

and toxins. Violation of the new rules will result in a civil penalty of up to \$250,000 for individuals and \$500,000 for others.

I urge all of my colleagues to support this important legislation.

Mr. TAUZIN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HANSEN). The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 3160.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. TAUZIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

DISABLED VETERANS SERVICE DOG AND HEALTH CARE IMPROVEMENT ACT OF 2001

Mr. MORAN of Kansas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2792) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to make service dogs available to disabled veterans and to make various other improvements in health care benefits provided by the Department of Veterans Affairs, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2792

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 "Disabled Veterans Service Dog and Health Care Improvement Act of 2001".

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

Sec. 1. Short title; table of contents.

TITLE I—VETERANS HEALTH CARE IMPROVEMENT

Sec. 101. Authorization for Secretary of Veterans Affairs to provide service dogs for disabled veterans.

Sec. 102. Maintenance of capacity for specialized treatment and rehabilitative needs of disabled veterans.

Sec. 103. Threshold for veterans health care eligibility means test to reflect locality cost-of-living variations.

Sec. 104. Assessment and report on special telephone services for veterans.

Sec. 105. Recodification of bereavement counseling authority and certain other health-related authorities.

Sec. 106. Extension of expiring collections authorities.

Sec. 107. Personal emergency response system for veterans with service-connected disabilities.

TITLE II—CHIROPRACTIC SERVICES PROGRAM

Sec. 201. Chiropractic Service established in the Veterans Health Administration.

Sec. 202. Availability of chiropractic care to veterans.

Sec. 203. Chiropractic providers.

Sec. 204. Scope of services; enrollment.

Sec. 205. Training and information.

Sec. 206. Advisory committee.

Sec. 207. Implementation report.

TITLE III—NATIONAL COMMISSION ON VA NURSING

Sec. 301. Establishment of Commission.

Sec. 302. Duties of Commission.

Sec. 303. Reports.

Sec. 304. Powers.

Sec. 305. Personnel matters.

Sec. 306. Termination of the Commission.

TITLE I—VETERANS HEALTH CARE IMPROVEMENT

SEC. 101. AUTHORIZATION FOR SECRETARY OF VETERANS AFFAIRS TO PROVIDE SERVICE DOGS FOR DISABLED VETERANS.

(a) AUTHORITY.—Section 1714 of title 38, United States Code, is amended—

(1) in subsection (b)—

(A) by striking "seeing-eye or" the first place it appears;

(B) by striking "who are entitled to disability compensation" and inserting "who are enrolled under section 1705 of this title";

(C) by striking ", and may pay" and all that follows through "such seeing-eye or guide dogs"; and

(D) by striking "handicap" and inserting "disability"; and

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

"(c) The Secretary may, in accordance with the priority specified in section 1705 of this title, provide—

"(1) service dogs trained for the aid of the hearing impaired to veterans who are hearing impaired and are enrolled under section 1705 of this title; and

"(2) service dogs trained for the aid of persons with spinal cord injury or dysfunction or other chronic impairment that substantially limits mobility to veterans with such injury, dysfunction, or impairment who are enrolled under section 1705 of this title.

"(d) In the case of a veteran provided a dog under subsection (b) or (c), the Secretary may pay travel and incidental expenses for that veteran under the terms and conditions set forth in section 111 of this title to and from the veteran's home for expenses incurred in becoming adjusted to the dog."

(b) CLERICAL AMENDMENTS.—

(1) The heading for such section is amended to read as follows:

"§ 1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs".

(2) The item relating to such section in the table of sections at the beginning of chapter 17 of such title is amended to read as follows:

"1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs."

SEC. 102. MAINTENANCE OF CAPACITY FOR SPECIALIZED TREATMENT AND REHABILITATIVE NEEDS OF DISABLED VETERANS.

(a) MAINTENANCE OF CAPACITY ON A SERVICE-NETWORK BASIS.—Section 1706(b) of title 38, United States Code, is amended—

(2) in paragraph (1)—

(A) in the first sentence, by inserting "(and each geographic service area of the Veterans Health Administration)" after "ensure that the Department"; and

(B) in clause (B), by inserting "(and each geographic service area of the Veterans Health Administration)" after "overall capacity of the Department"; and

(2) by redesignating paragraphs (2) and (3) as paragraphs (4) and (5), respectively;

(3) by inserting after paragraph (1) the following new paragraphs (2) and (3):

"(2) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

"(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

"(B) For opioid substitution programs and for traumatic brain injury, the number of patients treated annually and the amounts expended.

"(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

"(D) For substance abuse programs—

"(i) the number of substance-use disorder beds (whether hospital, nursing home, or other designated beds) employed and the average bed occupancy of such beds;

"(ii) the percentage of unique patients admitted directly to substance abuse outpatient care during the fiscal year who had two or more additional visits to specialized substance abuse outpatient care within 30 days of their first visit, with a comparison from 1996 until the date of the report;

"(iii) the percentage of unique inpatients with substance abuse diagnoses treated during the fiscal year who had one or more specialized substance abuse clinic visits within three days of their index discharge, with a comparison from 1996 until the date of the report; and

"(iv) the percentage of unique outpatients seen in a facility or service network during the fiscal year who had one or more specialized substance abuse clinic visits, with a comparison from 1996 until the date of the report.

"(E) For mental health programs, the number and type of staff that are available at each facility to provide specialized mental health treatment, including satellite clinics, outpatient programs, and community-based outpatient clinics, with a trend line comparison from 1996 to the date of the report.

"(F) The number of such clinics providing mental health care, the number and type of mental health staff at each such clinic, and the type of mental health programs at each such clinic.

"(3) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities shall be measured for veterans with spinal cord dysfunction, traumatic brain injury, blindness, or prosthetics and sensory aids as follows (with all such data to be provided by geographic service area and totaled nationally):

"(A) For spinal cord injury/dysfunction specialized centers and for blind rehabilitation specialized centers, the number of staffed beds and the number of full-time equivalent employees assigned to provide care at such centers.

"(B) For prosthetics and sensory aids, the annual amount expended."

(b) EXTENSION OF ANNUAL REPORT REQUIREMENT.—Paragraph (3) of such section, as so redesignated, is amended—

(1) by striking “April 1, 1999, April 1, 2000, and April 1, 2001” and inserting “April 1 of each year through 2004”; and

(2) by adding at the end the following new sentence: “The accuracy of each such report shall be certified by, or otherwise commented upon by, the Inspector General of the Department.”.

SEC. 103. THRESHOLD FOR VETERANS HEALTH CARE ELIGIBILITY MEANS TEST TO REFLECT LOCALITY COST-OF-LIVING VARIATIONS.

(a) REVISED THRESHOLD.—Subsection (b) of section 1722 of title 38, United States Code, is amended to read as follows:

“(b)(1) For purposes of subsection (a)(3), the income threshold applicable to a veteran is the amount determined under paragraph (2).

“(2) The amount determined under this paragraph for a veteran is the greater of the following:

“(A) For any calendar year after 2000—

“(i) in the case of a veteran with no dependents, \$23,688, as adjusted under subsection (c); or

“(ii) in the case of a veteran with one or more dependents, \$28,429, as so adjusted, plus \$1,586, as so adjusted, for each dependent in excess of one.

“(B) The amount in effect under the HUD Low Income Index that is applicable in the area in which the veteran resides.

“(3) For purposes of paragraph (2)(B), the term ‘HUD Low Income Index’ means the family income ceiling amounts determined by the Secretary of Housing and Urban Development under section 3(b)(2) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(2)) for purposes of the determination of ‘low-income families’ under that section.”.

(c) CONFORMING AMENDMENT.—(1) Subsection (a)(3) of such section is amended by striking “amount set forth in” and inserting “income threshold determined under”.

(2) Subsection (c) of such section is amended by striking “subsection (b)” and inserting “subsection (b)(2)(A)”.

(d) LIMITATION ON RESOURCE REALLOCATIONS.—Within the amount appropriated to the Department of Veterans Affairs for medical care for each of fiscal years 2002 through 2006, the amount that would otherwise be allocated by the Secretary to any geographic service region of the Veterans Health Administration in accordance with the established resource allocation procedures of the Department may not be increased or decreased by more than 5 percent by reason of the implementation of this section.

(e) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2002.

SEC. 104. ASSESSMENT AND REPORT ON SPECIAL TELEPHONE SERVICES FOR VETERANS.

(a) ASSESSMENT OF CURRENT SERVICES.—The Secretary of Veterans Affairs shall carry out an assessment of all special telephone services for veterans (such as helplines and hotlines) provided by the Department of Veterans Affairs. The assessment shall include the geographical coverage, availability, utilization, effectiveness, management, coordination, staffing, and cost of those services. As part of such assessment, the Secretary shall conduct a survey of veterans to measure their satisfaction with current special telephone services and the demand for additional services.

(b) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the assessment carried out under subsection (a). The Secretary shall include in the report recommendations regarding any needed improvement to such services and

recommendations regarding contracting for the performance of such services.

SEC. 105. RECODIFICATION OF BEREAVEMENT COUNSELING AUTHORITY AND CERTAIN OTHER HEALTH-RELATED AUTHORITIES.

(a) STATUTORY REORGANIZATION.—Subchapter I of chapter 17 of title 38, United States Code, is amended—

(1) in section 1701(6)—

(A) by striking subparagraph (B) and the sentence following that subparagraph;

(B) by striking “services—” in the matter preceding subparagraph (A) and inserting “services, the following:”; and

(C) by striking subparagraph (A) and inserting the following:

“(A) Surgical services.

“(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

“(C) Optometric and podiatric services.

“(D) Preventive health services.

“(E) In the case of a person otherwise receiving care or services under this chapter—

“(i) wheelchairs, artificial limbs, trusses, and similar appliances;

“(ii) special clothing made necessary by the wearing of prosthetic appliances; and

“(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

“(F) Travel and incidental expenses pursuant to section 111 of this title.”; and

(2) in section 1707—

(A) by inserting “(a)” at the beginning of the text of the section; and

(B) by adding at the end the following:

“(b) The Secretary may furnish sensorineural aids only in accordance with guidelines prescribed by the Secretary.”.

(b) CONSOLIDATION OF PROVISIONS RELATING TO PERSONS OTHER THAN VETERANS.—Such chapter is further amended by adding at the end the following new subchapter:

“SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

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

“(a) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is receiving treatment for a service-connected disability pursuant to paragraph (1) or (2) of section 1710(a) of this title, the Secretary shall provide to individuals described in subsection (c) such consultation, professional counseling, training, and mental health services as are necessary in connection with that treatment.

“(b) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING NON-SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is eligible to receive treatment for a non-service-connected disability under the conditions described in paragraph (1), (2), or (3) of section 1710(a) of this title, the Secretary may, in the discretion of the Secretary, provide to individuals described in subsection (c) such consultation, professional counseling, training, and mental health services as are necessary in connection with that treatment if—

“(1) those services were initiated during the veteran’s hospitalization; and

“(2) the continued provision of those services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

“(c) ELIGIBLE INDIVIDUALS.—Individuals who may be provided services under this subsection are—

“(1) the members of the immediate family or the legal guardian of a veteran; or

“(2) the individual in whose household such veteran certifies an intention to live.

“(d) TRAVEL AND TRANSPORTATION AUTHORIZED.—Services provided under subsections

(a) and (b) may include, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of individuals described in subsection (c) in the case of—

“(1) a veteran who is receiving care for a service-connected disability; and

“(2) a dependent or survivor receiving care under the last sentence of section 1783(b) of this title.

“§ 1783. Bereavement counseling

“(a) DEATHS OF VETERANS.—In the case of an individual who was a recipient of services under section 1782 of this title at the time of the death of the veteran, the Secretary may provide bereavement counseling to that individual in the case of a death—

“(1) that was unexpected; or

“(2) that occurred while the veteran was participating in a hospice program (or a similar program) conducted by the Secretary.

“(b) DEATHS IN ACTIVE SERVICE.—The Secretary may provide bereavement counseling to an individual who is a member of the immediate family of a member of the Armed Forces who dies in the active military, naval, or air service in the line of duty and under circumstances not due to the person’s own misconduct.

“(c) BEREAVEMENT COUNSELING DEFINED.—For purposes of this section, the term ‘bereavement counseling’ means such counseling services, for a limited period, as the Secretary determines to be reasonable and necessary to assist an individual with the emotional and psychological stress accompanying the death of another individual.

“§ 1784. Humanitarian care

“The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary.”.

(c) TRANSFER OF CHAMPVA SECTION.—Section 1713 of such title is—

(1) transferred to subchapter VIII of chapter 17 of such title, as added by subsection (b), and inserted after the subchapter heading;

(2) redesignated as section 1781; and

(3) amended by adding at the end of subsection (b) the following new sentence: “A dependent or survivor receiving care under the preceding sentence shall be eligible for the same medical services as a veteran, including services under sections 1782 and 1783 of this title.”.

(d) REPEAL OF RECODIFIED AUTHORITY.—Section 1711 of such title is amended by striking subsection (b).

(e) CROSS REFERENCE AMENDMENTS.—Such title is further amended as follows:

(1) Section 103(d)(5)(B) is amended by striking “1713” and inserting “1781”.

(2) Sections 1701(5) is amended by striking “1713(b)” in subparagraphs (B) and (C)(i) and inserting “1781(b)”.

(3) Section 1712A(b) is amended—

(A) in the last sentence of paragraph (1), by striking “section 1711(b)” and inserting “section 1784”; and

(A) in paragraph (2), by striking “section 1701(6)(B)” and inserting “sections 1782 and 1783”.

(4) Section 1729(f) is amended by striking “section 1711(b)” and inserting “section 1784”.

(5) Section 1729A(b) is amended—

(A) by redesignating paragraph (7) as paragraph (8); and

(B) by inserting after paragraph (6) the following new paragraph (7):

“(7) Section 1784 of this title.”.

(6) Section 8111(g) is amended—

(A) in paragraph (4), by inserting “services under sections 1782 and 1783 of this title” after “of this title.”; and

(B) in paragraph (5), by striking “section 1711(b) or 1713” and inserting “section 1782, 1783, or 1784”.

(7) Section 8111A(a)(2) is amended by inserting “, and the term ‘medical services’ includes services under sections 1782 and 1783 of this title” before the period at the end.

(8) Section 8152(1) is amended by inserting “services under sections 1782 and 1783 of this title,” after “of this title).”.

(9) Sections 8502(b), 8520(a), and 8521 are amended by striking “the last sentence of section 1713(b)” and inserting “the penultimate sentence of section 1781(b)”.

(f) CLERICAL AMENDMENTS.—

(1) The table of sections at the beginning of such chapter is amended—

(A) by striking the item relating to section 1707 and inserting the following:

“1707. Limitations.”;

(B) by striking the item relating to section 1713; and

(C) by adding at the end the following:

“SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

“1781. Medical care for survivors and dependents of certain veterans.

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

“1783. Bereavement counseling.

“1784. Humanitarian care.”.

(2) The heading for section 1707 is amended to read as follows:

“§ 1707. Limitations”.

SEC. 106. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.

(a) HEALTH CARE COPAYMENTS.—Section 1710(f)(2)(B) of title 38, United States Code, is amended by striking “September 30, 2002” and inserting “September 30, 2007”.

(b) MEDICAL CARE COST RECOVERY.—Section 1729(a)(2)(E) of such title is amended by striking “October 1, 2002” and inserting “October 1, 2007”.

SEC. 107. PERSONAL EMERGENCY RESPONSE SYSTEM FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES.

(a) EVALUATION AND STUDY.—The Secretary of Veterans Affairs shall carry out an evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-connected disabilities. The evaluation and study shall be commenced not later than 60 days after the date of the enactment of this Act.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the evaluation and study under subsection (a). The Secretary shall include in the report the Secretary’s findings resulting from the evaluation and study and the Secretary’s conclusion as to whether the Department of Veterans Affairs should provide a personal emergency response system to veterans with service-connected disabilities.

(c) AUTHORITY TO PROVIDE SYSTEM.—If the Secretary concludes in the report under subsection (b) that a personal emergency response system should be provided by the Department of Veterans Affairs to veterans with service-connected disabilities—

(1) the Secretary may provide such a system, without charge, to any veteran with a service-connected disability who is enrolled under section 1705 of title 38, United States Code, and who submits an application for such a system under subsection (d); and

(2) the Secretary may contract with one or more vendors to furnish such a system.

(d) APPLICATION.—A personal emergency response system may be provided to a vet-

eran under subsection (c)(1) only upon the submission by the veteran of an application for the system. Any such application shall be in such form and manner as the Secretary may require.

(e) DEFINITION.—For purposes of this section, the term “personal emergency response system” means a device—

(1) that can be activated by an individual who is experiencing a medical emergency to notify appropriate emergency medical personnel that the individual is experiencing a medical emergency; and

(2) that provides the individual’s location through a Global Positioning System indicator.

TITLE II—CHIROPRACTIC SERVICES

SEC. 201. CHIROPRACTIC SERVICE ESTABLISHED IN THE VETERANS HEALTH ADMINISTRATION.

(a) NEW SERVICE IN VETERANS HEALTH ADMINISTRATION.—Section 7305 of title 38, United States Code, is amended—

(1) by redesignating paragraph (7) as paragraph (8); and

(2) by inserting after paragraph (6) the following new paragraph (7):

“(7) A Chiropractic Service.”.

(b) DIRECTOR.—Section 7306(a) of such title—

(1) by redesignating paragraphs (7) through (10) as paragraphs (8) through (11), respectively; and

(2) by inserting after paragraph (6) the following new paragraph (7):

“(7) A Director of Chiropractic Service, who shall be a qualified doctor of chiropractic and who shall be responsible to the Secretary for the operation of the Chiropractic Service.”.

SEC. 202. AVAILABILITY OF CHIROPRACTIC CARE TO VETERANS.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall establish a program to provide chiropractic care to veterans through all Department of Veterans Affairs medical centers.

(b) IMPLEMENTATION.—The program under this section shall be implemented at Department of Veterans Affairs medical centers as follows:

(1) At not less than 30 medical centers by the end of fiscal year 2002.

(2) At not less than 60 medical centers by the end of fiscal year 2003.

(3) At not less than 90 medical centers by the end of fiscal year 2004.

(4) At not less than 120 medical centers by the end of fiscal year 2005.

(5) At all of the Department of Veterans Affairs medical centers by the end of fiscal year 2006.

(c) INITIAL PARTICIPATING MEDICAL CENTERS.—The initial 30 medical centers at which the program is to be carried out shall be designated by the Secretary not later than 60 days after the date of the enactment of this Act. In designating those medical centers, the Secretary shall select medical centers to reflect geographic diversity, facilities of various size and capabilities, and the range of services in the Department health care system.

SEC. 203. CHIROPRACTIC PROVIDERS.

The program under section 202 shall be carried out through personal service contracts and with appointments of licensed chiropractors for delivery of chiropractic services at Department of Veterans Affairs medical centers.

SEC. 204. SCOPE OF SERVICES; ENROLLMENT.

(a) SCOPE OF SERVICES.—The chiropractic services provided under section 202 shall include, at a minimum, care for neuro-musculoskeletal conditions.

(b) ENROLLMENT.—A veteran enrolled under section 1705 of title 38, United States Code,

may, as part of such enrollment, choose a chiropractor as the veteran’s primary care provider. A veteran with a primary care provider other than a chiropractor may be referred to chiropractic services for neuro-musculoskeletal conditions by a medical provider.

SEC. 205. TRAINING AND INFORMATION.

(a) PRIMARY CARE TEAMS.—The Secretary shall provide training and materials relating to chiropractic services to members of Department health care providers assigned to primary care teams for the purposes of familiarizing those providers with the benefits of appropriate use of chiropractic services.

(b) FUTURE PROGRAM SITES.—During the period covered by section 202(b), the Secretary shall provide materials relating to chiropractic services to medical centers and other health care facilities of the Department not yet participating in the program in order to ensure that health care providers at those facilities are aware of chiropractic care as a future referral source.

(c) APPROVAL OF MATERIALS.—The Secretary may approve materials to be furnished under subsections (a) and (b) only after consulting with, and receiving the views of, the advisory committee established under section 206.

SEC. 206. ADVISORY COMMITTEE.

(a) ESTABLISHMENT.—The Secretary shall establish an advisory committee to review implementation of the program under this title.

(b) MEMBERS.—In appointing the members of the advisory committee, the Secretary shall include on the advisory committee—

(1) members of the chiropractic profession;

(2) persons who are experts in human resources appointments in the Federal service;

(3) persons with expertise in academic matters;

(4) persons with knowledge of credentialing and the granting of professional privileging to health care practitioners; and

(5) other persons as determined necessary by the Secretary and the functional needs of the advisory committee in establishing the chiropractic health program.

(c) FUNCTIONS.—The advisory committee shall provide advice to the Secretary on—

(1) the granting of professional privileges for chiropractors at Department medical centers;

(2) the scope of practice of chiropractors at Department medical centers;

(3) training materials; and

(4) such other matters as are determined appropriate by the Secretary.

SEC. 207. IMPLEMENTATION REPORT.

Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives a report on the implementation of this title.

TITLE III—NATIONAL COMMISSION ON VA NURSING

SEC. 301. ESTABLISHMENT OF COMMISSION.

(a) ESTABLISHMENT.—There is hereby established in the Department of Veterans Affairs a commission to be known as the “National Commission on VA Nursing” (hereinafter in this title referred to as the “Commission”).

(b) COMPOSITION.—(1) The Commission shall be composed of 12 members.

(2) Eleven members shall be appointed by the Secretary of Veterans Affairs, as follows:

(A) Three shall be recognized representatives of employees, including nurses, of the Department of Veterans Affairs.

(B) Three shall be representatives of professional associations of nurses of the Department or similar organizations affiliated

with the Department's health care practitioners.

(C) Two shall be representatives of trade associations representing the nursing profession.

(D) Two shall be nurses from nursing schools affiliated with the Department of Veterans Affairs.

(E) One shall be a representative of veterans.

(3) The Nurse Executive of the Department of Veterans Affairs shall be an ex officio member of the Commission.

(d) CHAIRMAN OF COMMISSION.—The Secretary of Veterans Affairs shall designate one of the members of the Commission to serve as chairman of the Commission.

(e) PERIOD OF APPOINTMENT; VACANCIES.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall be filled in the same manner as the original appointment.

(f) INITIAL ORGANIZATION REQUIREMENTS.—All appointments to the Commission shall be made not later than 60 days after the date of the enactment of this Act. The Commission shall convene its first meeting not later than 60 days after the date as of which all members of the Commission have been appointed.

SEC. 302. DUTIES OF COMMISSION.

(a) ASSESSMENT.—The Commission shall—

(1) consider legislative and organizational policy changes to enhance the recruitment and retention of nurses by the Department of Veterans Affairs; and

(2) assess the future of the nursing profession within the Department.

(b) RECOMMENDATION.—The Commission shall recommend legislative and organizational policy changes to enhance the recruitment and retention of nurses in the Department.

SEC. 303. REPORTS.

(a) COMMISSION REPORT.—The Commission shall, not later than two years after the date of its first meeting, submit to Congress and the Secretary of Veterans Affairs a report on the Commission's findings and conclusions.

(b) SECRETARY OF VETERANS AFFAIRS REPORT.—Not later than 60 after the date of the Commission's report under subsection (a), the Secretary shall submit to Congress a report—

(1) providing the Secretary's views on the Commission's findings and conclusions; and

(2) explaining what actions, if any, the Secretary intends to take to implement the recommendations of the Commission and the Secretary's reasons for doing so.

SEC. 304. POWERS.

(a) HEARINGS.—The Commission or, at its direction, any panel or member of the Commission, may, for the purpose of carrying out the provisions of this title, hold hearings and take testimony to the extent that the Commission or any member considers advisable.

(b) INFORMATION.—The Commission may secure directly from any Federal department or agency information that the Commission considers necessary to enable the Commission to carry out its responsibilities under this title.

SEC. 305. PERSONNEL MATTERS.

(a) PAY OF MEMBERS.—Members of the Commission shall serve without pay by reason of their work on the Commission.

(b) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(c) STAFF.—(1) The Secretary may, without regard to the provisions of title 5, United

States Code, governing appointments in the competitive service, appoint a staff director and such additional personnel as may be necessary to enable the Commission to perform its duties.

(2) The Secretary may fix the pay of the staff director and other personnel appointed under paragraph (1) without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay fixed under this paragraph for the staff director may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title and the rate of pay for other personnel may not exceed the maximum rate payable for grade GS-15 of the General Schedule.

(d) DETAIL OF GOVERNMENT EMPLOYEES.—Upon request of the Secretary, the head of any Federal department or agency may detail, on a nonreimbursable basis, any personnel of that department or agency to the Commission to assist it in carrying out its duties.

SEC. 306. TERMINATION OF THE COMMISSION.

The Commission shall terminate 90 days after the date of the submission of its report under section 303(a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kansas (Mr. MORAN) and the gentleman from Illinois (Mr. EVANS) each will control 20 minutes.

The Chair recognizes the gentleman from Kansas (Mr. MORAN).

Mr. MORAN of Kansas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, on August 2 of this year, I introduced along with the gentleman from New Jersey (Mr. SMITH) and the gentleman from Connecticut (Mr. SIMMONS) the Disabled Veterans Service Dog and Health Care Improvement Act of 2001. Numerous provisions in this bill will help disabled veterans become more self-sufficient in their daily activities and make other numerous improvements to the VA health care system.

Mr. Speaker, in light of today's world events and in light of the activities that occurred on September 11, I am reminded of the testimony of one of the witnesses before our committee in which she quoted the first President of the United States, General George Washington:

"The willingness of future generations to serve in our military will be directly dependent upon how we have treated those who have served it in the past."

And so today with the world events unfolding and with our service men and women facing harm and danger, I rise to support legislation that will make improvements on the health care delivery system for those men and women of our country who have served our Nation and its military in the past.

I regret that the chairman of our committee, the gentleman from New Jersey (Mr. SMITH), could not be with us this afternoon. He is on his way returning from his district. He has been delayed in transit. He represents an area of New Jersey that includes Trenton, an area that has recently seen

postal workers exposed to anthrax and he has been in his district this weekend and today trying to ensure that the response of the Federal Government is appropriate and coordinated with the State and local responses, and so I tip my hat to the gentleman from New Jersey and regret his absence but commend him for his diligence in taking care of his constituents in these very uncertain times.

Mr. Speaker, the measure, H.R. 2792, would accomplish the following improvements in regard to health care delivery for our Nation's veterans. First of all, as the title indicates, it provides service dogs to enrolled veterans who need these dogs because of mobility, hearing loss or other problems susceptible to improvement with a service dog. This bill also strengthens the capacity in that it mandates the VA to maintain capacity in specialized medical programs for the most seriously disabled veterans in each VA network, and, in part because of this provision, has received the strong endorsement of the Paralyzed Veterans of America. This capacity issue deals with care for serious mental illness, spinal cord injury and dysfunction, blind rehabilitation and veterans suffering from traumatic brain injuries.

This bill also provides an opportunity to modify the VA's means test, the system of determining nonservice connected veterans' ability to pay for VA health care services, by producing a fairer means test for veterans across the country. This bill requires the Secretary of the Department to assess special telephone services made available to veterans such as help lines and hotlines and report to Congress. I would like to thank my friend and colleague the gentlewoman from California (Mrs. CAPPS) for providing us with the necessary input to include this kind of provision. We hope to work with the gentlewoman from California throughout the remainder of the year and into the future as the results of this study become known.

This legislation directs implementation, Mr. Speaker, of the Chiropractic Service Program that was mandated by this Congress in 1999 in the Millennium Health Care Act, and provides that the chiropractic provisions be implemented nationwide over a 5-year period. Veterans would have direct access to chiropractic care. The role of a chiropractor in the VA would be as a first entry provider, limited to diagnosis and treatment of problems of the lower spine, in consonance with State laws governing the practice of chiropractic. Other problems of diagnosis and treatment encountered by VA chiropractors would be referred to specialists within the VA. I am pleased to be a sponsor of this long overdue measure that affords chiropractic care to America's veterans.

□ 1530

I would like to take this opportunity to commend the full committee ranking member, the gentleman from Illinois (Mr. EVANS), and the ranking member of the Subcommittee on Health, the gentleman from California (Mr. FILNER), for their legislative efforts in regard to this issue.

This issue is before us after several years of hard work and failure of the VA to make any progress following the passage of the Millennium Health Care Act of 1999.

This bill also recognizes the need to sustain a dependable source of nursing staff for our VA health care system. It establishes an independent National Commission on VA Nursing to report to Congress its recommendations to ensure that the veterans health care programs have a sufficient supply of professional nurses in the future.

Finally, the bill requires a study of an emergency response communications system for service-disabled veterans. The study is to determine the feasibility of providing enrolled, service-connected veterans emergency notification capacity that connects them with the global positioning system. I look forward to the results of receiving this study.

Mr. Speaker, H.R. 2792, the Disabled Veterans Service Dog and Health Care Improvement Act of 2001, makes important improvements in veterans health care, and I hope my colleagues will join me in supporting this legislation.

I again thank the gentleman from New Jersey (Chairman SMITH); the ranking member, the gentleman from Illinois (Mr. EVANS); and the ranking member of the Subcommittee on Health, the gentleman from California (Mr. FILNER), for their work and efforts in making changes to this bill and bringing it to this point on the House floor today for final passage.

Mr. Speaker, I reserve the balance of my time.

Mr. EVANS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I also want to thank the chairman of the full committee, the gentleman from New Jersey (Mr. SMITH), and the ranking member and chairman of the Subcommittee on Health. They have put together an important measure which will help veterans of our country, and is thus deserving the support of every Member of this House.

As reported, H.R. 2797 authorizes the provision of service dogs to eligible veterans. Today, service dogs provide invaluable assistance to many blind veterans. This measure will authorize similar assistance to mobility- and hearing-impaired veterans. These veterans can be well served by these highly trained animals.

As the erosion of programs for disabled veterans occurs, particularly the mentally ill, the concerns of Congress have proven prophetic. This reporting requirement is an important tool for Congress to assess the delivery of care

needed by veterans and to hold VA accountable for its decisions.

The measure also authorizes a nursing commission that will review current and future challenges to the nursing profession in the VA. I am hopeful that this independent body will provide sound advice to the VA and to the nursing profession in general and consider appropriate ways to encourage members of our nursing profession to seek and maintain employment in the VA.

Mr. Speaker, the gentleman from Kansas (Chairman MORAN); the ranking member, the gentleman from California (Mr. FILNER); and others on the subcommittee strongly urge our colleagues to support this legislation.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. MORAN of Kansas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I again thank my colleague from Illinois for his efforts today and appreciate his remarks. I remind my colleagues that a week ago we were also on this House floor adopting legislation dealing with the homeless issue and our veterans. Again the leadership of the gentleman from New Jersey (Chairman SMITH) and the gentleman from Illinois (Mr. EVANS) brought that bill to the floor. So, for a second effort today, we are attempting to make full our commitment to our nation's servicemen and women as they have retired and become veterans.

Mr. GILMAN. Mr. Speaker, I rise today in strong support of H.R. 2792, the Disabled Veterans Service Dog and Health Care Improvement Act of 2001. I urge my colleagues to lend their support to this important measure.

H.R. 2792 authorizes the provision of service dogs to any veteran with an ailment where improvement in overall condition or enhancement in daily activity can be reached through the use of such an animal. These impairments include, but are not limited to, spinal cord injuries, other injuries that cause physical immobility and hearing loss. Veterans must be enrolled in VA Care in order to receive a dog, and all dogs will be provided in line with existing enrollment priorities for each VISN.

The legislation also strengthens the mandate for VA to maintain its capacity for specialized medical care by requiring that each VISN operate a proportional share of the national capacity for specialized care, including mental health, substance abuse, spinal cord and brain injury, and prosthetic care.

H.R. 2792 further directs the Secretary of Veterans Affairs to review the existing phone system for veterans, including all existing hot lines and help lines to ensure that VA resources in this area are being utilized effectively and efficiently.

The bill also creates a new chiropractic services program within the VA, at thirty separate medical centers. The plan is to have this new program operating nationwide within five years.

Finally, this bill establishes a national commission on VA nursing for the purpose of improving recruitment and retention of nurses within the VA Health Care System.

Mr. Speaker, this legislation provides several much needed improvements to the system that delivers medical care to the veterans of our Armed Forces. The VA health care system offers some of the finest specialist care in the world, particularly for those veterans with spinal cord injuries and those requiring prosthetic devices. VA research in these fields is a cutting edge and second to none. I am pleased that this legislation offers additional options to these specialty care veterans to facilitate their day-to-day living.

Moreover, the VA nursing staffing issue has reached acute proportions. This bill seeks to create an institutional response to this staffing shortage which attempts to offer a long-term solution to this critical problem.

For these reasons Mr. Speaker, I urge my colleagues to lend their wholehearted support to this important legislation.

Mr. MORAN of Kansas. Mr. Speaker, I yield back the balance of my time.

GENERAL LEAVE

Mr. MORAN of Kansas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2792, as amended.

The SPEAKER pro tempore (Mr. HANSEN). Is there objection to the request of the gentleman from Kansas?

There was no objection.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kansas (Mr. MORAN) that the House suspend the rules and pass the bill, H.R. 2792, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

NATIONAL DAY OF RECONCILIATION

Mr. DOOLITTLE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 184) providing for a National Day of Reconciliation, as amended.

The Clerk read as follows:

H. CON. RES. 184

Resolved by the House of Representatives (the Senate concurring). That on a day of reconciliation selected jointly by the Speaker of the House of Representatives and the President pro tempore of the Senate, and with the Chaplain of the House of Representatives and the Chaplain of the Senate in attendance—

(1) the two Houses of the Congress shall assemble in the Hall of the House of Representatives at a time when the two Houses are not in session; and

(2) during this assembly, the Members of the two Houses may gather to humbly seek the blessings of Providence for forgiveness, reconciliation, unity, and charity for all people of the United States, thereby assisting the Nation to realize its potential as the champion of hope, the vindicator of the defenseless, and the guardian of freedom.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. DOOLITTLE) will control 20 minutes.