

One Hundred Eleventh Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Tuesday,
the fifth day of January, two thousand and ten*

An Act

To amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Caregivers and Veterans Omnibus Health Services Act of 2010”.

(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—CAREGIVER SUPPORT

- Sec. 101. Assistance and support services for caregivers.
- Sec. 102. Medical care for family caregivers.
- Sec. 103. Counseling and mental health services for caregivers.
- Sec. 104. Lodging and subsistence for attendants.

TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

- Sec. 201. Study of barriers for women veterans to health care from the Department of Veterans Affairs.
- Sec. 202. Training and certification for mental health care providers of the Department of Veterans Affairs on care for veterans suffering from sexual trauma and post-traumatic stress disorder.
- Sec. 203. Pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces.
- Sec. 204. Service on certain advisory committees of women recently separated from service in the Armed Forces.
- Sec. 205. Pilot program on assistance for child care for certain veterans receiving health care.
- Sec. 206. Care for newborn children of women veterans receiving maternity care.

TITLE III—RURAL HEALTH IMPROVEMENTS

- Sec. 301. Improvements to the Education Debt Reduction Program.
- Sec. 302. Visual impairment and orientation and mobility professionals education assistance program.
- Sec. 303. Demonstration projects on alternatives for expanding care for veterans in rural areas.
- Sec. 304. Program on readjustment and mental health care services for veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom.
- Sec. 305. Travel reimbursement for veterans receiving treatment at facilities of the Department of Veterans Affairs.
- Sec. 306. Pilot program on incentives for physicians who assume inpatient responsibilities at community hospitals in health professional shortage areas.
- Sec. 307. Grants for veterans service organizations for transportation of highly rural veterans.
- Sec. 308. Modification of eligibility for participation in pilot program of enhanced contract care authority for health care needs of certain veterans.

TITLE IV—MENTAL HEALTH CARE MATTERS

- Sec. 401. Eligibility of members of the Armed Forces who serve in Operation Enduring Freedom or Operation Iraqi Freedom for counseling and services through Readjustment Counseling Service.
- Sec. 402. Restoration of authority of Readjustment Counseling Service to provide referral and other assistance upon request to former members of the Armed Forces not authorized counseling.
- Sec. 403. Study on suicides among veterans.

TITLE V—OTHER HEALTH CARE MATTERS

- Sec. 501. Repeal of certain annual reporting requirements.
- Sec. 502. Submittal date of annual report on Gulf War research.
- Sec. 503. Payment for care furnished to CHAMPVA beneficiaries.
- Sec. 504. Disclosure of patient treatment information from medical records of patients lacking decisionmaking capacity.
- Sec. 505. Enhancement of quality management.
- Sec. 506. Pilot program on use of community-based organizations and local and State government entities to ensure that veterans receive care and benefits for which they are eligible.
- Sec. 507. Specialized residential care and rehabilitation for certain veterans.
- Sec. 508. Expanded study on the health impact of Project Shipboard Hazard and Defense.
- Sec. 509. Use of non-Department facilities for rehabilitation of individuals with traumatic brain injury.
- Sec. 510. Pilot program on provision of dental insurance plans to veterans and survivors and dependents of veterans.
- Sec. 511. Prohibition on collection of copayments from veterans who are catastrophically disabled.
- Sec. 512. Higher priority status for certain veterans who are medal of honor recipients.
- Sec. 513. Hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and veterans of the Persian Gulf War.
- Sec. 514. Establishment of Director of Physician Assistant Services in Veterans Health Administration.
- Sec. 515. Committee on Care of Veterans with Traumatic Brain Injury.
- Sec. 516. Increase in amount available to disabled veterans for improvements and structural alterations furnished as part of home health services.
- Sec. 517. Extension of statutorily defined copayments for certain veterans for hospital care and nursing home care.
- Sec. 518. Extension of authority to recover cost of certain care and services from disabled veterans with health-plan contracts.

TITLE VI—DEPARTMENT PERSONNEL MATTERS

- Sec. 601. Enhancement of authorities for retention of medical professionals.
- Sec. 602. Limitations on overtime duty, weekend duty, and alternative work schedules for nurses.
- Sec. 603. Reauthorization of health professionals educational assistance scholarship program.
- Sec. 604. Loan repayment program for clinical researchers from disadvantaged backgrounds.

TITLE VII—HOMELESS VETERANS MATTERS

- Sec. 701. Per diem grant payments to nonconforming entities.

TITLE VIII—NONPROFIT RESEARCH AND EDUCATION CORPORATIONS

- Sec. 801. General authorities on establishment of corporations.
- Sec. 802. Clarification of purposes of corporations.
- Sec. 803. Modification of requirements for boards of directors of corporations.
- Sec. 804. Clarification of powers of corporations.
- Sec. 805. Redesignation of section 7364A of title 38, United States Code.
- Sec. 806. Improved accountability and oversight of corporations.

TITLE IX—CONSTRUCTION AND NAMING MATTERS

- Sec. 901. Authorization of medical facility projects.
- Sec. 902. Designation of Merrill Lundman Department of Veterans Affairs Outpatient Clinic, Havre, Montana.
- Sec. 903. Designation of William C. Tallent Department of Veterans Affairs Outpatient Clinic, Knoxville, Tennessee.
- Sec. 904. Designation of Max J. Beilke Department of Veterans Affairs Outpatient Clinic, Alexandria, Minnesota.

TITLE X—OTHER MATTERS

- Sec. 1001. Expansion of authority for Department of Veterans Affairs police officers.
 Sec. 1002. Uniform allowance for Department of Veterans Affairs police officers.
 Sec. 1003. Submission of reports to Congress by Secretary of Veterans Affairs in electronic form.
 Sec. 1004. Determination of budgetary effects for purposes of compliance with Statutory Pay-As-You-Go Act of 2010.

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—CAREGIVER SUPPORT

SEC. 101. ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

(a) ASSISTANCE AND SUPPORT SERVICES.—

(1) IN GENERAL.—Subchapter II of chapter 17 is amended by adding at the end the following new section:

“§ 1720G. Assistance and support services for caregivers

“(a) PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.—(1)(A) The Secretary shall establish a program of comprehensive assistance for family caregivers of eligible veterans.

“(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible veteran if the Secretary determines it is in the best interest of the eligible veteran to do so.

“(2) For purposes of this subsection, an eligible veteran is any individual who—

“(A) is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;

“(B) has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and

“(C) is in need of personal care services because of—

“(i) an inability to perform one or more activities of daily living;

“(ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

“(iii) such other matters as the Secretary considers appropriate.

“(3)(A) As part of the program required by paragraph (1), the Secretary shall provide to family caregivers of eligible veterans the following assistance:

“(i) To each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6)—

“(I) such instruction, preparation, and training as the Secretary considers appropriate for the family caregiver to provide personal care services to the eligible veteran;

“(II) ongoing technical support consisting of information and assistance to address, in a timely manner, the

routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible veteran;

“(III) counseling; and

“(IV) lodging and subsistence under section 111(e) of this title.

“(ii) To each family caregiver who is designated as the primary provider of personal care services for an eligible veteran under paragraph (7)—

“(I) the assistance described in clause (i);

“(II) such mental health services as the Secretary determines appropriate;

“(III) respite care of not less than 30 days annually, including 24-hour per day care of the veteran commensurate with the care provided by the family caregiver to permit extended respite;

“(IV) medical care under section 1781 of this title; and

“(V) a monthly personal caregiver stipend.

“(B) Respite care provided under subparagraph (A)(ii)(III) shall be medically and age-appropriate and include in-home care.

“(C)(i) The amount of the monthly personal caregiver stipend provided under subparagraph (A)(ii)(V) shall be determined in accordance with a schedule established by the Secretary that specifies stipends based upon the amount and degree of personal care services provided.

“(ii) The Secretary shall ensure, to the extent practicable, that the schedule required by clause (i) specifies that the amount of the monthly personal caregiver stipend provided to a primary provider of personal care services for the provision of personal care services to an eligible veteran is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible veteran to provide equivalent personal care services to the eligible veteran.

“(iii) If personal care services are not available from a commercial home health entity in the geographic area of an eligible veteran, the amount of the monthly personal caregiver stipend payable under the schedule required by clause (i) with respect to the eligible veteran shall be determined by taking into consideration the costs of commercial providers of personal care services in providing personal care services in geographic areas other than the geographic area of the eligible veteran with similar costs of living.

“(4) An eligible veteran and a family member of the eligible veteran seeking to participate in the program required by paragraph (1) shall jointly submit to the Secretary an application therefor in such form and in such manner as the Secretary considers appropriate.

“(5) For each application submitted jointly by an eligible veteran and family member, the Secretary shall evaluate—

“(A) the eligible veteran—

“(i) to identify the personal care services required by the eligible veteran; and

“(ii) to determine whether such requirements could be significantly or substantially satisfied through the provision of personal care services from a family member; and

“(B) the family member to determine the amount of instruction, preparation, and training, if any, the family member

requires to provide the personal care services required by the eligible veteran—

“(i) as a provider of personal care services for the eligible veteran; and

“(ii) as the primary provider of personal care services for the eligible veteran.

“(6)(A) The Secretary shall provide each family member of an eligible veteran who makes a joint application under paragraph (4) the instruction, preparation, and training determined to be required by such family member under paragraph (5)(B).

“(B) Upon the successful completion by a family member of an eligible veteran of instruction, preparation, and training under subparagraph (A), the Secretary shall approve the family member as a provider of personal care services for the eligible veteran.

“(C) The Secretary shall, subject to regulations the Secretary shall prescribe, provide for necessary travel, lodging, and per diem expenses incurred by a family member of an eligible veteran in undergoing instruction, preparation, and training under subparagraph (A).

“(D) If the participation of a family member of an eligible veteran in instruction, preparation, and training under subparagraph (A) would interfere with the provision of personal care services to the eligible veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the veteran, provide respite care to the eligible veteran during the provision of such instruction, preparation, and training to the family member so that the family member can participate in such instruction, preparation, and training without interfering with the provision of such services to the eligible veteran.

“(7)(A) For each eligible veteran with at least one family member who is described by subparagraph (B), the Secretary shall designate one family member of such eligible veteran as the primary provider of personal care services for such eligible veteran.

“(B) A primary provider of personal care services designated for an eligible veteran under subparagraph (A) shall be selected from among family members of the eligible veteran who—

“(i) are approved under paragraph (6) as a provider of personal care services for the eligible veteran;

“(ii) elect to provide the personal care services to the eligible veteran that the Secretary determines the eligible veteran requires under paragraph (5)(A)(i);

“(iii) has the consent of the eligible veteran to be the primary provider of personal care services for the eligible veteran; and

“(iv) are considered by the Secretary as competent to be the primary provider of personal care services for the eligible veteran.

“(C) An eligible veteran receiving personal care services from a family member designated as the primary provider of personal care services for the eligible veteran under subparagraph (A) may, in accordance with procedures the Secretary shall establish for such purposes, revoke consent with respect to such family member under subparagraph (B)(iii).

“(D) If a family member designated as the primary provider of personal care services for an eligible veteran under subparagraph (A) subsequently fails to meet any requirement set forth in subparagraph (B), the Secretary—

“(i) shall immediately revoke the family member’s designation under subparagraph (A); and

“(ii) may designate, in consultation with the eligible veteran, a new primary provider of personal care services for the eligible veteran under such subparagraph.

“(E) The Secretary shall take such actions as may be necessary to ensure that the revocation of a designation under subparagraph (A) with respect to an eligible veteran does not interfere with the provision of personal care services required by the eligible veteran.

“(8) If an eligible veteran lacks the capacity to make a decision under this subsection, the Secretary may, in accordance with regulations and policies of the Department regarding appointment of guardians or the use of powers of attorney, appoint a surrogate for the eligible veteran who may make decisions and take action under this subsection on behalf of the eligible veteran.

“(9)(A) The Secretary shall monitor the well-being of each eligible veteran receiving personal care services under the program required by paragraph (1).

“(B) The Secretary shall document each finding the Secretary considers pertinent to the appropriate delivery of personal care services to an eligible veteran under the program.

“(C) The Secretary shall establish procedures to ensure appropriate follow-up regarding findings described in subparagraph (B). Such procedures may include the following:

“(i) Visiting an eligible veteran in the eligible veteran’s home to review directly the quality of personal care services provided to the eligible veteran.

“(ii) Taking such corrective action with respect to the findings of any review of the quality of personal care services provided an eligible veteran as the Secretary considers appropriate, which may include—

“(I) providing additional training to a family caregiver; and

“(II) suspending or revoking the approval of a family caregiver under paragraph (6) or the designation of a family caregiver under paragraph (7).

“(10) The Secretary shall carry out outreach to inform eligible veterans and family members of eligible veterans of the program required by paragraph (1) and the benefits of participating in the program.

“(b) PROGRAM OF GENERAL CAREGIVER SUPPORT SERVICES.—

(1) The Secretary shall establish a program of support services for caregivers of covered veterans who are enrolled in the health care system established under section 1705(a) of this title (including caregivers who do not reside with such veterans).

“(2) For purposes of this subsection, a covered veteran is any individual who needs personal care services because of—

“(A) an inability to perform one or more activities of daily living;

“(B) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

“(C) such other matters as the Secretary shall specify.

“(3)(A) The support services furnished to caregivers of covered veterans under the program required by paragraph (1) shall include the following:

“(i) Services regarding the administering of personal care services, which, subject to subparagraph (B), shall include—

“(I) educational sessions made available both in person and on an Internet website;

“(II) use of telehealth and other available technologies; and

“(III) teaching techniques, strategies, and skills for caring for a disabled veteran;

“(ii) Counseling and other services under section 1782 of this title.

“(iii) Respite care under section 1720B of this title that is medically and age appropriate for the veteran (including 24-hour per day in-home care).

“(iv) Information concerning the supportive services available to caregivers under this subsection and other public, private, and nonprofit agencies that offer support to caregivers.

“(B) If the Secretary certifies to the Committees on Veterans’ Affairs of the Senate and the House of Representatives that funding available for a fiscal year is insufficient to fund the provision of services specified in one or more subclauses of subparagraph (A)(i), the Secretary shall not be required under subparagraph (A) to provide the services so specified in the certification during the period beginning on the date that is 180 days after the date the certification is received by the Committees and ending on the last day of the fiscal year.

“(4) In providing information under paragraph (3)(A)(iv), the Secretary shall collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services.

“(5) In carrying out the program required by paragraph (1), the Secretary shall conduct outreach to inform covered veterans and caregivers of covered veterans about the program. The outreach shall include an emphasis on covered veterans and caregivers of covered veterans living in rural areas.

“(c) CONSTRUCTION.—(1) A decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a medical determination.

“(2) Nothing in this section shall be construed to create—

“(A) an employment relationship between the Secretary and an individual in receipt of assistance or support under this section; or

“(B) any entitlement to any assistance or support provided under this section.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘caregiver’, with respect to an eligible veteran under subsection (a) or a covered veteran under subsection (b), means an individual who provides personal care services to the veteran.

“(2) The term ‘family caregiver’, with respect to an eligible veteran under subsection (a), means a family member who is a caregiver of the veteran.

“(3) The term ‘family member’, with respect to an eligible veteran under subsection (a), means an individual who—

“(A) is a member of the family of the veteran, including—

- “(i) a parent;
- “(ii) a spouse;
- “(iii) a child;
- “(iv) a step-family member; and
- “(v) an extended family member; or

“(B) lives with the veteran but is not a member of the family of the veteran.

“(4) The term ‘personal care services’, with respect to an eligible veteran under subsection (a) or a covered veteran under subsection (b), means services that provide the veteran the following:

“(A) Assistance with one or more independent activities of daily living.

“(B) Any other non-institutional extended care (as such term is used in section 1701(6)(E) of this title).

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out the programs required by subsections (a) and (b)—

“(1) \$60,000,000 for fiscal year 2010; and

“(2) \$1,542,000,000 for the period of fiscal years 2011 through 2015.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1720F the following new item:

“1720G. Assistance and support services for caregivers.”.

(3) EFFECTIVE DATE.—

(A) IN GENERAL.—The amendments made by this subsection shall take effect on the date that is 270 days after the date of the enactment of this Act.

(B) IMPLEMENTATION.—The Secretary of Veterans Affairs shall commence the programs required by subsections (a) and (b) of section 1720G of title 38, United States Code, as added by paragraph (1) of this subsection, on the date on which the amendments made by this subsection take effect.

(b) IMPLEMENTATION PLAN AND REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) develop a plan for the implementation of the program of comprehensive assistance for family caregivers required by section 1720G(a)(1) of title 38, United States Code, as added by subsection (a)(1) of this section; and

(B) submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on such plan.

(2) CONSULTATION.—In developing the plan required by paragraph (1)(A), the Secretary shall consult with the following:

(A) Individuals described in section 1720G(a)(2) of title 38, United States Code, as added by subsection (a)(1) of this section.

(B) Family members of such individuals who provide personal care services to such individuals.

(C) The Secretary of Defense with respect to matters concerning personal care services for members of the Armed Forces undergoing medical discharge from the Armed

Forces who are eligible to benefit from personal care services furnished under the program of comprehensive assistance required by section 1720G(a)(1) of such title, as so added.

(D) Veterans service organizations, as recognized by the Secretary for the representation of veterans under section 5902 of such title.

(E) National organizations that specialize in the provision of assistance to individuals with the types of disabilities that family caregivers will encounter while providing personal care services under the program of comprehensive assistance required by section 1720G(a)(1) of such title, as so added.

(F) National organizations that specialize in provision of assistance to family members of veterans who provide personal care services to such veterans.

(G) Such other organizations with an interest in the provision of care to veterans and assistance to family caregivers as the Secretary considers appropriate.

(3) REPORT CONTENTS.—The report required by paragraph (1)(B) shall contain the following:

(A) The plan required by paragraph (1)(A).

(B) A description of the individuals, caregivers, and organizations consulted by the Secretary of Veterans Affairs under paragraph (2).

(C) A description of such consultations.

(D) The recommendations of such individuals, caregivers, and organizations, if any, that were not adopted and incorporated into the plan required by paragraph (1)(A), and the reasons the Secretary did not adopt such recommendations.

(c) ANNUAL EVALUATION REPORT.—

(1) IN GENERAL.—Not later than 2 years after the date described in subsection (a)(3)(A) and annually thereafter, 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 comprehensive report on the implementation of section 1720G of title 38, United States Code, as added by subsection (a)(1).

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

(A) With respect to the program of comprehensive assistance for family caregivers required by subsection (a)(1) of such section 1720G and the program of general caregiver support services required by subsection (b)(1) of such section—

(i) the number of caregivers that received assistance under such programs;

(ii) the cost to the Department of providing assistance under such programs;

(iii) a description of the outcomes achieved by, and any measurable benefits of, carrying out such programs;

(iv) an assessment of the effectiveness and the efficiency of the implementation of such programs; and

(v) such recommendations, including recommendations for legislative or administrative action, as the

Secretary considers appropriate in light of carrying out such programs.

(B) With respect to the program of comprehensive assistance for family caregivers required by such subsection (a)(1)—

- (i) a description of the outreach activities carried out by the Secretary under such program; and
- (ii) an assessment of the manner in which resources are expended by the Secretary under such program, particularly with respect to the provision of monthly personal caregiver stipends under paragraph (3)(A)(ii)(v) of such subsection (a).

(C) With respect to the provision of general caregiver support services required by such subsection (b)(1)—

- (i) a summary of the support services made available under the program;
- (ii) the number of caregivers who received support services under the program;
- (iii) the cost to the Department of providing each support service provided under the program; and
- (iv) such other information as the Secretary considers appropriate.

(d) REPORT ON EXPANSION OF FAMILY CAREGIVER ASSISTANCE.—

(1) IN GENERAL.—Not later than 2 years after the date described in subsection (a)(3)(A), 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 feasibility and advisability of expanding the provision of assistance under section 1720G(a) of title 38, United States Code, as added by subsection (a)(1), to family caregivers of veterans who have a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001.

(2) RECOMMENDATIONS.—The report required by paragraph (1) shall include such recommendations as the Secretary considers appropriate with respect to the expansion described in such paragraph.

SEC. 102. MEDICAL CARE FOR FAMILY CAREGIVERS.

Section 1781(a) is amended—

- (1) in paragraph (2), by striking “and” at the end;
- (2) in paragraph (3), by inserting “and” at the end; and
- (3) by inserting after paragraph (3), the following new paragraph:
 - “(4) an individual designated as a primary provider of personal care services under section 1720G(a)(7)(A) of this title who is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title);”.

SEC. 103. COUNSELING AND MENTAL HEALTH SERVICES FOR CAREGIVERS.

(a) IN GENERAL.—Section 1782(c) is amended—

- (1) in paragraph (1), by striking “; or” and inserting a semicolon;
- (2) by redesignating paragraph (2) as paragraph (3); and
- (3) by inserting after paragraph (1) the following new paragraph (2):

“(2) a family caregiver of an eligible veteran or a caregiver of a covered veteran (as those terms are defined in section 1720G of this title); or”.

(b) CONFORMING AMENDMENT.—The section heading of section 1782 is amended by adding at the end, the following: “**and caregivers**”.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by striking the item relating to section 1782 and inserting the following new item:

“1782. Counseling, training, and mental health services for immediate family members and caregivers.”.

SEC. 104. LODGING AND SUBSISTENCE FOR ATTENDANTS.

Section 111(e) is amended—

(1) by striking “When” and inserting the following: “(1) Except as provided in paragraph (2), when”; and

(2) by adding at the end the following new paragraphs:

“(2)(A) Without regard to whether an eligible veteran entitled to mileage under this section for travel to a Department facility for the purpose of medical examination, treatment, or care requires an attendant in order to perform such travel, an attendant of such veteran described in subparagraph (B) may be allowed expenses of travel (including lodging and subsistence) upon the same basis as such veteran during—

“(i) the period of time in which such veteran is traveling to and from a Department facility for the purpose of medical examination, treatment, or care; and

“(ii) the duration of the medical examination, treatment, or care episode for such veteran.

“(B) An attendant of a veteran described in this subparagraph is a provider of personal care services for such veteran who is approved under paragraph (6) of section 1720G(a) of this title or designated under paragraph (7) of such section 1720G(a).

“(C) The Secretary may prescribe regulations to carry out this paragraph. Such regulations may include provisions—

“(i) to limit the number of attendants that may receive expenses of travel under this paragraph for a single medical examination, treatment, or care episode of an eligible veteran; and

“(ii) to require such attendants to use certain travel services.

“(D) In this subsection, the term ‘eligible veteran’ has the meaning given that term in section 1720G(a)(2) of this title.”.

TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

SEC. 201. STUDY OF BARRIERS FOR WOMEN VETERANS TO HEALTH CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of comprehensive health care by the Department of Veterans Affairs encountered by women who are veterans. In conducting the study, the Secretary shall—

(1) survey women veterans who seek or receive hospital care or medical services provided by the Department of Veterans Affairs as well as women veterans who do not seek or receive such care or services;

(2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

(3) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study referred to in subsection (b).

(b) USE OF PREVIOUS STUDY.—In conducting the study required by subsection (a), the Secretary shall build on the work of the study of the Department of Veterans Affairs titled “National Survey of Women Veterans in Fiscal Year 2007–2008”.

(c) ELEMENTS OF STUDY.—In conducting the study required by subsection (a), the Secretary shall conduct research on the effects of the following on the women veterans surveyed in the study:

(1) The perceived stigma associated with seeking mental health care services.

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The availability of child care.

(4) The acceptability of integrated primary care, women’s health clinics, or both.

(5) The comprehension of eligibility requirements for, and the scope of services available under, hospital care and medical services.

(6) The perception of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.

(7) The gender sensitivity of health care providers and staff to issues that particularly affect women.

(8) The effectiveness of outreach for health care services available to women veterans.

(9) The location and operating hours of health care facilities that provide services to women veterans.

(10) Such other significant barriers as the Secretary considers appropriate.

(d) DISCHARGE BY CONTRACT.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study and research required under this section.

(e) MANDATORY REVIEW OF DATA BY CERTAIN DEPARTMENT DIVISIONS.—

(1) IN GENERAL.—The Secretary shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section. The head of each such division shall submit findings with respect to the study to the Under Secretary for Health and to other pertinent program offices within the Department of Veterans Affairs with responsibilities relating to health care services for women veterans.

(2) SPECIFIED DIVISIONS.—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Center for Women Veterans established under section 318 of title 38, United States Code.

(B) The Advisory Committee on Women Veterans established under section 542 of such title.

(f) REPORTS.—

(1) REPORT ON IMPLEMENTATION.—Not later than 6 months after the date on which the Department of Veterans Affairs publishes a final report on the study titled “National Survey of Women Veterans in Fiscal Year 2007–2008”, the Secretary shall submit to Congress a report on the status of the implementation of this section.

(2) REPORT ON STUDY.—Not later than 30 months after the date on which the Department publishes such final report, the Secretary shall submit to Congress a report on the study required under this section. The report shall include recommendations for such administrative and legislative action as the Secretary considers appropriate. The report shall also include the findings of the head of each division of the Department specified under subsection (e)(2) and of the Under Secretary for Health.

(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs \$4,000,000 to carry out this section.

SEC. 202. TRAINING AND CERTIFICATION FOR MENTAL HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS ON CARE FOR VETERANS SUFFERING FROM SEXUAL TRAUMA AND POST-TRAUMATIC STRESS DISORDER.

Section 1720D is amended—

(1) by redesignating subsection (d) as subsection (f); and

(2) by inserting after subsection (c) the following new subsections:

“(d)(1) The Secretary shall carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals who provide counseling, care, and services under subsection (a).

“(2) In carrying out the program required by paragraph (1), the Secretary shall ensure that—

“(A) all mental health professionals described in such paragraph have been trained in a consistent manner; and

“(B) training described in such paragraph includes principles of evidence-based treatment and care for sexual trauma and post-traumatic stress disorder.

“(e) Each year, the Secretary shall submit to Congress an annual report on the counseling, care, and services provided to veterans pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:

“(1) The number of mental health professionals, graduate medical education trainees, and primary care providers who have been certified under the program required by subsection (d) and the amount and nature of continuing medical education provided under such program to such professionals, trainees, and providers who are so certified.

“(2) The number of women veterans who received counseling and care and services under subsection (a) from professionals and providers who received training under subsection (d).

“(3) The number of graduate medical education, training, certification, and continuing medical education courses provided by reason of subsection (d).

“(4) The number of trained full-time equivalent employees required in each facility of the Department to meet the needs of veterans requiring treatment and care for sexual trauma and post-traumatic stress disorder.

“(5) Such recommendations for improvements in the treatment of women veterans with sexual trauma and post-traumatic stress disorder as the Secretary considers appropriate.

“(6) Such other information as the Secretary considers appropriate.”.

SEC. 203. PILOT PROGRAM ON COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS NEWLY SEPARATED FROM SERVICE IN THE ARMED FORCES.

(a) PILOT PROGRAM REQUIRED.—

(1) **IN GENERAL.**—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a pilot program to evaluate the feasibility and advisability of providing reintegration and readjustment services described in subsection (b) in group retreat settings to women veterans who are recently separated from service in the Armed Forces after a prolonged deployment.

(2) **PARTICIPATION AT ELECTION OF VETERAN.**—The participation of a veteran in the pilot program under this section shall be at the election of the veteran.

(b) **COVERED SERVICES.**—The services provided to a woman veteran under the pilot program shall include the following:

(1) Information on reintegration into the veteran’s family, employment, and community.

(2) Financial counseling.

(3) Occupational counseling.

(4) Information and counseling on stress reduction.

(5) Information and counseling on conflict resolution.

(6) Such other information and counseling as the Secretary considers appropriate to assist a woman veteran under the pilot program in reintegration into the veteran’s family, employment, and community.

(c) **LOCATIONS.**—The Secretary shall carry out the pilot program at not fewer than three locations selected by the Secretary for purposes of the pilot program.

(d) **DURATION.**—The pilot program shall be carried out during the 2-year period beginning on the date of the commencement of the pilot program.

(e) **REPORT.**—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program. The report shall contain the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs for each

of fiscal years 2010 and 2011, \$2,000,000 to carry out the pilot program.

SEC. 204. SERVICE ON CERTAIN ADVISORY COMMITTEES OF WOMEN RECENTLY SEPARATED FROM SERVICE IN THE ARMED FORCES.

(a) ADVISORY COMMITTEE ON WOMEN VETERANS.—Section 542(a)(2)(A) is amended—

- (1) in clause (ii), by striking “and” at the end;
- (2) in clause (iii), by striking the period at the end and inserting “; and”; and
- (3) by inserting after clause (iii) the following new clause: “(iv) women veterans who are recently separated from service in the Armed Forces.”.

(b) ADVISORY COMMITTEE ON MINORITY VETERANS.—Section 544(a)(2)(A) is amended—

- (1) in clause (iii), by striking “and” at the end;
- (2) in clause (iv), by striking the period at the end and inserting “; and”; and
- (3) by inserting after clause (iv) the following new clause: “(v) women veterans who are minority group members and are recently separated from service in the Armed Forces.”.

(c) APPLICABILITY.—The amendments made by this section shall apply to appointments made on or after the date of the enactment of this Act.

SEC. 205. PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING HEALTH CARE.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing, subject to subsection (b), assistance to qualified veterans described in subsection (c) to obtain child care so that such veterans can receive health care services described in subsection (c).

(b) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may only be provided to a qualified veteran under the pilot program for receipt of child care during the period that the qualified veteran—

- (1) receives the types of health care services described in subsection (c) at a facility of the Department; and
- (2) requires travel to and return from such facility for the receipt of such health care services.

(c) QUALIFIED VETERANS.—For purposes of this section, a qualified veteran is a veteran who is—

- (1) the primary caretaker of a child or children; and
- (2)(A) receiving from the Department—
 - (i) regular mental health care services;
 - (ii) intensive mental health care services; or
 - (iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran; or
- (B) in need of regular or intensive mental health care services from the Department, and but for lack of child care services, would receive such health care services from the Department.

(d) LOCATIONS.—The Secretary shall carry out the pilot program in no fewer than three Veterans Integrated Service Networks selected by the Secretary for purposes of the pilot program.

(e) DURATION.—The pilot program shall be carried out during the 2-year period beginning on the date of the commencement of the pilot program.

(f) FORMS OF CHILD CARE ASSISTANCE.—

(1) IN GENERAL.—Child care assistance under this section may include the following:

(A) Stipends for the payment of child care offered by licensed child care centers (either directly or through a voucher program) which shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107–67; 115 Stat. 552).

(B) Direct provision of child care at an on-site facility of the Department of Veterans Affairs.

(C) Payments to private child care agencies.

(D) Collaboration with facilities or programs of other Federal departments or agencies.

(E) Such other forms of assistance as the Secretary considers appropriate.

(2) AMOUNTS OF STIPENDS.—In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.

(g) REPORT.—Not later than 6 months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program. The report shall include the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

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

SEC. 206. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.

(a) IN GENERAL.—Subchapter VIII of chapter 17 is amended by adding at the end the following new section:

“§1786. Care for newborn children of women veterans receiving maternity care

“(a) IN GENERAL.—The Secretary may furnish health care services described in subsection (b) to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than seven days after the birth of the child if the veteran delivered the child in—

“(1) a facility of the Department; or

“(2) another facility pursuant to a Department contract for services relating to such delivery.

“(b) COVERED HEALTH CARE SERVICES.—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn child requires.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1785 the following new item:

“1786. Care for newborn children of women veterans receiving maternity care.”.

TITLE III—RURAL HEALTH IMPROVEMENTS

SEC. 301. IMPROVEMENTS TO THE EDUCATION DEBT REDUCTION PROGRAM.

(a) INCLUSION OF EMPLOYEE RETENTION AS PURPOSE OF PROGRAM.—Section 7681(a)(2) is amended by inserting “and retention” after “recruitment” the first time it appears.

(b) EXPANSION OF ELIGIBILITY.—Section 7682 is amended—
(1) in subsection (a)(1), by striking “a recently appointed” and inserting “an”; and
(2) by striking subsection (c).

(c) INCREASE IN MAXIMUM ANNUAL AMOUNT OF PAYMENTS.—Paragraph (1) of subsection (d) of section 7683 is amended—
(1) by striking “\$44,000” and inserting “\$60,000”; and
(2) by striking “\$10,000” and inserting “\$12,000”.

(d) EXCEPTION TO LIMITATION ON AMOUNT FOR CERTAIN PARTICIPANTS.—Such subsection is further amended by adding at the end the following new paragraph:

“(3)(A) The Secretary may waive the limitations under paragraphs (1) and (2) in the case of a participant described in subparagraph (B). In the case of such a waiver, the total amount of education debt repayments payable to that participant is the total amount of the principal and the interest on the participant’s loans referred to in subsection (a).

“(B) A participant described in this subparagraph is a participant in the Program who the Secretary determines serves in a position for which there is a shortage of qualified employees by reason of either the location or the requirements of the position.”.

SEC. 302. VISUAL IMPAIRMENT AND ORIENTATION AND MOBILITY PROFESSIONALS EDUCATION ASSISTANCE PROGRAM.

(a) ESTABLISHMENT OF PROGRAM.—Part V is amended by inserting after chapter 74 the following new chapter:

“CHAPTER 75—VISUAL IMPAIRMENT AND ORIENTATION AND MOBILITY PROFESSIONALS EDUCATIONAL AS- SISTANCE PROGRAM

“Sec.
“7501. Establishment of scholarship program; purpose.
“7502. Application and acceptance.
“7503. Amount of assistance; duration.
“7504. Agreement.
“7505. Repayment for failure to satisfy requirements of agreement.

“§ 7501. Establishment of scholarship program; purpose

“(a) ESTABLISHMENT.—Subject to the availability of appropriations, the Secretary shall establish and carry out a scholarship program to provide financial assistance in accordance with this chapter to individuals who—

“(1) are accepted for enrollment or currently enrolled in a program of study leading to a degree or certificate in visual impairment or orientation and mobility, or a dual degree or certification in both such areas, at an accredited (as determined by the Secretary) educational institution that is in a State; and

“(2) enter into an agreement with the Secretary as described in section 7504 of this title.

“(b) PURPOSE.—The purpose of the scholarship program is to increase the supply of qualified blind rehabilitation specialists for the Department and the Nation.

“(c) OUTREACH.—The Secretary shall publicize the scholarship program to educational institutions throughout the United States, with an emphasis on disseminating information to such institutions with high numbers of Hispanic students and to Historically Black Colleges and Universities.

“§ 7502. Application and acceptance

“(a) APPLICATION.—(1) To apply and participate in the scholarship program under this chapter, an individual shall submit to the Secretary an application for such participation together with an agreement described in section 7504 of this title under which the participant agrees to serve a period of obligated service in the Department as provided in the agreement in return for payment of educational assistance as provided in the agreement.

“(2) In distributing application forms and agreement forms to individuals desiring to participate in the scholarship program, the Secretary shall include with such forms the following:

“(A) A fair summary of the rights and liabilities of an individual whose application is approved (and whose agreement is accepted) by the Secretary.

“(B) A full description of the terms and conditions that apply to participation in the scholarship program and service in the Department.

“(b) APPROVAL.—(1) Upon the Secretary’s approval of an individual’s participation in the scholarship program, the Secretary shall, in writing, promptly notify the individual of that acceptance.

“(2) An individual becomes a participant in the scholarship program upon such approval by the Secretary.

“§ 7503. Amount of assistance; duration

“(a) AMOUNT OF ASSISTANCE.—The amount of the financial assistance provided an individual under the scholarship program under this chapter shall be the amount determined by the Secretary as being necessary to pay the tuition and fees of the individual. In the case of an individual enrolled in a program of study leading to a dual degree or certification in both the areas of study described in section 7501(a)(1) of this title, the tuition and fees shall not exceed the amounts necessary for the minimum number of credit hours to achieve such dual degree or certification.

“(b) RELATIONSHIP TO OTHER ASSISTANCE.—Financial assistance may be provided to an individual under the scholarship program to supplement other educational assistance to the extent that the total amount of educational assistance received by the individual during an academic year does not exceed the total tuition and fees for such academic year.

“(c) **MAXIMUM AMOUNT OF ASSISTANCE.**—(1) The total amount of assistance provided under the scholarship program for an academic year to an individual who is a full-time student may not exceed \$15,000.

“(2) In the case of an individual who is a part-time student, the total amount of assistance provided under the scholarship program shall bear the same ratio to the amount that would be paid under paragraph (1) if the participant were a full-time student in the program of study being pursued by the individual as the coursework carried by the individual to full-time coursework in that program of study.

“(3) The total amount of assistance provided to an individual under the scholarship program may not exceed \$45,000.

“(d) **MAXIMUM DURATION OF ASSISTANCE.**—Financial assistance may not be provided to an individual under the scholarship program for more than six academic years.

“§ 7504. Agreement

“An agreement between the Secretary and a participant in the scholarship program under this chapter shall be in writing, shall be signed by the participant, and shall include—

“(1) the Secretary’s agreement to provide the participant with financial assistance as authorized under this chapter;

“(2) the participant’s agreement—

“(A) to accept such financial assistance;

“(B) to maintain enrollment and attendance in the program of study described in section 7501(a)(1) of this title;

“(C) while enrolled in such program, to maintain an acceptable level of academic standing (as determined by the educational institution offering such program under regulations prescribed by the Secretary); and

“(D) after completion of the program, to serve as a full-time employee in the Department for a period of three years, to be served within the first six years after the participant has completed such program and received a degree or certificate described in section 7501(a)(1) of this title; and

“(3) any other terms and conditions that the Secretary considers appropriate for carrying out this chapter.

“§ 7505. Repayment for failure to satisfy requirements of agreement

“(a) **IN GENERAL.**—An individual who receives educational assistance under the scholarship program under this chapter shall repay to the Secretary an amount equal to the unearned portion of such assistance if the individual fails to satisfy the requirements of the agreement entered into under section 7504 of this title, except in circumstances authorized by the Secretary.

“(b) **AMOUNT OF REPAYMENT.**—The Secretary shall establish, by regulations, procedures for determining the amount of the repayment required under this section and the circumstances under which an exception to the required repayment may be granted.

“(c) **WAIVER OR SUSPENSION OF COMPLIANCE.**—The Secretary shall prescribe regulations providing for the waiver or suspension of any obligation of an individual for service or payment under this chapter (or an agreement under this chapter) whenever—

“(1) noncompliance by the individual is due to circumstances beyond the control of the individual; or

“(2) the Secretary determines that the waiver or suspension of compliance is in the best interest of the United States.

“(d) OBLIGATION AS DEBT TO UNITED STATES.—An obligation to repay the Secretary under this section is, for all purposes, a debt owed the United States. A discharge in bankruptcy under title 11 does not discharge a person from such debt if the discharge order is entered less than five years after the date of the termination of the agreement or contract on which the debt is based.”.

(b) CLERICAL AMENDMENTS.—The tables of chapters at the beginning of title 38, and of part V, are each amended by inserting after the item relating to chapter 74 the following new item:

“75. Visual Impairment and Orientation and Mobility Professionals Educational Assistance Program 7501”.

(c) IMPLEMENTATION.—The Secretary of Veterans Affairs shall implement chapter 75 of title 38, United States Code, as added by subsection (a), not later than 6 months after the date of the enactment of this Act.

SEC. 303. DEMONSTRATION PROJECTS ON ALTERNATIVES FOR EXPANDING CARE FOR VETERANS IN RURAL AREAS.

(a) IN GENERAL.—The Secretary of Veterans Affairs may, through the Director of the Office of Rural Health, carry out demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas, which may include the following:

(1) Establishing a partnership between the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to coordinate care for veterans in rural areas at critical access hospitals (as designated or certified under section 1820 of the Social Security Act (42 U.S.C. 1395i-4)).

(2) Establishing a partnership between the Department of Veterans Affairs and the Department of Health and Human Services to coordinate care for veterans in rural areas at community health centers.

(3) Expanding coordination between the Department of Veterans Affairs and the Indian Health Service to expand care for Indian veterans.

(b) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that the demonstration projects carried out under subsection (a) are located at facilities that are geographically distributed throughout the United States.

(c) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall submit a report on the results of the demonstration projects carried out under subsection (a) to—

(1) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate; and

(2) the Committee on Veterans’ Affairs and the Committee on Appropriations of the House of Representatives.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for fiscal year 2010 and each fiscal year thereafter.

SEC. 304. PROGRAM ON READJUSTMENT AND MENTAL HEALTH CARE SERVICES FOR VETERANS WHO SERVED IN OPERATION ENDURING FREEDOM AND OPERATION IRAQI FREEDOM.

(a) **PROGRAM REQUIRED.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a program to provide—

(1) to veterans of Operation Enduring Freedom and Operation Iraqi Freedom, particularly veterans who served in such operations while in the National Guard and the Reserves—

- (A) peer outreach services;
- (B) peer support services;
- (C) readjustment counseling and services described in section 1712A of title 38, United States Code; and
- (D) mental health services; and

(2) to members of the immediate family of veterans described in paragraph (1), during the 3-year period beginning on the date of the return of such veterans from deployment in Operation Enduring Freedom or Operation Iraqi Freedom, education, support, counseling, and mental health services to assist in—

- (A) the readjustment of such veterans to civilian life;
- (B) in the case such veterans have an injury or illness incurred during such deployment, the recovery of such veterans from such injury or illness; and
- (C) the readjustment of the family following the return of such veterans.

(b) **CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS AND OTHER QUALIFIED ENTITIES.**—In carrying out the program required by subsection (a), the Secretary may contract with community mental health centers and other qualified entities to provide the services required by such subsection only in areas the Secretary determines are not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting community health center or entity—

(1) to the extent practicable, to use telehealth services for the delivery of services required by subsection (a);

(2) to the extent practicable, to employ veterans trained under subsection (c) in the provision of services covered by that subsection;

(3) to participate in the training program conducted in accordance with subsection (d);

(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services required by subsection (a);

(5) for each veteran for whom a community mental health center or other qualified entity provides mental health services under such contract, to provide the Department with such clinical summary information as the Secretary shall require;

(6) to submit annual reports to the Secretary containing, with respect to the program required by subsection (a) and for the last full calendar year ending before the submittal of such report—

- (A) the number of the veterans served, veterans diagnosed, and courses of treatment provided to veterans as part of the program required by subsection (a); and
- (B) demographic information for such services, diagnoses, and courses of treatment; and

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

(c) **TRAINING OF VETERANS FOR PROVISION OF PEER-OUTREACH AND PEER-SUPPORT SERVICES.**—In carrying out the program required by subsection (a), the Secretary shall contract with a national not-for-profit mental health organization to carry out a national program of training for veterans described in subsection (a) to provide the services described in subparagraphs (A) and (B) of paragraph (1) of such subsection.

(d) **TRAINING OF CLINICIANS FOR PROVISION OF SERVICES.**—The Secretary shall conduct a training program for clinicians of community mental health centers or entities that have contracts with the Secretary under subsection (b) to ensure that such clinicians can provide the services required by subsection (a) in a manner that—

(1) recognizes factors that are unique to the experience of veterans who served on active duty in Operation Enduring Freedom or Operation Iraqi Freedom (including their combat and military training experiences); and

(2) uses best practices and technologies.

(e) **VET CENTER DEFINED.**—In this section, the term “vet center” means a center for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

SEC. 305. TRAVEL REIMBURSEMENT FOR VETERANS RECEIVING TREATMENT AT FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **ENHANCEMENT OF ALLOWANCE BASED UPON MILEAGE TRAVELED.**—Section 111 is amended—

(1) in subsection (a), by striking “traveled,” and inserting “(at a rate of 41.5 cents per mile),”; and

(2) by amending subsection (g) to read as follows:

“(g)(1) Beginning one year after the date of the enactment of the Caregivers and Veterans Omnibus Health Services Act of 2010, the Secretary may adjust the mileage rate described in subsection (a) to be equal to 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) If an adjustment in the mileage rate under paragraph (1) results in a lower mileage rate than the mileage rate otherwise specified in subsection (a), the Secretary shall, not later than 60 days before the date of the implementation of the mileage rate as so adjusted, submit to Congress a written report setting forth the adjustment in the mileage rate under this subsection, together with a justification for the decision to make the adjustment in the mileage rate under this subsection.”.

(b) **COVERAGE OF COST OF TRANSPORTATION BY AIR.**—Subsection (a) of section 111, as amended by subsection (a)(1), is further amended by inserting after the first sentence the following new sentence: “Actual necessary expense of travel includes the reasonable costs of airfare if travel by air is the only practical way to reach a Department facility.”.

(c) **ELIMINATION OF LIMITATION BASED ON MAXIMUM ANNUAL RATE OF PENSION.**—Subsection (b)(1)(D)(i) of such section is

amended by inserting “who is not traveling by air and” before “whose annual”.

(d) DETERMINATION OF PRACTICALITY.—Subsection (b) of such section is amended by adding at the end the following new paragraph:

“(4) In determining for purposes of subsection (a) whether travel by air is the only practical way for a veteran to reach a Department facility, the Secretary shall consider the medical condition of the veteran and any other impediments to the use of ground transportation by the veteran.”.

(e) NO EXPANSION OF ELIGIBILITY FOR BENEFICIARY TRAVEL.—The amendments made by subsections (b) and (d) of this section may not be construed as expanding or otherwise modifying eligibility for payments or allowances for beneficiary travel under section 111 of title 38, United States Code, as in effect on the day before the date of the enactment of this Act.

(f) CLARIFICATION OF RELATION TO PUBLIC TRANSPORTATION IN VETERANS HEALTH ADMINISTRATION HANDBOOK.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall revise the Veterans Health Administration Handbook to clarify that an allowance for travel based on mileage paid under section 111(a) of title 38, United States Code, may exceed the cost of such travel by public transportation regardless of medical necessity.

SEC. 306. PILOT PROGRAM ON INCENTIVES FOR PHYSICIANS WHO ASSUME INPATIENT RESPONSIBILITIES AT COMMUNITY HOSPITALS IN HEALTH PROFESSIONAL SHORTAGE AREAS.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of each of the following:

(1) The provision of financial incentives to eligible physicians who obtain and maintain inpatient privileges at community hospitals in health professional shortage areas in order to facilitate the provision by such physicians of primary care and mental health services to veterans at such hospitals.

(2) The collection of payments from third-party providers for care provided by eligible physicians to nonveterans while discharging inpatient responsibilities at community hospitals in the course of exercising the privileges described in paragraph (1).

(b) ELIGIBLE PHYSICIANS.—For purposes of this section, an eligible physician is a primary care or mental health physician employed by the Department of Veterans Affairs on a full-time basis.

(c) DURATION OF PROGRAM.—The pilot program shall be carried out during the 3-year period beginning on the date of the commencement of the pilot program.

(d) LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out at not less than five community hospitals in each of not less than two Veterans Integrated Services Networks. The hospitals shall be selected by the Secretary using the results of the survey required under subsection (e).

(2) QUALIFYING COMMUNITY HOSPITALS.—A community hospital may be selected by the Secretary as a location for the pilot program if—

(A) the hospital is located in a health professional shortage area; and

(B) the number of eligible physicians willing to assume inpatient responsibilities at the hospital (as determined using the result of the survey) is sufficient for purposes of the pilot program.

(e) SURVEY OF PHYSICIAN INTEREST IN PARTICIPATION.—

(1) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall conduct a survey of eligible physicians to determine the extent of the interest of such physicians in participating in the pilot program.

(2) ELEMENTS.—The survey shall disclose the type, amount, and nature of the financial incentives to be provided under subsection (h) to physicians participating in the pilot program.

(f) PHYSICIAN PARTICIPATION.—

(1) IN GENERAL.—The Secretary shall select physicians for participation in the pilot program from among eligible physicians who—

(A) express interest in participating in the pilot program in the survey conducted under subsection (e);

(B) are in good standing with the Department; and

(C) primarily have clinical responsibilities with the Department.

(2) VOLUNTARY PARTICIPATION.—Participation in the pilot program shall be voluntary. Nothing in this section shall be construed to require a physician working for the Department to assume inpatient responsibilities at a community hospital unless otherwise required as a term or condition of employment with the Department.

(g) ASSUMPTION OF INPATIENT PHYSICIAN RESPONSIBILITIES.—

(1) IN GENERAL.—Each eligible physician selected for participation in the pilot program shall assume and maintain inpatient responsibilities, including inpatient responsibilities with respect to nonveterans, at one or more community hospitals selected by the Secretary for participation in the pilot program under subsection (d).

(2) COVERAGE UNDER FEDERAL TORT CLAIMS ACT.—If an eligible physician participating in the pilot program carries out on-call responsibilities at a community hospital where privileges to practice at such hospital are conditioned upon the provision of services to individuals who are not veterans while the physician is on call for such hospital, the provision of such services by the physician shall be considered an action within the scope of the physician's office or employment for purposes of chapter 171 of title 28, United States Code (commonly referred to as the "Federal Tort Claims Act").

(h) COMPENSATION.—

(1) IN GENERAL.—The Secretary shall provide each eligible physician participating in the pilot program with such compensation (including pay and other appropriate compensation) as the Secretary considers appropriate to compensate such physician for the discharge of any inpatient responsibilities by such physician at a community hospital for which such physician would not otherwise be compensated by the Department as a full-time employee of the Department.

(2) WRITTEN AGREEMENT.—The amount of any compensation to be provided a physician under the pilot program shall

be specified in a written agreement entered into by the Secretary and the physician for purposes of the pilot program.

(3) TREATMENT OF COMPENSATION.—The Secretary shall consult with the Director of the Office of Personnel Management on the inclusion of a provision in the written agreement required under paragraph (2) that describes the treatment under Federal law of any compensation provided a physician under the pilot program, including treatment for purposes of retirement under the civil service laws.

(i) COLLECTIONS FROM THIRD PARTIES.—In carrying out the pilot program for the purpose described in subsection (a)(2), the Secretary shall implement a variety and range of requirements and mechanisms for the collection from third-party payors of amounts to reimburse the Department for health care services provided to nonveterans under the pilot program by eligible physicians discharging inpatient responsibilities under the pilot program.

(j) REPORT.—Not later than 1 year after the date of the enactment of this Act and annually thereafter, the Secretary shall submit to Congress a report on the pilot program, including the following:

(1) The findings of the Secretary with respect to the pilot program.

(2) The number of veterans and nonveterans provided inpatient care by physicians participating in the pilot program.

(3) The amounts payable and collected under subsection (i).

(k) DEFINITIONS.—In this section:

(1) HEALTH PROFESSIONAL SHORTAGE AREA.—The term “health professional shortage area” has the meaning given the term in section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a)).

(2) INPATIENT RESPONSIBILITIES.—The term “inpatient responsibilities” means on-call responsibilities customarily required of a physician by a community hospital as a condition of granting privileges to the physician to practice in the hospital.

SEC. 307. GRANTS FOR VETERANS SERVICE ORGANIZATIONS FOR TRANSPORTATION OF HIGHLY RURAL VETERANS.

(a) GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a grant program to provide innovative transportation options to veterans in highly rural areas.

(2) ELIGIBLE RECIPIENTS.—The following may be awarded a grant under this section:

(A) State veterans service agencies.

(B) Veterans service organizations.

(3) USE OF FUNDS.—A State veterans service agency or veterans service organization awarded a grant under this section may use the grant amount to—

(A) assist veterans in highly rural areas to travel to Department of Veterans Affairs medical centers; and

(B) otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

(4) MAXIMUM AMOUNT.—The amount of a grant under this section may not exceed \$50,000.

(5) NO MATCHING REQUIREMENT.—The recipient of a grant under this section shall not be required to provide matching funds as a condition for receiving such grant.

(b) REGULATIONS.—The Secretary shall prescribe regulations for—

- (1) evaluating grant applications under this section; and
- (2) otherwise administering the program established by this section.

(c) DEFINITIONS.—In this section:

(1) HIGHLY RURAL.—The term “highly rural”, in the case of an area, means that the area consists of a county or counties having a population of less than seven persons per square mile.

(2) VETERANS SERVICE ORGANIZATION.—The term “veterans service organization” means any organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$3,000,000 for each of fiscal years 2010 through 2014 to carry out this section.

SEC. 308. MODIFICATION OF ELIGIBILITY FOR PARTICIPATION IN PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF CERTAIN VETERANS.

Subsection (b) of section 403 of the Veterans’ Mental Health and other Care Improvements Act of 2008 (Public Law 110–387; 122 Stat. 4125; 38 U.S.C. 1703 note) is amended to read as follows:

“(b) COVERED VETERANS.—For purposes of the pilot program under this section, a covered veteran is any veteran who—

“(1) 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) of such title; and

“(2) resides in a location that is—

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

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

“(C) more than 240 minutes driving distance from the nearest Department health care facility providing tertiary care, if the veteran is seeking such care.”.

TITLE IV—MENTAL HEALTH CARE MATTERS

SEC. 401. ELIGIBILITY OF MEMBERS OF THE ARMED FORCES WHO SERVE IN OPERATION ENDURING FREEDOM OR OPER- ATION IRAQI FREEDOM FOR COUNSELING AND SERVICES THROUGH READJUSTMENT COUNSELING SERVICE.

(a) **IN GENERAL.**—Any member of the Armed Forces, including a member of the National Guard or Reserve, who serves on active duty in the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom is eligible for readjustment counseling and related mental health services under section 1712A of title 38, United States Code, through the Readjustment Counseling Service of the Veterans Health Administration.

(b) **NO REQUIREMENT FOR CURRENT ACTIVE DUTY SERVICE.**—A member of the Armed Forces who meets the requirements for eligibility for counseling and services under subsection (a) is entitled to counseling and services under that subsection regardless of whether or not the member is currently on active duty in the Armed Forces at the time of receipt of counseling and services under that subsection.

(c) **REGULATIONS.**—The eligibility of members of the Armed Forces for counseling and services under subsection (a) shall be subject to such regulations as the Secretary of Defense and the Secretary of Veterans Affairs shall jointly prescribe for purposes of this section.

(d) **SUBJECT TO AVAILABILITY OF APPROPRIATIONS.**—The provision of counseling and services under subsection (a) shall be subject to the availability of appropriations for such purpose.

SEC. 402. RESTORATION OF AUTHORITY OF READJUSTMENT COUN- SELING SERVICE TO PROVIDE REFERRAL AND OTHER ASSISTANCE UPON REQUEST TO FORMER MEMBERS OF THE ARMED FORCES NOT AUTHORIZED COUNSELING.

Section 1712A is amended—

(1) by redesignating subsections (c) through (f) as subsections (d) through (g), respectively; and

(2) by inserting after subsection (b) the following new subsection (c):

“(c) Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, or air service but who is not otherwise eligible for such counseling, the Secretary shall—

“(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

“(2) if pertinent, advise such individual of such individual’s rights to apply to the appropriate military, naval, or air service, and to the Department, for review of such individual’s discharge or release from such service.”.

SEC. 403. STUDY ON SUICIDES AMONG VETERANS.

(a) **STUDY REQUIRED.**—The Secretary of Veterans Affairs shall conduct a study to determine the number of veterans who died by suicide between January 1, 1999, and the date of the enactment of this Act.

(b) COORDINATION.—In carrying out the study under subsection (a) the Secretary of Veterans Affairs shall coordinate with—

- (1) the Secretary of Defense;
- (2) veterans service organizations;
- (3) the Centers for Disease Control and Prevention; and
- (4) State public health offices and veterans agencies.

(c) REPORT TO CONGRESS.—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 study required under subsection (a) and the findings of the Secretary.

(d) 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 V—OTHER HEALTH CARE MATTERS

SEC. 501. REPEAL OF CERTAIN ANNUAL REPORTING REQUIREMENTS.

(a) NURSE PAY REPORT.—Section 7451 is amended—

- (1) by striking subsection (f); and
- (2) by redesignating subsection (g) as subsection (f).

(b) LONG-TERM PLANNING REPORT.—

- (1) IN GENERAL.—Section 8107 is repealed.

(2) CONFORMING AMENDMENT.—The table of sections at the beginning of chapter 81 is amended by striking the item relating to section 8107.

SEC. 502. SUBMITTAL DATE OF ANNUAL REPORT ON GULF WAR RESEARCH.

Section 707(c)(1) of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102–585; 38 U.S.C. 527 note) is amended by striking “Not later than March 1 of each year” and inserting “Not later than July 1, 2010, and July 1 of each of the five following years”.

SEC. 503. PAYMENT FOR CARE FURNISHED TO CHAMPVA BENEFICIARIES.

Section 1781 is amended by adding at the end the following new subsection:

“(e) Payment by the Secretary under this section on behalf of a covered beneficiary for medical care shall constitute payment in full and extinguish any liability on the part of the beneficiary for that care.”.

SEC. 504. DISCLOSURE OF PATIENT TREATMENT INFORMATION FROM MEDICAL RECORDS OF PATIENTS LACKING DECISION-MAKING CAPACITY.

Section 7332(b)(2) is amended by adding at the end the following new subparagraph:

“(F)(i) To a representative of a patient who lacks decision-making capacity, when a practitioner deems the content of the given record necessary for that representative to make an informed decision regarding the patient's treatment.

“(ii) In this subparagraph, the term ‘representative’ means an individual, organization, or other body authorized under section 7331 of this title and its implementing regulations to give informed consent on behalf of a patient who lacks decision-making capacity.”.

SEC. 505. ENHANCEMENT OF QUALITY MANAGEMENT.

(a) ENHANCEMENT OF QUALITY MANAGEMENT THROUGH QUALITY MANAGEMENT OFFICERS.—

(1) IN GENERAL.—Subchapter II of chapter 73 is amended by inserting after section 7311 the following new section:

“§ 7311A. Quality management officers

“(a) NATIONAL QUALITY MANAGEMENT OFFICER.—(1) The Under Secretary for Health shall designate an official of the Veterans Health Administration to act as the principal quality management officer for the quality-assurance program required by section 7311 of this title. The official so designated may be known as the ‘National Quality Management Officer of the Veterans Health Administration’ (in this section referred to as the ‘National Quality Management Officer’).

“(2) The National Quality Management Officer shall report directly to the Under Secretary for Health in the discharge of responsibilities and duties of the Officer under this section.

“(3) The National Quality Management Officer shall be the official within the Veterans Health Administration who is principally responsible for the quality-assurance program referred to in paragraph (1). In carrying out that responsibility, the Officer shall be responsible for the following:

“(A) Establishing and enforcing the requirements of the program referred to in paragraph (1).

“(B) Developing an aggregate quality metric from existing data sources, such as the Inpatient Evaluation Center of the Department, the National Surgical Quality Improvement Program, and the External Peer Review Program of the Veterans Health Administration, that could be used to assess reliably the quality of care provided at individual Department medical centers and associated community based outpatient clinics.

“(C) Ensuring that existing measures of quality, including measures from the Inpatient Evaluation Center, the National Surgical Quality Improvement Program, System-Wide Ongoing Assessment and Review reports of the Department, and Combined Assessment Program reviews of the Office of Inspector General of the Department, are monitored routinely and analyzed in a manner that ensures the timely detection of quality of care issues.

“(D) Encouraging research and development in the area of quality metrics for the purposes of improving how the Department measures quality in individual facilities.

“(E) Carrying out such other responsibilities and duties relating to quality management in the Veterans Health Administration as the Under Secretary for Health shall specify.

“(4) The requirements under paragraph (3) shall include requirements regarding the following:

“(A) A confidential system for the submittal of reports by Veterans Health Administration personnel regarding quality management at Department facilities.

“(B) Mechanisms for the peer review of the actions of individuals appointed in the Veterans Health Administration in the position of physician.

“(b) QUALITY MANAGEMENT OFFICERS FOR VISNS.—(1) The Regional Director of each Veterans Integrated Services Network shall appoint an official of the Network to act as the quality management officer of the Network.

“(2) The quality management officer for a Veterans Integrated Services Network shall report to the Regional Director of the Veterans Integrated Services Network, and to the National Quality Management Officer, regarding the discharge of the responsibilities and duties of the officer under this section.

“(3) The quality management officer for a Veterans Integrated Services Network shall—

“(A) direct the quality management office in the Network; and

“(B) coordinate, monitor, and oversee the quality management programs and activities of the Administration medical facilities in the Network in order to ensure the thorough and uniform discharge of quality management requirements under such programs and activities throughout such facilities.

“(c) QUALITY MANAGEMENT OFFICERS FOR MEDICAL FACILITIES.—(1) The director of each Veterans Health Administration medical facility shall appoint a quality management officer for that facility.

“(2) The quality management officer for a facility shall report directly to the director of the facility, and to the quality management officer of the Veterans Integrated Services Network in which the facility is located, regarding the discharge of the responsibilities and duties of the quality management officer under this section.

“(3) The quality management officer for a facility shall be responsible for designing, disseminating, and implementing quality management programs and activities for the facility that meet the requirements established by the National Quality Management Officer under subsection (a).

“(d) AUTHORIZATION OF APPROPRIATIONS.—(1) Except as provided in paragraph (2), there are authorized to be appropriated such sums as may be necessary to carry out this section.

“(2) There is authorized to be appropriated to carry out the provisions of subparagraphs (B), (C), and (D) of subsection (a)(3), \$25,000,000 for the two-year period of fiscal years beginning after the date of the enactment of this section.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7311 the following new item:

“7311A. Quality management officers.”.

(b) REPORTS ON QUALITY CONCERNS UNDER QUALITY-ASSURANCE PROGRAM.—Section 7311(b) is amended by adding at the end the following new paragraph:

“(4) As part of the quality-assurance program, the Under Secretary for Health shall establish mechanisms through which employees of Veterans Health Administration facilities may submit reports, on a confidential basis, on matters relating to quality of care in Veterans Health Administration facilities to the quality management officers of such facilities under section 7311A(c) of

this title. The mechanisms shall provide for the prompt and thorough review of any reports so submitted by the receiving officials.”.

(c) REVIEW OF CURRENT HEALTH CARE QUALITY SAFEGUARDS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a comprehensive review of all current policies and protocols of the Department of Veterans Affairs for maintaining health care quality and patient safety at Department medical facilities. The review shall include a review and assessment of the National Surgical Quality Improvement Program, including an assessment of—

(A) the efficacy of the quality indicators under the program;

(B) the efficacy of the data collection methods under the program;

(C) the efficacy of the frequency with which regular data analyses are performed under the program; and

(D) the extent to which the resources allocated to the program are adequate to fulfill the stated function of the program.

(2) REPORT.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the review conducted under paragraph (1), including the findings of the Secretary as a result of the review and such recommendations as the Secretary considers appropriate in light of the review.

SEC. 506. PILOT PROGRAM ON USE OF COMMUNITY-BASED ORGANIZATIONS AND LOCAL AND STATE GOVERNMENT ENTITIES TO ENSURE THAT VETERANS RECEIVE CARE AND BENEFITS FOR WHICH THEY ARE ELIGIBLE.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of using community-based organizations and local and State government entities—

(1) to increase the coordination of community, local, State, and Federal providers of health care and benefits for veterans to assist veterans who are transitioning from military service to civilian life in such transition;

(2) to increase the availability of high quality medical and mental health services to veterans transitioning from military service to civilian life;

(3) to provide assistance to families of veterans who are transitioning from military service to civilian life to help such families adjust to such transition; and

(4) to provide outreach to veterans and their families to inform them about the availability of benefits and connect them with appropriate care and benefit programs.

(b) DURATION OF PROGRAM.—The pilot program shall be carried out during the 2-year period beginning on the date that is 180 days after the date of the enactment of this Act.

(c) PROGRAM LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out at five locations selected by the Secretary for purposes of the pilot program.

(2) CONSIDERATIONS.—In selecting locations for the pilot program, the Secretary shall consider the advisability of selecting locations in—

- (A) rural areas;
- (B) areas with populations that have a high proportion of minority group representation;
- (C) areas with populations that have a high proportion of individuals who have limited access to health care; and
- (D) areas that are not in close proximity to an active duty military installation.

(d) GRANTS.—The Secretary shall carry out the pilot program through the award of grants to community-based organizations and local and State government entities.

(e) SELECTION OF GRANT RECIPIENTS.—

(1) IN GENERAL.—A community-based organization or local or State government entity seeking a grant under the pilot program shall submit to the Secretary an application therefor in such form and in such manner as the Secretary considers appropriate.

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

(A) A description of the consultations, if any, with the Department of Veterans Affairs in the development of the proposal under the application.

(B) A plan to coordinate activities under the pilot program, to the greatest extent possible, with the local, State, and Federal providers of services for veterans to reduce duplication of services and to enhance the effect of such services.

(f) USE OF GRANT FUNDS.—The Secretary shall prescribe appropriate uses of grant funds received under the pilot program.

(g) REPORT ON PROGRAM.—

(1) IN GENERAL.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

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

(A) The findings and conclusions of the Secretary with respect to the pilot program.

(B) An assessment of the benefits to veterans of the pilot program.

(C) The recommendations of the Secretary as to the advisability of continuing the pilot program.

SEC. 507. SPECIALIZED RESIDENTIAL CARE AND REHABILITATION FOR CERTAIN VETERANS.

Section 1720 is amended by adding at the end the following new subsection:

“(g) The Secretary may contract with appropriate entities to provide specialized residential care and rehabilitation services to a veteran of Operation Enduring Freedom or Operation Iraqi Freedom who the Secretary determines suffers from a traumatic brain injury, has an accumulation of deficits in activities of daily living and instrumental activities of daily living, and because of these deficits, would otherwise require admission to a nursing home even though such care would generally exceed the veteran’s nursing needs.”.

SEC. 508. EXPANDED STUDY ON THE HEALTH IMPACT OF PROJECT SHIPBOARD HAZARD AND DEFENSE.

(a) **IN GENERAL.**—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with the Institute of Medicine of the National Academies to conduct an expanded study on the health impact of Project Shipboard Hazard and Defense (Project SHAD).

(b) **COVERED VETERANS.**—The study required by subsection (a) shall include, to the extent practicable, all veterans who participated in Project Shipboard Hazard and Defense.

(c) **USE OF EXISTING STUDIES.**—The study required by subsection (a) may use results from the study covered in the report titled “Long-Term Health Effects of Participation in Project SHAD” of the Institute of Medicine of the National Academies.

SEC. 509. USE OF NON-DEPARTMENT FACILITIES FOR REHABILITATION OF INDIVIDUALS WITH TRAUMATIC BRAIN INJURY.

Section 1710E is amended—

(1) by redesignating subsection (b) as subsection (c);

(2) by inserting after subsection (a) the following new subsection (b):

“(b) **COVERED INDIVIDUALS.**—The care and services provided under subsection (a) shall be made available to an individual—

“(1) who is described in section 1710C(a) of this title; and

“(2)(A) to whom the Secretary is unable to provide such treatment or services at the frequency or for the duration prescribed in such plan; or

“(B) for whom the Secretary determines that it is optimal with respect to the recovery and rehabilitation for such individual.”; and

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

“(d) **STANDARDS.**—The Secretary may not provide treatment or services as described in subsection (a) at a non-Department facility under such subsection unless such facility maintains standards for the provision of such treatment or services established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with traumatic brain injury.”.

SEC. 510. PILOT PROGRAM ON PROVISION OF DENTAL INSURANCE PLANS TO VETERANS AND SURVIVORS AND DEPENDENTS OF VETERANS.

(a) **PILOT PROGRAM REQUIRED.**—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing a dental insurance plan to veterans and survivors and dependents of veterans described in subsection (b).

(b) **COVERED VETERANS AND SURVIVORS AND DEPENDENTS.**—The veterans and survivors and dependents of veterans described in this subsection are as follows:

(1) Any veteran who is enrolled in the system of annual patient enrollment under section 1705 of title 38, United States Code.

(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1781 of such title.

(c) DURATION OF PROGRAM.—The pilot program shall be carried out during the 3-year period beginning on the date that is 270 days after the date of the enactment of this Act.

(d) LOCATIONS.—The pilot program shall be carried out in such Veterans Integrated Services Networks as the Secretary considers appropriate for purposes of the pilot program.

(e) ADMINISTRATION.—The Secretary shall contract with a dental insurer to administer the dental insurance plan provided under the pilot program.

(f) BENEFITS.—The dental insurance plan under the pilot program shall provide such benefits for dental care and treatment as the Secretary considers appropriate for the dental insurance plan, including diagnostic services, preventative services, endodontics and other restorative services, surgical services, and emergency services.

(g) ENROLLMENT.—

(1) VOLUNTARY.—Enrollment in the dental insurance plan under the pilot program shall be voluntary.

(2) MINIMUM PERIOD.—Enrollment in the dental insurance plan shall be for such minimum period as the Secretary shall prescribe for purposes of this section.

(h) PREMIUMS.—

(1) IN GENERAL.—Premiums for coverage under the dental insurance plan under the pilot program shall be in such amount or amounts as the Secretary shall prescribe to cover all costs associated with the pilot program.

(2) ANNUAL ADJUSTMENT.—The Secretary shall adjust the premiums payable under the pilot program for coverage under the dental insurance plan on an annual basis. Each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

(3) RESPONSIBILITY FOR PAYMENT.—Each individual covered by the dental insurance plan shall pay the entire premium for coverage under the dental insurance plan, in addition to the full cost of any copayments.

(i) VOLUNTARY DISENROLLMENT.—

(1) IN GENERAL.—With respect to enrollment in the dental insurance plan under the pilot program, the Secretary shall—

(A) permit the voluntary disenrollment of an individual in the dental insurance plan if the disenrollment occurs during the 30-day period beginning on the date of the enrollment of the individual in the dental insurance plan; and

(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection, but only to the extent such disenrollment does not jeopardize the fiscal integrity of the dental insurance plan.

(2) ALLOWABLE CIRCUMSTANCES.—The circumstances prescribed under paragraph (1)(B) shall include the following:

(A) If an individual enrolled in the dental insurance plan relocates to a location outside the jurisdiction of the dental insurance plan that prevents use of the benefits under the dental insurance plan.

(B) If an individual enrolled in the dental insurance plan is prevented by a serious medical condition from being able to obtain benefits under the dental insurance plan.

(C) Such other circumstances as the Secretary shall prescribe for purposes of this subsection.

(3) ESTABLISHMENT OF PROCEDURES.—The Secretary shall establish procedures for determinations on the permissibility of voluntary disenrollments under paragraph (1)(B). Such procedures shall ensure timely determinations on the permissibility of such disenrollments.

(j) RELATIONSHIP TO DENTAL CARE PROVIDED BY SECRETARY.—Nothing in this section shall affect the responsibility of the Secretary to provide dental care under section 1712 of title 38, United States Code, and the participation of an individual in the dental insurance plan under the pilot program shall not affect the individual's entitlement to outpatient dental services and treatment, and related dental appliances, under that section.

(k) REGULATIONS.—The dental insurance plan under the pilot program shall be administered under such regulations as the Secretary shall prescribe.

SEC. 511. PROHIBITION ON COLLECTION OF COPAYMENTS FROM VETERANS WHO ARE CATASTROPHICALLY DISABLED.

(a) IN GENERAL.—Subchapter III of chapter 17 is amended by adding at the end the following new section:

“§ 1730A. Prohibition on collection of copayments from catastrophically disabled veterans

“Notwithstanding subsections (f) and (g) of section 1710 and section 1722A(a) of this title or any other provision of law, the Secretary may not require a veteran who is catastrophically disabled, as defined by the Secretary, to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1730 the following new item:

“1730A. Prohibition on collection of copayments from catastrophically disabled veterans.”.

SEC. 512. HIGHER PRIORITY STATUS FOR CERTAIN VETERANS WHO ARE MEDAL OF HONOR RECIPIENTS.

Section 1705(a)(3) is amended by inserting “veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “the Purple Heart,”.

SEC. 513. HOSPITAL CARE, MEDICAL SERVICES, AND NURSING HOME CARE FOR CERTAIN VIETNAM-ERA VETERANS EXPOSED TO HERBICIDE AND VETERANS OF THE PERSIAN GULF WAR.

Section 1710(e) is amended—

(1) in paragraph (3)—

(A) by striking “subsection (a)(2)(F)—” and all that follows through “(C) in the case” and inserting “subsection (a)(2)(F) in the case”; and

(B) by redesignating clauses (i) and (ii) of the former subparagraph (C) as subparagraphs (A) and (B) of such paragraph (3) and by realigning the margin of such new subparagraphs two ems to the left; and

(2) in paragraph (1)(C)—

(A) by striking “paragraphs (2) and (3)” and inserting “paragraph (2)”; and

(B) by inserting after “on active duty” the following: “between August 2, 1990, and November 11, 1998,”.

SEC. 514. ESTABLISHMENT OF DIRECTOR OF PHYSICIAN ASSISTANT SERVICES IN VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—Section 7306(a) is amended by striking paragraph (9) and inserting the following new paragraph (9):

“(9) The Director of Physician Assistant Services, who shall—

“(A) serve in a full-time capacity at the Central Office of the Department;

“(B) be a qualified physician assistant; and

“(C) be responsible and report directly to the Chief Patient Care Services Officer of the Veterans Health Administration on all matters relating to the education and training, employment, appropriate use, and optimal participation of physician assistants within the programs and initiatives of the Administration.”.

(b) DEADLINE FOR IMPLEMENTATION.—The Secretary of Veterans Affairs shall ensure that an individual is serving as the Director of Physician Assistant Services under paragraph (9) of section 7306(a) of title 38, United States Code, as amended by subsection (a), by not later than 120 days after the date of the enactment of this Act.

SEC. 515. COMMITTEE ON CARE OF VETERANS WITH TRAUMATIC BRAIN INJURY.

(a) ESTABLISHMENT OF COMMITTEE.—Subchapter II of chapter 73 is amended by inserting after section 7321 the following new section:

“§ 7321A. Committee on Care of Veterans with Traumatic Brain Injury

“(a) ESTABLISHMENT.—The Secretary shall establish in the Veterans Health Administration a committee to be known as the ‘Committee on Care of Veterans with Traumatic Brain Injury’. The Under Secretary for Health shall appoint employees of the Department with expertise in the care of veterans with traumatic brain injury to serve on the committee.

“(b) RESPONSIBILITIES OF COMMITTEE.—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury. In carrying out that responsibility, the committee shall—

“(1) evaluate the care provided to such veterans through the Veterans Health Administration;

“(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

“(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

“(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

“(c) ADVICE AND RECOMMENDATIONS.—The committee shall—
“(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of veterans with traumatic brain injury; and

“(2) make recommendations to the Under Secretary—

“(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

“(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration;

“(C) regarding research needs and priorities relevant to the care of such veterans; and

“(D) regarding the appropriate allocation of resources for all such activities.

“(d) ANNUAL REPORT.—Not later than June 1, 2010, and each year thereafter, 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 this section. Each such report shall include the following for the calendar year preceding the year in which the report is submitted:

“(1) A list of the members of the committee.

“(2) The assessment of the Under Secretary for Health, after review of the findings of the committee, regarding the capability of the Veterans Health Administration, on a system-wide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

“(3) The plans of the committee for further assessments.

“(4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

“(5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7321 the following new item:

“7321A. Committee on Care of Veterans with Traumatic Brain Injury.”.

SEC. 516. INCREASE IN AMOUNT AVAILABLE TO DISABLED VETERANS FOR IMPROVEMENTS AND STRUCTURAL ALTERATIONS FURNISHED AS PART OF HOME HEALTH SERVICES.

(a) INCREASE.—Section 1717(a)(2) is amended by striking subparagraphs (A) and (B) and inserting the following:

“(A) in the case of medical services furnished under section 1710(a)(1) of this title, or for a disability described in section 1710(a)(2)(C) of this title—

“(i) in the case of a veteran who first applies for benefits under this paragraph before the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, \$4,100; or

“(ii) in the case of a veteran who first applies for benefits under this paragraph on or after the date of the

Caregivers and Veterans Omnibus Health Services Act of 2010, \$6,800; and

“(B) in the case of medical services furnished under any other provision of section 1710(a) of this title—

“(i) in the case of a veteran who first applies for benefits under this paragraph before the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, \$1,200; or

“(ii) in the case of a veteran who first applies for benefits under this paragraph on or after the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, \$2,000.”.

(b) CONSTRUCTION.—A veteran who exhausts such veteran’s eligibility for benefits under section 1717(a)(2) of such title before the date of the enactment of this Act, is not entitled to additional benefits under such section by reason of the amendments made by subsection (a).

SEC. 517. EXTENSION OF STATUTORILY DEFINED COPAYMENTS FOR CERTAIN VETERANS FOR HOSPITAL CARE AND NURSING HOME CARE.

Subparagraph (B) of section 1710(f)(2) is amended to read as follows:

“(B) before September 30, 2012, an amount equal to \$10 for every day the veteran receives hospital care and \$5 for every day the veteran receives nursing home care.”.

SEC. 518. EXTENSION OF AUTHORITY TO RECOVER COST OF CERTAIN CARE AND SERVICES FROM DISABLED VETERANS WITH HEALTH-PLAN CONTRACTS.

Subparagraph (E) of section 1729(a)(2) is amended to read as follows:

“(E) for which care and services are furnished before October 1, 2012, under this chapter to a veteran who—

“(i) has a service-connected disability; and

“(ii) is entitled to care (or payment of the expenses of care) under a health-plan contract.”.

TITLE VI—DEPARTMENT PERSONNEL MATTERS

SEC. 601. ENHANCEMENT OF AUTHORITIES FOR RETENTION OF MEDICAL PROFESSIONALS.

(a) SECRETARIAL AUTHORITY TO EXTEND TITLE 38 STATUS TO ADDITIONAL POSITIONS.—

(1) IN GENERAL.—Paragraph (3) of section 7401 is amended by striking “and blind rehabilitation outpatient specialists.” and inserting the following: “blind rehabilitation outpatient specialists, and such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention needs of the Department subject to the following requirements:

“(A) Such other classes of health care occupations—

“(i) are not occupations relating to administrative, clerical, or physical plant maintenance and protective services;

“(ii) that would otherwise receive basic pay in accordance with the General Schedule under section 5332 of title 5;

“(iii) provide, as determined by the Secretary, direct patient care services or services incident to direct patient services; and

“(iv) would not otherwise be available to provide medical care or treatment for veterans.

“(B) Not later than 45 days before the Secretary appoints any personnel for a class of health care occupations that is not specifically listed in this paragraph, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate, the Committee on Veterans’ Affairs of the House of Representatives, and the Office of Management and Budget notice of such appointment.

“(C) Before submitting notice under subparagraph (B), the Secretary shall solicit comments from any labor organization representing employees in such class and include such comments in such notice.”.

(2) APPOINTMENT OF NURSE ASSISTANTS.—Such paragraph is further amended by inserting “nurse assistants,” after “licensed practical or vocational nurses,”.

(b) PROBATIONARY PERIODS FOR REGISTERED NURSES.—Section 7403(b) is amended—

(1) in paragraph (1), by striking “Appointments” and inserting “Except as otherwise provided in this subsection, appointments”;

(2) by redesignating paragraph (2) as paragraph (4); and

(3) by inserting after paragraph (1) the following new paragraphs:

“(2) With respect to the appointment of a registered nurse under this chapter, paragraph (1) shall apply with respect to such appointment regardless of whether such appointment is on a full-time basis or a part-time basis.

“(3) An appointment described in subsection (a) on a part-time basis of a person who has previously served on a full-time basis for the probationary period for the position concerned shall be without a probationary period.”.

(c) PROHIBITION ON TEMPORARY PART-TIME REGISTERED NURSE APPOINTMENTS IN EXCESS OF 2 YEARS.—Section 7405 is amended by adding at the end the following new subsection:

“(g)(1) Except as provided in paragraph (3), employment of a registered nurse on a temporary part-time basis under subsection (a)(1) shall be for a probationary period of two years.

“(2) Except as provided in paragraph (3), upon completion by a registered nurse of the probationary period described in paragraph (1)—

“(A) the employment of such nurse shall—

“(i) no longer be considered temporary; and

“(ii) be considered an appointment described in section 7403(a) of this title; and

“(B) the nurse shall be considered to have served the probationary period required by section 7403(b).

“(3) This subsection shall not apply to appointments made on a term limited basis of less than or equal to three years of—

“(A) nurses with a part-time appointment resulting from an academic affiliation or teaching position in a nursing academy of the Department;

“(B) nurses appointed as a result of a specific research proposal or grant; or

“(C) nurses who are not citizens of the United States and appointed under section 7407(a) of this title.”.

(d) RATE OF BASIC PAY FOR APPOINTEES TO THE OFFICE OF THE UNDER SECRETARY FOR HEALTH SET TO RATE OF BASIC PAY FOR SENIOR EXECUTIVE SERVICE POSITIONS.—

(1) IN GENERAL.—Section 7404(a) is amended—

(A) by striking “The annual” and inserting “(1) The annual”;

(B) by striking “The pay” and inserting the following: “(2) The pay”;

(C) by striking “under the preceding sentence” and inserting “under paragraph (1)”;

(D) by adding at the end the following new paragraph:

“(3)(A) The rate of basic pay for a position to which an Executive order applies under paragraph (1) and is not described by paragraph (2) shall be set in accordance with section 5382 of title 5 as if such position were a Senior Executive Service position (as such term is defined in section 3132(a) of title 5).

“(B) A rate of basic pay for a position may not be set under subparagraph (A) in excess of—

“(i) in the case the position is not described in clause (ii), the rate of basic pay payable for level III of the Executive Schedule; or

“(ii) in the case that the position is covered by a performance appraisal system that meets the certification criteria established by regulation under section 5307(d) of title 5, the rate of basic pay payable for level II of the Executive Schedule.

“(C) Notwithstanding the provisions of subsection (d) of section 5307 of title 5, the Secretary may make any certification under that subsection instead of the Office of Personnel Management and without concurrence of the Office of Management and Budget.”.

(2) EFFECTIVE DATE.—The amendments made by paragraph

(1) shall take effect on the first day of the first pay period beginning after the day that is 180 days after the date of the enactment of this Act.

(e) SPECIAL INCENTIVE PAY FOR DEPARTMENT PHARMACIST EXECUTIVES.—Section 7410 is amended—

(1) by striking “The Secretary may” and inserting the following:

“(a) IN GENERAL.—The Secretary may”; and

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

“(b) SPECIAL INCENTIVE PAY FOR DEPARTMENT PHARMACIST EXECUTIVES.—(1) In order to recruit and retain highly qualified Department pharmacist executives, the Secretary may authorize the Under Secretary for Health to pay special incentive pay of not more than \$40,000 per year to an individual of the Veterans Health Administration who is a pharmacist executive.

“(2) In determining whether and how much special pay to provide to such individual, the Under Secretary shall consider the following:

“(A) The grade and step of the position of the individual.

“(B) The scope and complexity of the position of the individual.

“(C) The personal qualifications of the individual.

“(D) The characteristics of the labor market concerned.

“(E) Such other factors as the Secretary considers appropriate.

“(3) Special incentive pay under paragraph (1) for an individual is in addition to all other pay (including basic pay) and allowances to which the individual is entitled.

“(4) Except as provided in paragraph (5), special incentive pay under paragraph (1) for an individual shall be considered basic pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5, and other benefits.

“(5) Special incentive pay under paragraph (1) for an individual shall not be considered basic pay for purposes of adverse actions under subchapter V of this chapter.

“(6) Special incentive pay under paragraph (1) may not be awarded to an individual in an amount that would result in an aggregate amount of pay (including bonuses and awards) received by such individual in a year under this title that is greater than the annual pay of the President.”.

(f) PAY FOR PHYSICIANS AND DENTISTS.—

(1) NON-FOREIGN COST OF LIVING ADJUSTMENT ALLOWANCE.—Section 7431(b) is amended by adding at the end the following new paragraph:

“(5) The non-foreign cost of living adjustment allowance authorized under section 5941 of title 5 for physicians and dentists whose pay is set under this section shall be determined as a percentage of base pay only.”.

(2) MARKET PAY DETERMINATIONS FOR PHYSICIANS AND DENTISTS IN ADMINISTRATIVE OR EXECUTIVE LEADERSHIP POSITIONS.—Section 7431(c)(4)(B)(i) is amended by adding at the end the following: “The Secretary may exempt physicians and dentists occupying administrative or executive leadership positions from the requirements of the previous sentence.”.

(3) EXCEPTION TO PROHIBITION ON REDUCTION OF MARKET PAY.—Section 7431(c)(7) is amended by striking “concerned.” and inserting “concerned, unless there is a change in board certification or reduction of privileges.”.

(g) ADJUSTMENT OF PAY CAP FOR NURSES.—Section 7451(c)(2) is amended by striking “level V” and inserting “level IV”.

(h) EXEMPTION FOR CERTIFIED REGISTERED NURSE ANESTHETISTS FROM LIMITATION ON AUTHORIZED COMPETITIVE PAY.—Section 7451(c)(2) is further amended by adding at the end the following new sentence: “The maximum rate of basic pay for a grade for the position of certified registered nurse anesthetist pursuant to an adjustment under subsection (d) may exceed the maximum rate otherwise provided in the preceding sentence.”.

(i) INCREASED LIMITATION ON SPECIAL PAY FOR NURSE EXECUTIVES.—Section 7452(g)(2) is amended by striking “\$25,000” and inserting “\$100,000”.

(j) LOCALITY PAY SCALE COMPUTATIONS.—

(1) EDUCATION, TRAINING, AND SUPPORT FOR FACILITY DIRECTORS IN WAGE SURVEYS.—Section 7451(d)(3) is amended by adding at the end the following new subparagraph:

“(F) The Under Secretary for Health shall provide appropriate education, training, and support to directors of Department health

care facilities in the conduct and use of surveys, including the use of third-party surveys, under this paragraph.”.

(2) INFORMATION ON METHODOLOGY USED IN WAGE SURVEYS.—Section 7451(e)(4) is amended—

(A) by redesignating subparagraph (D) as subparagraph (E); and

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

“(D) In any case in which the director conducts such a wage survey during the period covered by the report and makes adjustment in rates of basic pay applicable to one or more covered positions at the facility, information on the methodology used in making such adjustment or adjustments.”.

(3) DISCLOSURE OF INFORMATION TO PERSONS IN COVERED POSITIONS.—Section 7451(e), as amended by paragraph (2) of this subsection, is further amended by adding at the end the following new paragraph:

“(6)(A) Upon the request of an individual described in subparagraph (B) for a report provided under paragraph (4) with respect to a Department health-care facility, the Under Secretary for Health or the director of such facility shall provide to the individual the most current report for such facility provided under such paragraph.

“(B) An individual described in this subparagraph is—

“(i) an individual in a covered position at a Department health-care facility; or

“(ii) a representative of the labor organization representing that individual who is designated by that individual to make the request.”.

(k) ELIGIBILITY OF PART-TIME NURSES FOR ADDITIONAL NURSE PAY.—

(1) IN GENERAL.—Section 7453 is amended—

(A) in subsection (a), by striking “a nurse” and inserting “a full-time nurse or part-time nurse”;

(B) in subsection (b)—

(i) in the first sentence—

(I) by striking “on a tour of duty”;

(II) by striking “service on such tour” and inserting “such service”; and

(III) by striking “of such tour” and inserting “of such service”; and

(ii) in the second sentence, by striking “of such tour” and inserting “of such service”;

(C) in subsection (c)—

(i) by striking “on a tour of duty”; and

(ii) by striking “service on such tour” and inserting “such service”; and

(D) in subsection (e)—

(i) in paragraph (1), by striking “eight hours in a day” and inserting “eight consecutive hours”; and

(ii) in paragraph (5)(A), by striking “tour of duty” and inserting “period of service”.

(2) EXCLUSION OF APPLICATION OF ADDITIONAL NURSE PAY PROVISIONS TO CERTAIN ADDITIONAL EMPLOYEES.—Paragraph (3) of section 7454(b) is amended to read as follows:

“(3) Employees appointed under section 7408 of this title performing service on a tour of duty, any part of which is within the period commencing at midnight Friday and ending at midnight

Sunday, shall receive additional pay in addition to the rate of basic pay provided such employees for each hour of service on such tour at a rate equal to 25 percent of such employee's hourly rate of basic pay.”.

(1) ENHANCED AUTHORITY TO INCREASE RATES OF BASIC PAY TO OBTAIN OR RETAIN SERVICES OF CERTAIN PERSONS.—Section 7455(c) is amended to read as follows:

“(c)(1) Subject to paragraph (2), the amount of any increase under subsection (a) in the minimum rate for any grade may not (except in the case of nurse anesthetists, licensed practical nurses, licensed vocational nurses, nursing positions otherwise covered by title 5, pharmacists, and licensed physical therapists) exceed the maximum rate of basic pay (excluding any locality-based comparability payment under section 5304 of title 5 or similar provision of law) for the grade or level by more than 30 percent.

“(2) No rate may be established under this section in excess of the rate of basic pay payable for level IV of the Executive Schedule.”.

SEC. 602. LIMITATIONS ON OVERTIME DUTY, WEEKEND DUTY, AND ALTERNATIVE WORK SCHEDULES FOR NURSES.

(a) OVERTIME DUTY.—

(1) IN GENERAL.—Subchapter IV of chapter 74 is amended by adding at the end the following new section:

“§ 7459. Nursing staff: special rules for overtime duty

“(a) LIMITATION.—Except as provided in subsection (c), the Secretary may not require nursing staff to work more than 40 hours (or 24 hours if such staff is covered under section 7456 of this title) in an administrative work week or more than eight consecutive hours (or 12 hours if such staff is covered under section 7456 or 7456A of this title).

“(b) VOLUNTARY OVERTIME.—(1) Nursing staff may on a voluntary basis elect to work hours otherwise prohibited by subsection (a).

“(2) The refusal of nursing staff to work hours prohibited by subsection (a) shall not be grounds—

“(A) to discriminate (within the meaning of section 704(a) of the Civil Rights Act of 1964 (42 U.S.C. 2000e–3(a))) against the staff;

“(B) to dismiss or discharge the staff; or

“(C) for any other adverse personnel action against the staff.

“(c) OVERTIME UNDER EMERGENCY CIRCUMSTANCES.—(1) Subject to paragraph (2), the Secretary may require nursing staff to work hours otherwise prohibited by subsection (a) if—

“(A) the work is a consequence of an emergency that could not have been reasonably anticipated;

“(B) the emergency is non-recurring and is not caused by or aggravated by the inattention of the Secretary or lack of reasonable contingency planning by the Secretary;

“(C) the Secretary has exhausted all good faith, reasonable attempts to obtain voluntary workers;

“(D) the nurse staff have critical skills and expertise that are required for the work; and

“(E) the work involves work for which the standard of care for a patient assignment requires continuity of care through completion of a case, treatment, or procedure.

“(2) Nursing staff may not be required to work hours under this subsection after the requirement for a direct role by the staff in responding to medical needs resulting from the emergency ends.

“(d) NURSING STAFF DEFINED.—In this section, the term ‘nursing staff’ includes the following:

“(1) A registered nurse.

“(2) A licensed practical or vocational nurse.

“(3) A nurse assistant appointed under this chapter or title 5.

“(4) Any other nurse position designated by the Secretary for purposes of this section.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by inserting after the item relating to section 7458 the following new item:

“7459. Nursing staff: special rules for overtime duty.”.

(b) WEEKEND DUTY.—Section 7456 is amended—

(1) by striking subsection (c); and

(2) by redesignating subsection (d) as subsection (c).

(c) ALTERNATE WORK SCHEDULES.—

(1) IN GENERAL.—Section 7456A(b)(1)(A) is amended by striking “three regularly scheduled” and all that follows through the period at the end and inserting “six regularly scheduled 12-hour tours of duty within a 14-day period shall be considered for all purposes to have worked a full 80-hour pay period.”.

(2) CONFORMING AMENDMENTS.—Section 7456A(b) is amended—

(A) in the subsection heading, by striking “36/40” and inserting “72/80”;

(B) in paragraph (2)(A), by striking “40-hour basic work week” and inserting “80-hour pay period”; and

(C) in paragraph (3), by striking “regularly”.

SEC. 603. REAUTHORIZATION OF HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE SCHOLARSHIP PROGRAM.

(a) IN GENERAL.—Section 7618 is amended by striking “December 31, 1998” and inserting “December 31, 2014”.

(b) EXPANSION OF ELIGIBILITY REQUIREMENTS.—Section 7612(b)(2) is amended by striking “(under section” and all that follows through “or vocational nurse.” and inserting the following: “as an appointee under paragraph (1) or (3) of section 7401 of this title.”.

(c) ADDITIONAL PROGRAM REQUIREMENTS.—Subchapter II of chapter 76, as amended by subsections (a) and (b), is further amended—

(1) by redesignating section 7618 as section 7619; and

(2) by inserting after section 7617 the following new section:

“§ 7618. Additional program requirements

“(a) PROGRAM MODIFICATION.—Notwithstanding any provision of this subchapter, the Secretary shall carry out this subchapter after the date of the enactment of this section by modifying the Scholarship Program in such a manner that the program and hiring

processes are designed to fully employ Scholarship Program graduates as soon as possible, if not immediately, upon graduation and completion of necessary certifications, and to actively assist and monitor graduates to ensure certifications are obtained in a minimal amount of time following graduation.

“(b) CLINICAL TOURS.—The Secretary shall require participants in the Scholarship Program to perform clinical tours in assignments or locations determined by the Secretary while the participants are enrolled in the course of education or training for which the scholarship is provided.

“(c) MENTORS.—The Secretary shall ensure that at the commencement of the period of obligated service of a participant in the Scholarship Program, the participant is assigned to a mentor who is employed in the same facility where the participant performs such service.”.

(d) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 76 is amended by striking the item relating to section 7618 and inserting the following new items:

“7618. Additional program requirements.

“7619. Expiration of program.”.

SEC. 604. LOAN REPAYMENT PROGRAM FOR CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS.

(a) IN GENERAL.—The Secretary of Veterans Affairs may, in consultation with the Secretary of Health and Human Services, use the authorities available in section 487E of the Public Health Service Act (42 U.S.C. 288–5) for the repayment of the principal and interest of educational loans of appropriately qualified health professionals who are from disadvantaged backgrounds in order to secure clinical research by such professionals for the Veterans Health Administration.

(b) LIMITATIONS.—The exercise by the Secretary of Veterans Affairs of the authorities referred to in subsection (a) shall be subject to the conditions and limitations specified in paragraphs (2) and (3) of section 487E(a) of the Public Health Service Act (42 U.S.C. 288–5(a)(2) and (3)).

(c) FUNDING.—Amounts for the repayment of principal and interest of educational loans under this section shall be derived from amounts available to the Secretary of Veterans Affairs for the Veterans Health Administration for Medical Services.

TITLE VII—HOMELESS VETERANS MATTERS

SEC. 701. PER DIEM GRANT PAYMENTS TO NONCONFORMING ENTITIES.

Section 2012 is amended by adding at the end the following new subsection:

“(d) PER DIEM PAYMENTS TO NONCONFORMING ENTITIES.—(1) The Secretary may make funds available for per diem payments under this section to the following grant recipients or eligible entities:

“(A) Grant recipients or eligible entities that—

“(i) meet each of the transitional and supportive services criteria prescribed by the Secretary pursuant to subsection (a)(1); and

“(ii) furnish services to homeless individuals, of which less than 75 percent are veterans.
“(B) Grant recipients or eligible entities that—
“(i) meet at least one, but not all, of the transitional and supportive services criteria prescribed by the Secretary pursuant to subsection (a)(1); and
“(ii) furnish services to homeless individuals, of which not less than 75 percent are veterans.
“(C) Grant recipients or eligible entities that—
“(i) meet at least one, but not all, of the transitional and supportive services criteria prescribed by the Secretary pursuant to subsection (a)(1); and
“(ii) furnish services to homeless individuals, of which less than 75 percent are veterans.
“(2) Notwithstanding subsection (a)(2), in providing per diem payments under this subsection, the Secretary shall determine the rate of such per diem payments in accordance with the following order of priority:
“(A) Grant recipients or eligible entities described by paragraph (1)(A).
“(B) Grant recipients or eligible entities described by paragraph (1)(B).
“(C) Grant recipients or eligible entities described by paragraph (1)(C).
“(3) For purposes of this subsection, an eligible entity is a nonprofit entity and may be an entity that is ineligible to receive a grant under section 2011 of this title, but whom the Secretary determines carries out the purposes described in that section.”.

TITLE VIII—NONPROFIT RESEARCH AND EDUCATION CORPORATIONS

SEC. 801. GENERAL AUTHORITIES ON ESTABLISHMENT OF CORPORATIONS.

(a) AUTHORIZATION OF MULTI-MEDICAL CENTER RESEARCH CORPORATIONS.—

(1) IN GENERAL.—Section 7361 is amended—

(A) by redesignating subsection (b) as subsection (e); and

(B) by inserting after subsection (a) the following new subsection (b):

“(b)(1) Subject to paragraph (2), a corporation established under this subchapter may facilitate the conduct of research, education, or both at more than one medical center. Such a corporation shall be known as a ‘multi-medical center research corporation’.

“(2) The board of directors of a multi-medical center research corporation under this subsection shall include the official at each Department medical center concerned who is, or who carries out the responsibilities of, the medical center director of such center as specified in section 7363(a)(1)(A)(i) of this title.

“(3) In facilitating the conduct of research, education, or both at more than one Department medical center under this subchapter, a multi-medical center research corporation may administer receipts and expenditures relating to such research, education, or both, as applicable, performed at the Department medical centers concerned.”.

(2) EXPANSION OF EXISTING CORPORATIONS TO MULTI-MEDICAL CENTER RESEARCH CORPORATIONS.—Such section is further amended by adding at the end the following new subsection:

“(f) A corporation established under this subchapter may act as a multi-medical center research corporation under this subchapter in accordance with subsection (b) if—

“(1) the board of directors of the corporation approves a resolution permitting facilitation by the corporation of the conduct of research, education, or both at the other Department medical center or medical centers concerned; and

“(2) the Secretary approves the resolution of the corporation under paragraph (1).”.

(b) RESTATEMENT AND MODIFICATION OF AUTHORITIES ON APPLICABILITY OF STATE LAW.—

(1) IN GENERAL.—Section 7361 as amended by subsection

(a) of this section, is further amended by inserting after subsection (b) the following new subsection (c):

“(c) Any corporation established under this subchapter shall be established in accordance with the nonprofit corporation laws of the State in which the applicable Department medical center is located and shall, to the extent not inconsistent with any Federal law, be subject to the laws of such State. In the case of any multi-medical center research corporation that facilitates the conduct of research, education, or both at Department medical centers located in different States, the corporation shall be established in accordance with the nonprofit corporation laws of the State in which one of such Department medical centers is located.”.

(2) CONFORMING AMENDMENT.—Section 7365 is repealed.

(c) CLARIFICATION OF STATUS OF CORPORATIONS.—Section 7361, as amended by this section, is further amended—

(1) in subsection (a), by striking the second sentence; and

(2) by inserting after subsection (c) the following new subsection (d):

“(d)(1) Except as otherwise provided in this subchapter or under regulations prescribed by the Secretary, any corporation established under this subchapter, and its officers, directors, and employees, shall be required to comply only with those Federal laws, regulations, and executive orders and directives that apply generally to private nonprofit corporations.

“(2) A corporation under this subchapter is not—

“(A) owned or controlled by the United States; or

“(B) an agency or instrumentality of the United States.”.

(d) REINSTATEMENT OF REQUIREMENT FOR 501(c)(3) STATUS OF CORPORATIONS.—Subsection (e) of section 7361, as redesignated by subsection (a)(1), is further amended by inserting “section 501(c)(3) of” after “exempt from taxation under”.

SEC. 802. CLARIFICATION OF PURPOSES OF CORPORATIONS.

(a) CLARIFICATION OF PURPOSES.—Subsection (a) of section 7362 is amended in the first sentence—

(1) by striking “Any corporation” and all that follows through “facilitate” and inserting “A corporation established under this subchapter shall be established to provide a flexible funding mechanism for the conduct of approved research and education at one or more Department medical centers and to facilitate functions related to the conduct of”; and

(2) by inserting before the period at the end the following:
“or centers”.

(b) MODIFICATION OF DEFINED TERM RELATING TO EDUCATION AND TRAINING.—Subsection (b) of such section is amended in the matter preceding paragraph (1) by striking “the term ‘education and training’” and inserting “the term ‘education’ includes education and training and”.

(c) REPEAL OF ROLE OF CORPORATIONS WITH RESPECT TO FELLOWSHIPS.—Paragraph (1) of subsection (b) of such section is amended by striking the flush matter following subparagraph (C).

(d) AVAILABILITY OF EDUCATION FOR FAMILIES OF VETERAN PATIENTS.—Paragraph (2) of subsection (b) of such section is amended by striking “to patients and to the families” and inserting “and includes education and training for patients and families”.

SEC. 803. MODIFICATION OF REQUIREMENTS FOR BOARDS OF DIRECTORS OF CORPORATIONS.

(a) REQUIREMENTS FOR DEPARTMENT BOARD MEMBERS.—Paragraph (1) of section 7363(a) is amended to read as follows:

“(1) with respect to the Department medical center—

“(A)(i) the director (or directors of each Department medical center, in the case of a multi-medical center research corporation);

“(ii) the chief of staff; and

“(iii) as appropriate for the activities of such corporation, the associate chief of staff for research and the associate chief of staff for education; or

“(B) in the case of a Department medical center at which one or more of the positions referred to in subparagraph (A) do not exist, the official or officials who are responsible for carrying out the responsibilities of such position or positions at the Department medical center; and”.

(b) REQUIREMENTS FOR NON-DEPARTMENT BOARD MEMBERS.—Paragraph (2) of such section is amended—

(1) by inserting “not less than two” before “members”; and

(2) by striking “and who” and all that follows through the period at the end and inserting “and who have backgrounds, or business, legal, financial, medical, or scientific expertise, of benefit to the operations of the corporation.”.

(c) CONFLICTS OF INTEREST.—Subsection (c) of section 7363 is amended by striking “, employed by, or have any other financial relationship with” and inserting “or employed by”.

SEC. 804. CLARIFICATION OF POWERS OF CORPORATIONS.

(a) IN GENERAL.—Section 7364 is amended to read as follows:

“§ 7364. General powers

“(a) IN GENERAL.—(1) A corporation established under this subchapter may, solely to carry out the purposes of this subchapter—

“(A) accept, administer, retain, and spend funds derived from gifts, contributions, grants, fees, reimbursements, and bequests from individuals and public and private entities;

“(B) enter into contracts and agreements with individuals and public and private entities;

“(C) subject to paragraph (2), set fees for education and training facilitated under section 7362 of this title, and receive, retain, administer, and spend funds in furtherance of such education and training;

“(D) reimburse amounts to the applicable appropriation account of the Department for the Office of General Counsel for any expenses of that Office in providing legal services attributable to research and education agreements under this subchapter; and

“(E) employ such employees as the corporation considers necessary for such purposes and fix the compensation of such employees.

“(2) Fees charged pursuant to paragraph (1)(C) for education and training described in that paragraph to individuals who are officers or employees of the Department may not be paid for by any funds appropriated to the Department.

“(3) Amounts reimbursed to the Office of General Counsel under paragraph (1)(D) shall be available for use by the Office of the General Counsel only for staff and training, and related travel, for the provision of legal services described in that paragraph and shall remain available for such use without fiscal year limitation.

“(b) TRANSFER AND ADMINISTRATION OF FUNDS.—(1) Except as provided in paragraph (2), any funds received by the Secretary for the conduct of research or education at a Department medical center or centers, other than funds appropriated to the Department, may be transferred to and administered by a corporation established under this subchapter for such purposes.

“(2) A Department medical center may reimburse the corporation for all or a portion of the pay, benefits, or both of an employee of the corporation who is assigned to the Department medical center if the assignment is carried out pursuant to subchapter VI of chapter 33 of title 5.

“(3) A Department medical center may retain and use funds provided to it by a corporation established under this subchapter. Such funds shall be credited to the applicable appropriation account of the Department and shall be available, without fiscal year limitation, for the purposes of that account.

“(c) RESEARCH PROJECTS.—Except for reasonable and usual preliminary costs for project planning before its approval, a corporation established under this subchapter may not spend funds for a research project unless the project is approved in accordance with procedures prescribed by the Under Secretary for Health for research carried out with Department funds. Such procedures shall include a scientific review process.

“(d) EDUCATION ACTIVITIES.—Except for reasonable and usual preliminary costs for activity planning before its approval, a corporation established under this subchapter may not spend funds for an education activity unless the activity is approved in accordance with procedures prescribed by the Under Secretary for Health.

“(e) POLICIES AND PROCEDURES.—The Under Secretary for Health may prescribe policies and procedures to guide the spending of funds by corporations established under this subchapter that are consistent with the purpose of such corporations as flexible funding mechanisms and with Federal and State laws and regulations, and executive orders, circulars, and directives that apply generally to the receipt and expenditure of funds by nonprofit

organizations exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986.”.

(b) CONFORMING AMENDMENT.—Section 7362(a), as amended by section 802(a)(1) of this Act, is further amended by striking the last sentence.

SEC. 805. REDESIGNATION OF SECTION 7364A OF TITLE 38, UNITED STATES CODE.

(a) REDESIGNATION.—Section 7364A is redesignated as section 7365.

(b) CLERICAL AMENDMENTS.—The table of sections at the beginning of chapter 73 is amended—

- (1) by striking the item relating to section 7364A; and
- (2) by striking the item relating to section 7365 and inserting the following new item:

“7365. Coverage of employees under certain Federal tort claims laws.”.

SEC. 806. IMPROVED ACCOUNTABILITY AND OVERSIGHT OF CORPORATIONS.

(a) ADDITIONAL INFORMATION IN ANNUAL REPORTS.—Subsection (b) of section 7366 is amended to read as follows:

“(b)(1) Each corporation shall submit to the Secretary each year a report providing a detailed statement of the operations, activities, and accomplishments of the corporation during that year.

“(2)(A) A corporation with revenues in excess of \$500,000 for any year shall obtain an audit of the corporation for that year.

“(B) A corporation with annual revenues between \$100,000 and \$500,000 shall obtain an audit of the corporation at least once every three years.

“(C) Any audit under this paragraph shall be performed by an independent auditor.

“(3) The corporation shall include in each report to the Secretary under paragraph (1) the following:

“(A) The most recent audit of the corporation under paragraph (2).

“(B) The most recent Internal Revenue Service Form 990 ‘Return of Organization Exempt from Income Tax’ or equivalent and the applicable schedules under such form.”.

(b) CONFLICT OF INTEREST POLICIES.—Subsection (c) of such section is amended to read as follows:

“(c) Each director, officer, and employee of a corporation established under this subchapter shall be subject to a conflict of interest policy adopted by that corporation.”.

(c) ESTABLISHMENT OF APPROPRIATE PAYEE REPORTING THRESHOLD.—Subsection (d)(3)(C) of such section is amended by striking “\$35,000” and inserting “\$50,000”.

TITLE IX—CONSTRUCTION AND NAMING MATTERS

SEC. 901. AUTHORIZATION OF MEDICAL FACILITY PROJECTS.

(a) AUTHORIZATION OF FISCAL YEAR 2010 MAJOR MEDICAL FACILITY PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2010, with each project to be carried out in the amount specified for such project:

(1) Construction (including acquisition of land) for the realignment of services and closure projects at the Department of Veterans Affairs Medical Center in Livermore, California, in an amount not to exceed \$55,430,000.

(2) Construction (including acquisition of land) for a new medical facility at the Department of Veterans Affairs Medical Center in Louisville, Kentucky, in an amount not to exceed \$75,000,000.

(3) Construction (including acquisition of land) for a clinical expansion for a Mental Health Facility at the Department of Veterans Affairs Medical Center in Dallas, Texas, in an amount not to exceed \$15,640,000.

(4) Construction (including acquisition of land) for a replacement bed tower and clinical expansion at the Department of Veterans Affairs Medical Center in St. Louis, Missouri, in an amount not to exceed \$43,340,000.

(b) EXTENSION OF AUTHORIZATION FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2010, as follows with each project to be carried out in the amount specified for such project:

(1) Replacement of the existing Department of Veterans Affairs Medical Center in Denver, Colorado, in an amount not to exceed \$800,000,000.

(2) Construction of Outpatient and Inpatient Improvements in Bay Pines, Florida, in an amount not to exceed \$194,400,000.

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2010, or the year in which funds are appropriated, for the Construction, Major Projects account—

(A) \$189,410,000 for the projects authorized in subsection (a); and

(B) \$994,400,000 for the projects authorized in subsection (b).

(2) LIMITATION.—The projects authorized in subsections (a) and (b) may only be carried out using—

(A) funds appropriated for fiscal year 2010 pursuant to the authorization of appropriations in paragraph (1);

(B) funds available for Construction, Major Projects for a fiscal year before fiscal year 2010 that remain available for obligation;

(C) funds available for Construction, Major Projects for a fiscal year after fiscal year 2010 that remain available for obligation;

(D) funds appropriated for Construction, Major Projects for fiscal year 2010 for a category of activity not specific to a project;

(E) funds appropriated for Construction, Major Projects for a fiscal year before 2010 for a category of activity not specific to a project; and

(F) funds appropriated for Construction, Major Projects for a fiscal year after 2010 for a category of activity not specific to a project.

SEC. 902. DESIGNATION OF MERRIL LUNDMAN DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, HAVRE, MONTANA.

(a) DESIGNATION.—The Department of Veterans Affairs outpatient clinic in Havre, Montana, shall after the date of the enactment of this Act be known and designated as the “Merril Lundman Department of Veterans Affairs Outpatient Clinic”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Merrill Lundman Department of Veterans Affairs Outpatient Clinic.

SEC. 903. DESIGNATION OF WILLIAM C. TALLENT DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, KNOXVILLE, TENNESSEE.

(a) DESIGNATION.—The Department of Veterans Affairs Outpatient Clinic in Knoxville, Tennessee, shall after the date of the enactment of this Act be known and designated as the “William C. Tallent Department of Veterans Affairs Outpatient Clinic”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the William C. Tallent Department of Veterans Affairs Outpatient Clinic.

SEC. 904. DESIGNATION OF MAX J. BEILKE DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, ALEXANDRIA, MINNESOTA.

(a) DESIGNATION.—The Department of Veterans Affairs outpatient clinic in Alexandria, Minnesota, shall after the date of the enactment of this Act be known and designated as the “Max J. Beilke Department of Veterans Affairs Outpatient Clinic”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Max J. Beilke Department of Veterans Affairs Outpatient Clinic.

TITLE X—OTHER MATTERS

SEC. 1001. EXPANSION OF AUTHORITY FOR DEPARTMENT OF VETERANS AFFAIRS POLICE OFFICERS.

Section 902 is amended—

(1) in subsection (a)—

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

“(1) Employees of the Department who are Department police officers shall, with respect to acts occurring on Department property—

“(A) enforce Federal laws;

“(B) enforce the rules prescribed under section 901 of this title;

“(C) enforce traffic and motor vehicle laws of a State or local government (by issuance of a citation for violation of such laws) within the jurisdiction of which such Department property is located as authorized by an express grant of authority under applicable State or local law;

“(D) carry the appropriate Department-issued weapons, including firearms, while off Department property in an official capacity or while in an official travel status;

“(E) conduct investigations, on and off Department property, of offenses that may have been committed on property under the original jurisdiction of Department, consistent with agreements or other consultation with affected Federal, State, or local law enforcement agencies; and

“(F) carry out, as needed and appropriate, the duties described in subparagraphs (A) through (E) when engaged in duties authorized by other Federal statutes.”;

(B) by striking paragraph (2) and redesignating paragraph (3) as paragraph (2); and

(C) in paragraph (2), as redesignated by subparagraph (B) of this paragraph, by inserting “, and on any arrest warrant issued by competent judicial authority” before the period; and

(2) by amending subsection (c) to read as follows:

“(c) The powers granted to Department police officers designated under this section shall be exercised in accordance with guidelines approved by the Secretary and the Attorney General.”.

SEC. 1002. UNIFORM ALLOWANCE FOR DEPARTMENT OF VETERANS AFFAIRS POLICE OFFICERS.

Section 903 is amended—

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

“(b)(1) The amount of the allowance that the Secretary may pay under this section is the lesser of—

“(A) the amount currently allowed as prescribed by the Office of Personnel Management; or

“(B) estimated costs or actual costs as determined by periodic surveys conducted by the Department.

“(2) During any fiscal year no officer shall receive more for the purchase of a uniform described in subsection (a) than the amount established under this subsection.”; and

(2) by striking subsection (c) and inserting the following new subsection (c):

“(c) The allowance established under subsection (b) shall be paid at the beginning of a Department police officer’s employment for those appointed on or after October 1, 2010. In the case of any other Department police officer, an allowance in the amount established under subsection (b) shall be paid upon the request of the officer.”.

SEC. 1003. SUBMISSION OF REPORTS TO CONGRESS BY SECRETARY OF VETERANS AFFAIRS IN ELECTRONIC FORM.

(a) IN GENERAL.—Chapter 1 is amended by adding at the end the following new section:

“§ 118. Submission of reports to Congress in electronic form

“(a) IN GENERAL.—Whenever the Secretary or any other official of the Department is required by law to submit to Congress (or any committee of either chamber of Congress) a report, the Secretary or other official shall submit to Congress (or such committee) a copy of the report in an electronic format.

“(b) TREATMENT.—The submission of a copy of a report in accordance with this section shall be treated as meeting any requirement of law to submit such report to Congress (or any committee of either chamber of Congress).

“(c) REPORT DEFINED.—For purposes of this section, the term ‘report’ includes any certification, notification, or other communication in writing.”.

(b) TECHNICAL AND CLERICAL AMENDMENTS.—The table of sections at the beginning of chapter 1 is amended—

- (1) by striking the item relating to section 117; and
- (2) by adding at the end the following new items:

“117. Advance appropriations for certain medical care accounts.

“118. Reports to Congress: submission in electronic form.”.

SEC. 1004. DETERMINATION OF BUDGETARY EFFECTS FOR PURPOSES OF COMPLIANCE WITH STATUTORY PAY-AS-YOU-GO ACT OF 2010.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*