is amended—

(A) by striking paragraph (5); and

(B) in paragraph (2), by striking “, except as provided in paragraph (5) of this subsection,”.

38 USC 111
note.

(2) REINSTATEMENT OF AMOUNT OF DEDUCTION SPECIFIED BY STATUTE.—Notwithstanding any adjustment made by the Secretary of Veterans Affairs under paragraph (5) of section 111(c) of title 38, United States Code, as such paragraph was in effect before the date of the enactment of this Act, the amount deducted under paragraph (1) of such section 111(c) on or after such date shall be the amount specified in such paragraph.

(b) DETERMINATION OF MILEAGE REIMBURSEMENT RATE.—Section 111(g) is amended—

(1) by amending paragraph (1) to read as follows:

“(1) Subject to paragraph (3), in determining the amount of allowances or reimbursement to be paid under this section, the Secretary shall use the mileage reimbursement rate for the use of privately owned vehicles by Government employees on official business (when a Government vehicle is available), as prescribed by the Administrator of General Services under section 5707(b) of title 5.”;

(2) by striking paragraphs (3) and (4); and

(3) by inserting after paragraph (2) the following new paragraph (3):

“(3) Subject to the availability of appropriations, the Secretary may modify the amount of allowances or reimbursement to be paid under this section using a mileage reimbursement rate in excess of that prescribed under paragraph (1).”.

(c) REPORT.—Not later than 14 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit

to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing an estimate of the additional costs incurred by the Department of Veterans Affairs because of this section, including—

(1) any costs resulting from increased utilization of healthcare services by veterans eligible for travel allowances or reimbursements under section 111 of title 38, United States Code; and

(2) the additional costs that would be incurred by the Department should the Secretary exercise the authority described in subsection (g)(3) of such section.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to travel expenses incurred after the expiration of the 90-day period that begins on the date of the enactment of this Act.

38 USC 111
note.

SEC. 402. MANDATORY REIMBURSEMENT OF VETERANS RECEIVING EMERGENCY TREATMENT IN NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES UNTIL TRANSFER TO DEPARTMENT FACILITIES.

(a) CERTAIN VETERANS WITHOUT SERVICE-CONNECTED DISABILITY.—Section 1725 is amended—

38 USC 1725.

(1) in subsection (a)(1), by striking “may reimburse” and inserting “shall reimburse”; and

(2) in subsection (f)(1), by striking subparagraph (C) and inserting the following new subparagraph (C):

“(C) until—

“(i) such time as the veteran can be transferred safely to a Department facility or other Federal facility and such facility is capable of accepting such transfer; or

“(ii) such time as a Department facility or other Federal facility accepts such transfer if—

“(I) at the time the veteran could have been transferred safely to a Department facility or other Federal facility, no Department facility or other Federal facility agreed to accept such transfer; and

“(II) the non-Department facility in which such medical care or services was furnished made and documented reasonable attempts to transfer the veteran to a Department facility or other Federal facility.”.

(b) CERTAIN VETERANS WITH SERVICE-CONNECTED DISABILITY.—Section 1728 is amended—

(1) by striking subsection (a) and inserting the following new subsection (a):

“(a) The Secretary shall, under such regulations as the Secretary prescribes, reimburse veterans eligible for hospital care or medical services under this chapter for the customary and usual charges of emergency treatment (including travel and incidental expenses under the terms and conditions set forth in section 111 of this title) for which such veterans have made payment, from sources other than the Department, where such emergency treatment was rendered to such veterans in need thereof for any of the following:

Regulations.

“(1) An adjudicated service-connected disability.

“(2) A non-service-connected disability associated with and held to be aggravating a service-connected disability.

“(3) Any disability of a veteran if the veteran has a total disability permanent in nature from a service-connected disability.

“(4) Any illness, injury, or dental condition of a veteran who—

“(A) is a participant in a vocational rehabilitation program (as defined in section 3101(9) of this title); and

“(B) is medically determined to have been in need of care or treatment to make possible the veteran’s entrance into a course of training, or prevent interruption of a course of training, or hasten the return to a course of training which was interrupted because of such illness, injury, or dental condition.”;

(2) in subsection (b), by striking “care or services” both places it appears and inserting “emergency treatment”; and

(3) by adding at the end the following new subsection:

“(c) In this section, the term ‘emergency treatment’ has the meaning given such term in section 1725(f)(1) of this title.”.

38 USC 1703
note.

SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS.

(a) **PILOT PROGRAM REQUIRED.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall conduct a pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Veterans Affairs health care providers.

Deadline.

(2) **COMMENCEMENT.**—The Secretary shall commence the conduct of the pilot program on the date that is 120 days after the date of the enactment of this Act.

(3) **TERMINATION.**—A veteran may receive health services under the pilot program only during the three-year period beginning on the date of the commencement of the pilot program under paragraph (2).

(4) **PROGRAM LOCATIONS.**—The pilot program shall be carried out within areas selected by the Secretary for the purposes of the pilot program in at least five Veterans Integrated Service Networks (VISNs). Of the Veterans Integrated Service Networks so selected—

(A) not less than four such networks shall include at least three highly rural counties, as determined by the Secretary upon consideration of the most recent decennial census;

(B) not less than one such network, not including a network selected under subparagraph (A), shall include only one highly rural county, as determined by the Secretary upon consideration of the most recent decennial census;

(C) all such networks shall include area within the borders of at least four States; and

(D) no such networks shall be participants in the Healthcare Effectiveness through Resource Optimization pilot program of the Department of Veterans Affairs.

(b) **COVERED VETERANS.**—

(1) **IN GENERAL.**—For purposes of the pilot program under this section, a covered veteran is any highly rural veteran who is—

(A) enrolled in the system of patient enrollment established under section 1705(a) of title 38, United States Code, as of the date of the commencement of the pilot program under subsection (a)(2); or

(B) eligible for health care under section 1710(e)(3)(C) of title 38, United States Code.

(2) **HIGHLY RURAL VETERANS.**—For purposes of this subsection, a highly rural veteran is any veteran who—

(A) resides in a location that is—

(i) more than 60 miles driving distance from the nearest Department health care facility providing primary care services, if the veteran is seeking such services;

(ii) more than 120 miles driving distance from the nearest Department health care facility providing acute hospital care, if the veteran is seeking such care; or

(iii) more than 240 miles driving distance from the nearest Department health care facility providing tertiary care, if the veteran is seeking such care; or

(B) in the case of a veteran who resides in a location less than the distance specified in clause (i), (ii), or (iii) of subparagraph (A), as applicable, experiences such hardship or other difficulties in travel to the nearest appropriate Department health care facility that such travel is not in the best interest of the veteran, as determined by the Secretary pursuant to regulations prescribed for purposes of this subsection.

(c) **COVERED HEALTH SERVICES.**—For purposes of the pilot program under this section, a covered health service with respect to a covered veteran is any hospital care, medical service, rehabilitative service, or preventative health service that is authorized to be provided by the Secretary to the veteran under chapter 17 of title 38, United States Code, or any other provision of law.

(d) **QUALIFYING NON-DEPARTMENT HEALTH CARE PROVIDERS.**—For purposes of the pilot program under this section, an entity or individual is a qualifying non-Department health care provider of a covered health service if the Secretary determines that the entity or individual is qualified to furnish such service to veterans under the pilot program.

(e) **ELECTION.**—A covered veteran seeking to be provided covered health services under the pilot program under this section shall submit to the Secretary an application therefor in such form, and containing such information as the Secretary shall specify for purposes of the pilot program.

(f) **PROVISION OF SERVICES THROUGH CONTRACT.**—The Secretary shall provide covered health services to veterans under the pilot program under this section through contracts with qualifying non-Department health care providers for the provision of such services.

(g) **EXCHANGE OF MEDICAL INFORMATION.**—In conducting the pilot program under this section, the Secretary shall develop and utilize a functional capability to provide for the exchange of appropriate medical information between the Department and non-

Department health care providers providing health services under the pilot program.

(h) **REPORTS.**—Not later than the 30 days after the end of each year in which the pilot program under this section is conducted, the Secretary shall submit to the Committee of Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report which includes—

(1) the assessment of the Secretary of the pilot program during the preceding year, including its cost, volume, quality, patient satisfaction, benefit to veterans, and such other findings and conclusions with respect to pilot program as the Secretary considers appropriate; and

(2) such recommendations as the Secretary considers appropriate regarding—

(A) the continuation of the pilot program;

(B) extension of the pilot program to other or all Veterans Integrated Service Networks of the Department;

(C) making the pilot program permanent.

SEC. 404. EPILEPSY CENTERS OF EXCELLENCE.

(a) **IN GENERAL.**—Subchapter II of chapter 73 is amended by adding at the end the following new section:

“§ 7330A. Epilepsy centers of excellence

Deadline.

“(a) **ESTABLISHMENT OF CENTERS.**—(1) Not later than 120 days after the date of the enactment of the Veterans' Mental Health and Other Care Improvements Act of 2008, the Secretary shall designate at least four but not more than six Department health care facilities as locations for epilepsy centers of excellence for the Department.

“(2) Of the facilities designated under paragraph (1), not less than two shall be centers designated under section 7327 of this title.

“(3) Of the facilities designated under paragraph (1), not less than two shall be facilities that are not centers designated under section 7327 of this title.

“(4) Subject to the availability of appropriations for such purpose, the Secretary shall establish and operate an epilepsy center of excellence at each location designated under paragraph (1).

“(b) **DESIGNATION OF FACILITIES.**—(1) In designating locations for epilepsy centers of excellence under subsection (a), the Secretary shall solicit proposals from Department health care facilities seeking designation as a location for an epilepsy center of excellence.

“(2) The Secretary may not designate a facility as a location for an epilepsy center of excellence under subsection (a) unless the peer review panel established under subsection (c) has determined under that subsection that the proposal submitted by such facility seeking designation as a location for an epilepsy center of excellence is among those proposals that meet the highest competitive standards of scientific and clinical merit.

“(3) In choosing from among the facilities meeting the requirements of paragraph (2), the Secretary shall also consider appropriate geographic distribution when designating the epilepsy centers of excellence under subsection (a).

“(c) **PEER REVIEW PANEL.**—(1) The Under Secretary for Health shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary

for the designation of epilepsy centers of excellence under this section.

“(2)(A) The membership of the peer review panel shall consist of experts on epilepsy, including post-traumatic epilepsy.

“(B) Members of the peer review panel shall serve for a period of no longer than two years, except as specified in subparagraph (C).

“(C) Of the members first appointed to the panel, one half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as designated by the Under Secretary at the time of appointment.

“(3) The peer review panel shall review each proposal submitted to the panel by the Under Secretary for Health and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.

“(4) The peer review panel shall, in conjunction with the national coordinator designated under subsection (e), conduct regular evaluations of each epilepsy center of excellence established and operated under subsection (a) to ensure compliance with the requirements of this section.

“(5) The peer review panel shall not be subject to the Federal Advisory Committee Act.

“(d) EPILEPSY CENTER OF EXCELLENCE DEFINED.—In this section, the term ‘epilepsy center of excellence’ means a health care facility that has (or in the foreseeable future can develop) the necessary capacity to function as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy and has (or may reasonably be anticipated to develop) each of the following:

“(1) An affiliation with an accredited medical school that provides education and training in neurology, including an arrangement with such school under which medical residents receive education and training in the diagnosis and treatment of epilepsy (including neurosurgery).

“(2) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health care research efforts.

“(3) An advisory committee composed of veterans and appropriate health care and research representatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of the center during the period of the operation of such center.

“(4) The capability to conduct effectively evaluations of the activities of such center.

“(5) The capability to assist in the expansion of the Department’s use of information systems and databases to improve the quality and delivery of care for veterans enrolled within the Department’s health care system.

“(6) The capability to assist in the expansion of the Department telehealth program to develop, transmit, monitor, and review neurological diagnostic tests.

“(7) The ability to perform epilepsy research, education, and clinical care activities in collaboration with Department medical facilities that have centers for research, education, and clinical care activities on complex multi-trauma associated

with combat injuries established under section 7327 of this title.

Designation.

“(e) NATIONAL COORDINATOR FOR EPILEPSY PROGRAMS.—(1) To assist the Secretary and the Under Secretary for Health in carrying out this section, the Secretary shall designate an individual in the Veterans Health Administration to act as a national coordinator for epilepsy programs of the Veterans Health Administration.

“(2) The duties of the national coordinator for epilepsy programs shall include the following:

“(A) To supervise the operation of the centers established pursuant to this section.

“(B) To coordinate and support the national consortium of providers with interest in treating epilepsy at Department health care facilities lacking such centers in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department.

“(C) To conduct, in conjunction with the peer review panel established under subsection (c), regular evaluations of the epilepsy centers of excellence to ensure compliance with the requirements of this section.

“(D) To coordinate (as part of an integrated national system) education, clinical care, and research activities within all facilities with an epilepsy center of excellence.

“(E) To develop jointly a national consortium of providers with interest in treating epilepsy at Department health care facilities lacking an epilepsy center of excellence in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department. Such consortium should include a designated epilepsy referral clinic in each Veterans Integrated Service Network.

“(3) In carrying out duties under this subsection, the national coordinator for epilepsy programs shall report to the official of the Veterans Health Administration responsible for neurology.

“(f) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated \$6,000,000 for each of fiscal years 2009 through 2013 for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

“(2) There are authorized to be appropriated for each fiscal year after fiscal year 2013 such sums as may be necessary for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

“(3) The Secretary shall ensure that funds for such centers are designated for the first three years of operation as a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

“(4) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, the Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

“(5) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, there are authorized to

be appropriated such sums as may be necessary to fund the national coordinator established by subsection (e).”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7330 the following new item:

“7330A. Epilepsy centers of excellence.”

SEC. 405. ESTABLISHMENT OF QUALIFICATIONS FOR PEER SPECIALIST APPOINTEES.

(a) IN GENERAL.—Section 7402(b) is amended—

38 USC 7402.

(1) by redesignating the paragraph (11) relating to other health care positions as paragraph (14); and

(2) by inserting after paragraph (12) the following new paragraph (13):

“(13) PEER SPECIALIST.—To be eligible to be appointed to a peer specialist position, a person must—

“(A) be a veteran who has recovered or is recovering from a mental health condition; and

“(B) be certified by—

“(i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or

“(ii) a State as having satisfied relevant State requirements for a peer specialist position.”

(b) PEER SPECIALIST TRAINING.—Section 7402 is amended by adding at the end the following new subsection:

“(g) The Secretary may enter into contracts with not-for-profit entities to provide—

“(1) peer specialist training to veterans; and

“(2) certification for veterans under subsection

(b)(13)(B)(i).”

SEC. 406. ESTABLISHMENT OF CONSOLIDATED PATIENT ACCOUNTING CENTERS.

(a) ESTABLISHMENT OF CENTERS.—Chapter 17 is amended by inserting after section 1729A the following new section:

“§ 1729B. Consolidated patient accounting centers

“(a) IN GENERAL.—Not later than five years after the date of the enactment of this section, the Secretary of Veterans Affairs shall establish not more than seven consolidated patient accounting centers for conducting industry-modeled regionalized billing and collection activities of the Department.

Deadline.

“(b) FUNCTIONS.—The centers shall carry out the following functions:

“(1) Reengineer and integrate all business processes of the revenue cycle of the Department.

“(2) Standardize and coordinate all activities of the Department related to the revenue cycle for all health care services furnished to veterans for non-service-connected medical conditions.

“(3) Apply commercial industry standards for measures of access, timeliness, and performance metrics with respect to revenue enhancement of the Department.

“(4) Apply other requirements with respect to such revenue cycle improvement as the Secretary may specify.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1729A the following:

“1729B. Consolidated patient accounting centers.”.

SEC. 407. REPEAL OF LIMITATION ON AUTHORITY TO CONDUCT WIDE-SPREAD HIV TESTING PROGRAM.

Section 124 of the Veterans' Benefits and Services Act of 1988 (title I of Public Law 100-322, as amended; 38 U.S.C. 7333 note) is repealed.

SEC. 408. PROVISION OF COMPREHENSIVE HEALTH CARE BY SECRETARY OF VETERANS AFFAIRS TO CHILDREN OF VIETNAM VETERANS BORN WITH SPINA BIFIDA.

38 USC 1803. (a) PROVISION OF COMPREHENSIVE HEALTH CARE.—Section 1803(a) is amended by striking “such health care as the Secretary determines is needed by the child for the spina bifida or any disability that is associated with such condition” and inserting “health care under this section”.

38 USC 1803 note. (b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to care furnished after the date of the enactment of this Act.

SEC. 409. EXEMPTION FROM COPAYMENT REQUIREMENT FOR VETERANS RECEIVING HOSPICE CARE.

Section 1710 is amended—

(1) in subsection (f)(1), by inserting “(except if such care constitutes hospice care)” after “nursing home care”; and

(2) in subsection (g)(1), by inserting “(except if such care constitutes hospice care)” after “medical services”.

TITLE V—PAIN CARE

38 USC 7311 note. Deadline.

SEC. 501. COMPREHENSIVE POLICY ON PAIN MANAGEMENT.

(a) COMPREHENSIVE POLICY REQUIRED.—Not later than October 1, 2009, the Secretary of Veterans Affairs shall develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs.

(b) SCOPE OF POLICY.—The policy required by subsection (a) shall cover each of the following:

(1) The Department-wide management of acute and chronic pain experienced by veterans.

(2) The standard of care for pain management to be used throughout the Department.

(3) The consistent application of pain assessments to be used throughout the Department.

(4) The assurance of prompt and appropriate pain care treatment and management by the Department, system-wide, when medically necessary.

(5) Department programs of research related to acute and chronic pain suffered by veterans, including pain attributable to central and peripheral nervous system damage characteristic of injuries incurred in modern warfare.

(6) Department programs of pain care education and training for health care personnel of the Department.

(7) Department programs of patient education for veterans suffering from acute or chronic pain and their families.

(c) UPDATES.—The Secretary shall revise the policy required by subsection (a) on a periodic basis in accordance with experience and evolving best practice guidelines.

(d) CONSULTATION.—The Secretary shall develop the policy required by subsection (a), and revise such policy under subsection (c), in consultation with veterans service organizations and organizations with expertise in the assessment, diagnosis, treatment, and management of pain.

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the completion and initial implementation of the policy required by subsection (a) and on October 1 of every fiscal year thereafter through fiscal year 2018, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of the policy required by subsection (a).

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) A description of the policy developed and implemented under subsection (a) and any revisions to such policy under subsection (c).

(B) A description of the performance measures used to determine the effectiveness of such policy in improving pain care for veterans system-wide.

(C) An assessment of the adequacy of Department pain management services based on a survey of patients managed in Department clinics.

(D) An assessment of the research projects of the Department relevant to the treatment of the types of acute and chronic pain suffered by veterans.

(E) An assessment of the training provided to Department health care personnel with respect to the diagnosis, treatment, and management of acute and chronic pain.

(F) An assessment of the patient pain care education programs of the Department.

(f) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term “veterans service organization” means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

TITLE VI—HOMELESS VETERANS MATTERS

SEC. 601. INCREASED AUTHORIZATION OF APPROPRIATIONS FOR COMPREHENSIVE SERVICE PROGRAMS.

Section 2013 is amended by striking “\$130,000,000” and inserting “\$150,000,000”. 38 USC 2013.

SEC. 602. EXPANSION AND EXTENSION OF AUTHORITY FOR PROGRAM OF REFERRAL AND COUNSELING SERVICES FOR AT-RISK VETERANS TRANSITIONING FROM CERTAIN INSTITUTIONS.

38 USC 2023.

(a) PROGRAM AUTHORITY.—Subsection (a) of section 2023 is amended by striking “a demonstration program for the purpose of determining the costs and benefits of providing” and inserting “a program of”.

(b) SCOPE OF PROGRAM.—Subsection (b) of such section is amended—

(1) by striking “DEMONSTRATION” in the subsection heading;

(2) by striking “demonstration”; and

(3) by striking “in at least six locations” and inserting “in at least 12 locations”.

Termination date.

(c) EXTENSION OF AUTHORITY.—Subsection (d) of such section is amended by striking “shall cease” and all that follows and inserting “shall cease on September 30, 2012.”.

(d) CONFORMING AMENDMENTS.—

(1) Subsection (c)(1) of such section is amended by striking “demonstration”.

(2) The heading of such section is amended to read as follows:

“§ 2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions”.

(3) Section 2022(f)(2)(C) of such title is amended by striking “demonstration”.

(e) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 is amended by striking the item relating to section 2023 and inserting the following:

“2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions.”.

SEC. 603. PERMANENT AUTHORITY FOR DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.

Subsection (b) of section 2043 is amended to read as follows:

“(b) ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.—The Secretary shall take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and with respect to safety, to meet the needs of veterans who are women.”.

SEC. 604. FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-INCOME VETERAN FAMILIES IN PERMANENT HOUSING.

38 USC 2044 note.

(a) PURPOSE.—The purpose of this section is to facilitate the provision of supportive services for very low-income veteran families in permanent housing.

(b) FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—Subchapter V of chapter 20 is amended by adding at the end the following new section:

“§ 2044. Financial assistance for supportive services for very low-income veteran families in permanent housing

“(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—(1) The Secretary shall provide financial assistance to eligible entities approved under this section to provide and coordinate the provision of supportive services described in subsection (b) for very low-income veteran families occupying permanent housing.

“(2) Financial assistance under this section shall consist of grants for each such family for which an approved eligible entity is providing or coordinating the provision of supportive services.

“(3)(A) The Secretary shall provide such grants to each eligible entity that is providing or coordinating the provision of supportive services.

Grants.

“(B) The Secretary is authorized to establish intervals of payment for the administration of such grants and establish a maximum amount to be awarded, in accordance with the services being provided and their duration.

“(4) In providing financial assistance under paragraph (1), the Secretary shall give preference to entities providing or coordinating the provision of supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.

“(5) The Secretary shall ensure that, to the extent practicable, financial assistance under this subsection is equitably distributed across geographic regions, including rural communities and tribal lands.

“(6) Each entity receiving financial assistance under this section to provide supportive services to a very low-income veteran family shall notify that family that such services are being paid for, in whole or in part, by the Department.

Notification.

“(7) The Secretary may require entities receiving financial assistance under this section to submit a report to the Secretary that describes the projects carried out with such financial assistance.

“(b) SUPPORTIVE SERVICES.—The supportive services referred to in subsection (a) are the following:

“(1) Services provided by an eligible entity or a subcontractor of an eligible entity that address the needs of very low-income veteran families occupying permanent housing, including—

“(A) outreach services;

“(B) case management services;

“(C) assistance in obtaining any benefits from the Department which the veteran may be eligible to receive, including, but not limited to, vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services; and

“(D) assistance in obtaining and coordinating the provision of other public benefits provided in federal, State, or local agencies, or any organization defined in subsection (f), including—

“(i) health care services (including obtaining health insurance);

“(ii) daily living services;

“(iii) personal financial planning;

“(iv) transportation services;

“(v) income support services;

- “(vi) fiduciary and representative payee services;
- “(vii) legal services to assist the veteran family with issues that interfere with the family’s ability to obtain or retain housing or supportive services;
- “(viii) child care;
- “(ix) housing counseling; and
- “(x) other services necessary for maintaining independent living.

“(2) Services described in paragraph (1) that are delivered to very low-income veteran families who are homeless and who are scheduled to become residents of permanent housing within 90 days pending the location or development of housing suitable for permanent housing.

“(3) Services described in paragraph (1) for very low-income veteran families who have voluntarily chosen to seek other housing after a period of tenancy in permanent housing, that are provided, for a period of 90 days after such families exit permanent housing or until such families commence receipt of other housing services adequate to meet their current needs, but only to the extent that services under this paragraph are designed to support such families in their choice to transition into housing that is responsive to their individual needs and preferences.

“(c) APPLICATION FOR FINANCIAL ASSISTANCE.—(1) An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary to carry out this section.

“(2) Each application submitted by an eligible entity under paragraph (1) shall contain—

“(A) a description of the supportive services proposed to be provided by the eligible entity and the identified needs for those services;

“(B) a description of the types of very low-income veteran families proposed to be provided such services;

“(C) an estimate of the number of very low-income veteran families proposed to be provided such services;

“(D) evidence of the experience of the eligible entity in providing supportive services to very low-income veteran families; and

“(E) a description of the managerial capacity of the eligible entity—

“(i) to coordinate the provision of supportive services with the provision of permanent housing by the eligible entity or by other organizations;

“(ii) to assess continuously the needs of very low-income veteran families for supportive services;

“(iii) to coordinate the provision of supportive services with the services of the Department;

“(iv) to tailor supportive services to the needs of very low-income veteran families; and

“(v) to seek continuously new sources of assistance to ensure the long-term provision of supportive services to very low-income veteran families.

Criteria.

“(3) The Secretary shall establish criteria for the selection of eligible entities to be provided financial assistance under this section.

“(d) TECHNICAL ASSISTANCE.—(1) The Secretary shall provide training and technical assistance to participating eligible entities regarding the planning, development, and provision of supportive services to very low-income veteran families occupying permanent housing, through the Technical Assistance grants program in section 2064 of this title.

“(2) The Secretary may provide the training described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit private entities.

“(e) FUNDING.—(1) From amounts appropriated to the Department for Medical Services, there shall be available to carry out subsection (a), (b), and (c) amounts as follows:

“(A) \$15,000,000 for fiscal year 2009.

“(B) \$20,000,000 for fiscal year 2010.

“(C) \$25,000,000 for fiscal year 2011.

“(2) Not more than \$750,000 may be available under paragraph (1) in any fiscal year to provide technical assistance under subsection (d).

“(3) There is authorized to be appropriated \$1,000,000 for each of the fiscal year 2009 through 2011 to carry out the provisions of subsection (d).

Appropriation
authorization.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘consumer cooperative’ has the meaning given such term in section 202 of the Housing Act of 1959 (12 U.S.C. 1701q).

“(2) The term ‘eligible entity’ means—

“(A) a private nonprofit organization; or

“(B) a consumer cooperative.

“(3) The term ‘homeless’ has the meaning given that term in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).

“(4) The term ‘permanent housing’ means community-based housing without a designated length of stay.

“(5) The term ‘private nonprofit organization’ means any of the following:

“(A) Any incorporated private institution or foundation—

“(i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;

“(ii) which has a governing board that is responsible for the operation of the supportive services provided under this section; and

“(iii) which is approved by the Secretary as to financial responsibility.

“(B) A for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A).

“(C) A corporation wholly owned and controlled by an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A).

“(D) A tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).

“(6)(A) Subject to subparagraphs (B) and (C), the term ‘very low-income veteran family’ means a veteran family whose income does not exceed 50 percent of the median income for

an area specified by the Secretary for purposes of this section, as determined by the Secretary in accordance with this paragraph.

“(B) The Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size.

“(C) The Secretary may establish an income ceiling higher or lower than 50 percent of the median income for an area if the Secretary determines that such variations are necessary because the area has unusually high or low construction costs, fair market rents (as determined under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)), or family incomes.

“(7) The term ‘veteran family’ includes a veteran who is a single person and a family in which the head of household or the spouse of the head of household is a veteran.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 is amended by inserting after the item relating to section 2043 the following new item:

“2044. Financial assistance for supportive services for very low-income veteran families in permanent housing.”.

(c) STUDY OF EFFECTIVENESS OF PERMANENT HOUSING PROGRAM.—

(1) IN GENERAL.—For fiscal years 2009 and 2010, the Secretary shall conduct a study of the effectiveness of the permanent housing program under section 2044 of title 38, United States Code, as added by subsection (b), in meeting the needs of very low-income veteran families, as that term is defined in that section.

(2) COMPARISON.—In the study required by paragraph (1), the Secretary shall compare the results of the program referred to in that subsection with other programs of the Department of Veterans Affairs dedicated to the delivery of housing and services to veterans.

(3) CRITERIA.—In making the comparison required in paragraph (2), the Secretary shall examine the following:

(A) The satisfaction of veterans targeted by the programs described in paragraph (2).

(B) The health status of such veterans.

(C) The housing provided such veterans under such programs.

(D) The degree to which such veterans are encouraged to productive activity by such programs.

(4) REPORT.—Not later than March 31, 2011, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the results of the study required by paragraph (1).

TITLE VII—AUTHORIZATION OF MEDICAL FACILITY PROJECTS AND MAJOR MEDICAL FACILITY LEASES

SEC. 701. AUTHORIZATION FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2009 in the amount specified for each project:

(1) Seismic corrections, Building 2, at the Department of Veterans Affairs Palo Alto Health Care System, Palo Alto Division Palo Alto, California, in an amount not to exceed \$54,000,000.

(2) Construction of a polytrauma healthcare and rehabilitation center at the Department of Veterans Affairs Medical Center, San Antonio, Texas, in an amount not to exceed \$66,000,000.

(3) Seismic corrections, Building 1, at the Department of Veterans Affairs Medical Center, San Juan, Puerto Rico, in an amount not to exceed \$225,900,000.

SEC. 702. MODIFICATION OF AUTHORIZATION AMOUNTS FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.

(a) MODIFICATION OF MAJOR MEDICAL FACILITY AUTHORIZATIONS.—Section 801(a) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended— 120 Stat. 3442.

(1) in paragraph (1)—

(A) by striking “\$300,000,000” and inserting “\$625,000,000”; and

(B) by striking the second sentence; and

(2) in paragraph (3), by striking “\$98,000,000” and inserting “\$568,400,000”.

(b) MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.—

(1) CORRECTION OF PATIENT PRIVACY DEFICIENCIES AT THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, GAINESVILLE, FLORIDA.—Paragraph (5) of section 802 of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended by striking “\$85,200,000” and inserting “\$136,700,000”. 120 Stat. 3443.

(2) CONSTRUCTION OF A NEW MEDICAL CENTER FACILITY AT THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, LAS VEGAS, NEVADA.—Paragraph (7) of such section is amended by striking “\$406,000,000” and inserting “\$600,400,000”.

(3) CONSTRUCTION OF A NEW OUTPATIENT CLINIC, LEE COUNTY, FLORIDA.—Paragraph (8) of such section is amended—

(A) by striking “ambulatory” and all that follows through “purchase,” and inserting “outpatient clinic in”; and

(B) by striking “\$65,100,000” and inserting “\$131,800,000”.

(4) CONSTRUCTION OF A NEW MEDICAL CENTER FACILITY, ORLANDO, FLORIDA.—Paragraph (11) of such section is amended by striking “\$377,700,000” and inserting “\$656,800,000”.

(5) CONSOLIDATION OF CAMPUSES AT THE UNIVERSITY DRIVE AND H. JOHN HEINZ III DIVISIONS, PITTSBURGH, PENNSYLVANIA.—Paragraph (12) of such section is amended by striking “\$189,205,000” and inserting “\$295,600,000”.

SEC. 703. AUTHORIZATION OF FISCAL YEAR 2009 MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following major medical facility leases in fiscal year 2009 at the locations specified, and in an amount for each lease not to exceed the amount shown for such location:

- (1) For an outpatient clinic, Brandon, Florida, \$4,326,000.
- (2) For an outpatient clinic, Colorado Springs, Colorado, \$10,300,000.
- (3) For an outpatient clinic, Eugene, Oregon, \$5,826,000.
- (4) For the expansion of an outpatient clinic, Green Bay, Wisconsin, \$5,891,000.
- (5) For an outpatient clinic, Greenville, South Carolina, \$3,731,000.
- (6) For an outpatient clinic, Mansfield, Ohio, \$2,212,000.
- (7) For an outpatient clinic, Mayaguez, Puerto Rico, \$6,276,000.
- (8) For an outpatient clinic, Mesa, Arizona, \$5,106,000.
- (9) For interim research space, Palo Alto, California, \$8,636,000.
- (10) For the expansion of an outpatient clinic, Savannah, Georgia, \$3,168,000.
- (11) For an outpatient clinic, Sun City, Arizona, \$2,295,000.
- (12) For a primary care annex, Tampa, Florida, \$8,652,000.
- (13) For an outpatient clinic, Peoria, Illinois, \$3,600,000.

SEC. 704. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION OF APPROPRIATIONS FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2009 for the Construction, Major Projects, account—

- (1) \$345,900,000 for the projects authorized in section 701; and

- (2) \$1,493,495,000 for the increased amounts authorized for projects whose authorizations are modified by section 702.

(b) AUTHORIZATION FOR APPROPRIATIONS FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2009 for the Medical Facilities account, \$70,019,000, for the leases authorized in section 703.

SEC. 705. INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY LEASES REQUIRING CONGRESSIONAL APPROVAL.

38 USC 8104.

Section 8104(a)(3)(B) is amended by striking “\$600,000” and inserting “\$1,000,000”.

SEC. 706. CONVEYANCE OF CERTAIN NON-FEDERAL LAND BY CITY OF AURORA, COLORADO, TO SECRETARY OF VETERANS AFFAIRS FOR CONSTRUCTION OF VETERANS MEDICAL FACILITY.

Section 410 of title IV of division I of the Consolidated Appropriations Act, 2008 (Public Law 110-161; 121 Stat. 2276) is amended to read as follows:

“SEC. 410. CONVEYANCE OF CERTAIN NON-FEDERAL LAND.

“(a) DEFINITIONS.—In this section:

“(1) CITY.—The term ‘City’ means the City of Aurora, Colorado.

“(2) DEED.—The term ‘deed’ means the quitclaim deed—
“(A) conveyed to the City by the Secretary (acting through the Director of the National Park Service); and
“(B) dated May 24, 1999.

“(3) NON-FEDERAL LAND.—The term ‘non-Federal land’ means—

“(A) parcel I of the former United States Army Garrison Fitzsimons, Adams County, Colorado, as more specifically described in the deed; and

“(B) the parcel of land described in the deed.

“(4) SECRETARY.—The term ‘Secretary’ means the Secretary of the Interior.

“(b) DUTY OF SECRETARY.—To allow the City to convey by donation to the United States the non-Federal land to be used by the Secretary of Veterans Affairs for the construction of a veterans medical facility, not later than 60 days after the date of enactment of this section, the Secretary shall execute each instrument that is necessary to release all rights, conditions, and restrictions retained by the United States in and to the non-Federal land conveyed in the deed.”.

Deadline.

SEC. 707. REPORT ON FACILITIES ADMINISTRATION.

Not later than 60 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the progress of the Secretary in complying with section 312A of title 38, United States Code.

SEC. 708. ANNUAL REPORT ON OUTPATIENT CLINICS.

(a) ANNUAL REPORT REQUIRED.—Subchapter I of chapter 81 is amended by adding at the end the following new section:

“§ 8119. Annual report on outpatient clinics

“(a) ANNUAL REPORT REQUIRED.—The Secretary shall submit to the committees an annual report on community-based outpatient clinics and other outpatient clinics of the Department. The report shall be submitted each year not later than the date on which the budget for the next fiscal year is submitted to the Congress under section 1105 of title 31.

“(b) CONTENTS OF REPORT.—Each report required under subsection (a) shall include the following:

“(1) A list of each community-based outpatient clinic and other outpatient clinic of the Department, and for each such clinic, the type of clinic, location, size, number of health professionals employed by the clinic, workload, whether the clinic

is leased or constructed and operated by the Secretary, and the annual cost of operating the clinic.

“(2) A list of community-based outpatient clinics and other outpatient clinics that the Secretary opened during the fiscal year preceding the fiscal year during which the report is submitted and a list of clinics the Secretary proposes opening during the fiscal year during which the report is submitted and the subsequent fiscal year, together with the cost of activating each such clinic and the information required to be provided under paragraph (1) for each such clinic and proposed clinic.

“(3) A list of proposed community-based outpatient clinics and other outpatient clinics that are, as of the date of the submission of the report, under review by the National Review Panel and a list of possible locations for future clinics identified in the Department’s strategic planning process, including any identified locations in rural and underserved areas.

“(4) A prioritized list of sites of care identified by the Secretary that the Secretary could establish without carrying out construction or entering into a lease, including—

“(A) any such sites that could be expanded by hiring additional staff or allocating staff to Federal facilities or facilities operating in collaboration with the Federal Government; and

“(B) any sites established, or able to be established, under sections 8111 and 8153 of this title.”

38 USC 8119
note.

(b) **DEADLINE FOR FIRST ANNUAL REPORT.**—The Secretary of Veterans Affairs shall submit the first report required under section 8119(a) of title 38, United States Code, as added by subsection (a), by not later than 90 days after the date of the enactment of this Act.

(c) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by adding at the end of the items relating to subchapter I the following new item:

“8119. Annual report on outpatient clinics.”

SEC. 709. NAME OF DEPARTMENT OF VETERANS AFFAIRS SPINAL CORD INJURY CENTER, TAMPA, FLORIDA.

The spinal cord injury center located at the James A. Haley Department of Veterans Affairs Medical Center in Tampa, Florida, shall after the date of the enactment of this Act be known and designated as the “Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center”. Any reference to such center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the “Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center”.

TITLE VIII—EXTENSION OF CERTAIN AUTHORITIES

SEC. 801. REPEAL OF SUNSET ON INCLUSION OF NONINSTITUTIONAL EXTENDED CARE SERVICES IN DEFINITION OF MEDICAL SERVICES.

38 USC 1701.

Section 1701 is amended—
(1) by striking paragraph (10); and

(2) in paragraph (6)—

(A) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively; and

(B) by inserting after subparagraph (D) the following new subparagraph (E):

“(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.”.

SEC. 802. EXTENSION OF RECOVERY AUDIT AUTHORITY.

Section 1703(d)(4) is amended by striking “September 30, 2008” and inserting “September 30, 2013”. 38 USC 1703.

SEC. 803. PERMANENT AUTHORITY FOR PROVISION OF HOSPITAL CARE, MEDICAL SERVICES, AND NURSING HOME CARE TO VETERANS WHO PARTICIPATED IN CERTAIN CHEMICAL AND BIOLOGICAL TESTING CONDUCTED BY THE DEPARTMENT OF DEFENSE.

(a) PERMANENT AUTHORITY.—Subsection (e)(3) of section 1710 is amended—

(1) in subparagraph (B), by inserting “and” after the semicolon;

(2) in subparagraph (C), by striking “; and” and inserting a period; and

(3) by striking subparagraph (D).

(b) CONFORMING AMENDMENT.—Subsection (e)(1)(E) of such section is amended by striking “paragraphs (2) and (3)” and inserting “paragraph (2)”.

SEC. 804. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.

(a) HEALTH CARE COPAYMENTS.—Section 1710(f)(2)(B) is amended by striking “September 30, 2008” and inserting “September 30, 2010”.

(b) MEDICAL CARE COST RECOVERY.—Section 1729(a)(2)(E) is amended by striking “October 1, 2008” and inserting “October 1, 2010”.

SEC. 805. EXTENSION OF NURSING HOME CARE.

Section 1710A(d) is amended by striking “December 31, 2008” and inserting “December 31, 2013”.

SEC. 806. PERMANENT AUTHORITY TO ESTABLISH RESEARCH CORPORATIONS.

(a) REPEAL.—Chapter 73 is amended by striking section 7368.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by striking the item relating to section 7368.

SEC. 807. EXTENSION OF REQUIREMENT TO SUBMIT ANNUAL REPORT ON THE COMMITTEE ON CARE OF SEVERELY CHRONICALLY MENTALLY ILL VETERANS.

Section 7321(d)(2) is amended by striking “through 2008” and inserting “through 2012”.

SEC. 808. PERMANENT REQUIREMENT FOR BIENNIAL REPORT ON WOMEN’S ADVISORY COMMITTEE.

Section 542(c)(1) is amended by striking “through 2008”.

SEC. 809. EXTENSION OF PILOT PROGRAM ON IMPROVEMENT OF CARE-GIVER ASSISTANCE SERVICES.

Section 214 of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109–461; 38 U.S.C. 1710B note) is amended—

(1) in subsection (b), by striking “two-year period” and inserting “three-year period”; and

(2) in subsection (d), by striking “fiscal years 2007 and 2008” and inserting “fiscal years 2007 through 2009”.

TITLE IX—OTHER MATTERS**SEC. 901. TECHNICAL AMENDMENTS.**

(a) TITLE 38.—Title 38, United States Code, is amended—

(1) in section 1712A—

(A) by striking subsection (g);

(B) by redesignating subsections (d) through (i) as subsections (c) through (f), respectively; and

(C) in subsection (f), as so redesignated, by striking “(including a Resource Center designated under subsection (h)(3)(A) of this section)”;

(2) in section 2065(b)(3)(C), by striking “”;

(3) in the table of sections at the beginning of chapter 36, by striking the item relating to section 3684A and inserting the following new item:

“3684A. Procedures relating to computer matching program.”;

(4) in section 4110(c)(1), by striking “15” and inserting “16”;

(5) in the table of sections at the beginning of chapter 51, by striking the item relating to section 5121 and inserting the following new item:

“5121. Payment of certain accrued benefits upon death of a beneficiary.”;

(6) in section 7458(b)(2), by striking “pro rated” and inserting “pro-rated”;

(7) in section 8117(a)(1), by striking “such such” and inserting “such”; and

(8) in each of sections 1708(d), 7314(f), 7320(j)(2), 7325(i)(2), and 7328(i)(2), by striking “medical care account” and inserting “medical services account”.

(b) VETERANS BENEFITS, HEALTH CARE, AND INFORMATION TECHNOLOGY ACT OF 2006.—Section 807(e) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law

109-461) is amended by striking “Medical Care” each place it appears and inserting “Medical Facilities”.

Approved October 10, 2008.

LEGISLATIVE HISTORY—S. 2162:

SENATE REPORTS: No. 110-281 (Comm. on Veterans' Affairs).
CONGRESSIONAL RECORD, Vol. 154 (2008):

June 3, considered and passed Senate.
Sept. 24, considered and passed House, amended.
Sept. 27, Senate concurred in House amendment.

