Let’s stop acting like the United States doesn’t matter. Let’s not say that because the U.N. isn’t perfect, we should cut our dues. We are the world’s leading military and economic power, and there is much we can achieve on our own. But we cannot stop genocide in Darfur alone any more than we can stop the spread of HIV/AIDS without the cooperation of other nations. We need to lead by example in the United Nations, in NATO, at the World Health Organization, the International Atomic Energy Agency, the Organization for the Prevention of Chemical Weapons, the Food and Agriculture Organization, the World Intellectual Property Organization. We can’t do that without paying what we owe. This body has already voted for the funds to support United Nations peacekeeping and these international organizations. Senator COBURN’s amendment would cut those funds.

I also want to set the record straight on another misstatement of Senator COBURN’s. He said his amendment to the fiscal year 2009 State and Foreign Operations appropriations bill was unanimously passed and then dropped in conference. It was not dropped in conference.

His amendment would have withheld all U.S. contributions to international organizations. The House and Senate conference did not support that. What emerged from conference was a 10 percent withholding of funds, still tens of millions of dollars, tied to audits, budget reports, and oversight. It also withheld 20 percent of the U.S. contribution to the U.N. Development Program.

Was it everything Senator COBURN wanted? No. Was it dropped in conference? No. The substance of his amendment was included in the conference agreement, and for the benefit of anyone who cares to read it, it is section 668 of Public Law 110–161.

I agree with Senator AKAKA and urge Senators to oppose the Coburn amendment.

Mr. President, I strongly join Senators LUGAR and BAYH in the support of Judge Hamilton.

I yield back any time.

The PRESIDING OFFICER (Mr. BEIGCH). All time is expired.

The question is, Will the Senate agree to the amendment? I recognize the Senator from Montana, Mr. BAUCUS.

Mr. BAUCUS. I announce that the amendment is about. There are a lot of reasons you can find to vote against it. It will take real courage to vote for it.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

Mr. AKAKA. Mr. President, I urge our colleagues to reject the pending amendment. For one thing, it appears that the amendment could end up de-nuding caregiver assistance to many OEF/OIF veterans by significantly narrowing the eligibility criteria for caregiver assistance. While the amendment seeks to “pay for” the costs associated with this bill, I understand from CBO, however, that this amendment does not even accomplish what I believe the amendment’s author intends.

Every major veterans group supports the underlying bill because of what it means for all veterans—for women veterans, for homeless veterans, and for veterans of every era.

I urge a “no” vote on the amendment, followed by a vote to pass S. 1963.

The PRESIDING OFFICER. All time has expired.

The question is on agreeing to the amendment. Mr. LEMIEUX. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Montana (Mr. BAUCUS) and the Senator from West Virginia (Mr. BYRD) are necessarily absent.

The PRESIDING OFFICER (Ms. KLOBUCHAR). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 32, nays 66, as follows:

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2009—Continued

[Rollcall Vote No. 351 Leg.]

The result was announced—yeas 59, nays 39, as follows:

YEAS—59

[Rollcall Vote No. 350 Ex.]

NAVS—39

[Rollcall Vote No. 351 Ex.]

AMENDMENT NO. 2785

The result was announced—yeas 32, nays 66, as follows:

YEAS—32

[Rollcall Vote No. 351 Leg.]

NAYS—66
S11553

November 19, 2009

NOT VOTING—2

Baucus

Byrd

The amendment (No. 2785) was rejected.

Mrs. MURRAY. Madam President, I move to reconsider the vote.

Mr. DURBIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The question is on passage of the bill.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Montana (Mr. BAUCUS) and the Senator from West Virginia (Mr. BYRD) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 352 Leg.]

YEAS—98

Akaka

Alexander

Baucus

Byrd

Feingold

Feinstein

Franken

Barrasso

Baucus

Barroso

Bayh

Begich

Bennett

Benning

Bingaman

Bond

Bosch

Boxer

Brown

Brownback

Brown

Bunning

Burk

Burris

Cantwell

Cardin

Carper

Casey

Chambliss

Collins

Collins

Conrad

Corzine

Corzine

Crapo

DeMint

Dodd

Dorgan

Durbin

Enzi

Enzi

Evans

Evans

NORTUM

Saunders

Sessions

Saxby

Simmons

Shelby

Shuster

Stabenow

Tester

Thune

Udall (CO)

Udall (NM)

Vitter

Von Mire

Warner

Webb

Whitehouse

Wicker

Wyden

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

TITLE I—CAREGIVER SUPPORT

Sec. 101. Waiver of charges for humanitarian care provided to family members accompanying certain severely injured veterans as they receive medical care.

Sec. 102. Family caregiver assistance.

Sec. 103. Lodging and subsistence for attendants.

Sec. 104. Survey of informal caregivers.

TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

Sec. 201. Report on barriers to receipt of health care for women veterans.

Sec. 202. Plan to improve provision of health care services to women veterans.

Sec. 203. Independent study on health consequences of women veterans of military service in Operation Iraqi Freedom and Operation Enduring Freedom.

Sec. 204. Training and certification for mental health care providers on care for veterans suffering from sexual trauma.

Sec. 205. Pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces.

Sec. 206. Report on full-time women veterans program managers at medical centers.

Sec. 207. Service on certain advisory committees of women recently separated from service in the Armed Forces.

Sec. 208. Pilot program on subsidies for child care for certain veterans receiving health care.

Sec. 209. Care for newborn children of women veterans receiving maternity care.

TITLE III—RURAL HEALTH IMPROVEMENTS

Sec. 301. Enhancement of Department of Veterans Affairs Education Debt Reduction Program.

Sec. 302. Visual impairment and orientation and mobility professionals education assistance program.

Sec. 303. Inclusion of Department of Veterans Affairs facilities in list of facilities eligible for assignment of participants in National Health Service Corps Scholarship Program.

Sec. 304. Teleconsultation and telemedicine.

Sec. 305. Demonstration projects on alternatives for expanding care for veterans in rural areas.

Sec. 306. Program on provision of readjustment and mental health care services to veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom.

Sec. 307. Improvement of care of American Indian veterans.

Sec. 308. Travel reimbursement for veterans receiving treatment at facilities of the Department of Veterans Affairs.

Sec. 309. Office of Rural Health five-year strategic plan.

Sec. 310. Oversight of contract and fee-basis care.

Sec. 311. Enhancement of Vet Centers to meet needs of veterans of Operation Iraqi Freedom and Operation Enduring Freedom.

Sec. 312. Centers of excellence for rural health research, education, and clinical activities.

Sec. 313. Pilot program on incentives for physicians who assume patient responsibilities at community hospitals in health professional shortage areas.

Sec. 314. Annual report on matters related to care for veterans who live in rural areas.

Sec. 315. Transportation grants for rural veterans service organizations.

Sec. 316. 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 Iraqi Freedom or Operation Enduring Freedom for counseling and services through Readjustment Counseling Service.

Sec. 402. Restoration of authority of Readjustment Counseling Service to provide general and other assistance upon request to former members of the Armed Forces not authorized counseling.

Sec. 403. Study on suicide among veterans.

Sec. 404. Transfer of funds to Secretary of Health and Human Services for Graduate Psychology Education program.

TITLE V—OTHER HEALTH CARE MATTERS

Sec. 501. Repeal of certain annual reporting requirements.

Sec. 502. Modifications to annual Gulf War research reports.

Sec. 503. Payment for care furnished to CHAMPVA beneficiaries.

Sec. 504. Disclosures from certain medical records.

Sec. 505. Disclosure to Secretary of health plan contract information and social security number of certain veterans receiving care.

Sec. 506. Enhancement of quality management.

Sec. 507. Reports on improvements to Department health care quality management.

Sec. 508. 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. 509. Specialized residential care and rehabilitation for certain veterans.

Sec. 510. Expanded study on the health impact of Project Shipboard Hazard and Defense.

Sec. 511. Use of non-Department facilities for rehabilitation of individuals with traumatic brain injury.

Sec. 512. Inclusion of federally recognized tribal organizations in certain programs for State veterans homes.

Sec. 513. Pilot program on provision of dental insurance plans to veterans and survivors and dependents of veterans.

Sec. 514. Expansion of veteran eligibility for reimbursement by Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility.

Sec. 515. Prohibition on collection of copayment from veterans who are catastrophically disabled.
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. Improvements to certain educational assistance programs.

Sec. 604. Standards for appointment and practice of physicians in Departments of Veterans Affairs medical facilities.

TITLE VII—HOMELESS VETERANS MATTERS

Sec. 701. Pilot program on financial support for entities that coordinate the provision of supportive services to formerly homeless veterans residing on certain military property.

Sec. 702. Pilot program on financial support of entities that coordinate the provision of supportive services to formerly homeless veterans residing in permanent housing.

Sec. 703. Pilot program on financial support of entities that provide outreach to inform certain veterans about pension benefits.

Sec. 704. Assessment of pilot programs.

TITLE VIII—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 376A 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 Robley Rex Department of Veterans Affairs Medical Center.

Sec. 903. Merritt Lundman Department of Veterans Affairs Outpatient Center.

Sec. 904. Modification on restriction of alienation of certain real property in Gulf Port, Mississippi.

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. 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. WAIVER OF CHARGES FOR HUMANITARIAN CARE PROVIDED TO FAMILY MEMBERS ACCOMPANYING CERTAIN INJURED VETERANS AS THEY RECEIVE MEDICAL CARE.

The text of section 1784 is amended to read as follows:

"(1) IN GENERAL.—The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases.

"(b) REIMBURSEMENT.—Except as provided in subsection (c), the Secretary shall charge for care and services provided under subsection (a) at rates prescribed by the Secretary.

"(c) WAIVER OF CHARGES.—(1) Except as provided in paragraph (2), the Secretary shall waive charges required by subsection (b) for care or services provided under subsection (a) to an attendant of a covered veteran if such care or services are provided to such attendant for an emergency that occurs while such attendant is accompanying such veteran while such veteran is receiving approved inpatient or outpatient treatment at—

"(A) a Department facility; or

"(B) a non-Department facility—

"(i) that is under contract with the Department; or

"(ii) at which the veteran is receiving fee basis care.

"(2) If an attendant is entitled to care or services under a health-plan contract (as that term is defined in section 1725(f) of this title) or other contractual or legal recourse against a third party that would, in part, extinguish liability for charges described by subsection (b), the amount of such charges waived under paragraph (1) shall be the amount by which such charges are less than the amount of such charges covered by the health-plan contract or other contractual or legal recourse.

"(d) DEFINITIONS.—In this section:

"(1) The term 'attendant', with respect to a veteran, includes the following:

"(A) A family member of a veteran.

"(B) An individual eligible to receive ongoing family caregiver assistance under section 1717A(e)(1) of this title for the provision of personal care services to the veteran.

"(C) Any other individual whom the Secretary determines—

"(i) has a relationship with the veteran sufficient to demonstrate a close affinity with the veteran; and

"(ii) provides a significant portion of the veteran's care.

"(2) The term 'covered veteran' means any veteran with a severe injury incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.

"(3) Upon the successful completion by a family member of training, the Secretary shall evaluate each eligible veteran who makes a joint application under subsection (a)(1)—

"(A) to identify the personal care services required by such veteran; and

"(B) to determine whether such requirements could be significantly or substantially satisfied with the provision of personal care services from a family member (or other individual designated by the veteran) who is approved as a personal care attendant.

"(C) The Secretary shall evaluate each family member of an eligible veteran (or other individual designated by the veteran) who makes a joint application under subsection (a)(1) to determine—

"(A) the basic amount of instruction, preparation, and training such family member (or designee) requires, if any, to provide the personal care services required by such veteran; and

"(B) the amount of additional instruction, preparation, and training such family member (or designee) requires, if any, to be the primary personal care attendant designated for such veteran under subsection (a)(1).

"(D) An evaluation carried out under paragraph (1) may be carried out—

"(A) at a Department facility;

"(B) at a non-Department facility determined appropriate by the Secretary for purposes of such evaluation; and

"(C) at such other locations as the Secretary considers appropriate.

"(4) TRAINING AND APPROVAL.—(1) Except as provided in subsection (a)(2), the Secretary shall provide each family member of an eligible veteran (or other individual designated by the veteran) who makes a joint application under subsection (a)(1) the basic instruction, preparation, and training determined appropriate by the Secretary for purposes of such evaluation; and

"(2) The Secretary may provide to a family member of an eligible veteran (or other individual designated by the veteran) the additional instruction, preparation, and training determined to be required by such family member (or designee) under subsection (c)(2)(B) if such family member (or designee) is--

"(A) approved as a personal care attendant designated for the veteran under paragraph (3); and

"(B) requests, with concurrence of the veteran, such additional instruction, preparation, and training.
of basic instruction, preparation, and training provided under paragraph (1), the Secretary shall approve the family member as a personal care attendant for the veteran.

(4) The determination of a primary personal care attendant designated under subsection (e) requires additional training or education such that the Secretary shall make such training available to the primary personal care attendant.

(5) The Secretary shall, subject to regulations prescribed by the Secretary for necessary travel, lodging, and per diem expenses incurred by a family member of an eligible veteran (or other individual designated by the veteran) in undergoing training under this subsection.

(6) If the participation of a family member of an eligible veteran (or other individual designated by the veteran) in training under this subsection would interfere with the provision of personal care services to the veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the veteran, provide respite care to the veteran during the provision of such training to the family member so that such family caregiver (or designee) can participate in such training without interfering with the provision of such services.

(a) Designation of Primary Personal Care Attendant.—(1) For each eligible veteran with at least one family member (or other individual designated by the veteran) who is described by subparagraphs (A) through (E) of paragraph (2), the Secretary shall designate one family member of such veteran (or other individual designated by the veteran) as the primary personal care attendant for such veteran to be the primary provider of personal care services for such veteran.

(2) A primary personal care attendant designated for an eligible veteran under paragraph (1) is selected from among family members of such veteran (or other individuals designated by such veteran) who—

(A) are approved under subsection (d)(3) as a personal care attendant for such veteran;

(B) complete all additional instruction, preparation, and training, if any, provided under subsection (d)(3); and

(C) elect to provide the personal care services to such veteran that the Secretary determines such veteran requires under subsection (c)(5).

(b) The Secretary has the consent of such veteran to be the primary provider of such services for such veteran.

(c) The Secretary determines that the primary provider of such services for such veteran.

(d) If an eligible veteran receiving personal care services from a family member (or other individual designated by the veteran) designated as the primary personal care attendant designated under paragraph (1) subsequently fails to meet the requirements set forth in paragraph (2), the Secretary—

(A) shall immediately revoke the individual’s designation under paragraph (1); and

(B) may designate, in consultation with the eligible veteran or the eligible veteran’s surrogate appointed under subsection (g), a new personal care attendant for the veteran under such paragraph.

(5) The Secretary shall take such actions as may be necessary to prevent the revocation of a designation under paragraph (1) does not interfere with the provision of personal care services to the veteran.

(f) Ongoing Family Caregiver Assistance.—(1) Except as provided in subsection (a) and subject to the provisions of this subsection, the Secretary may establish ongoing family caregiver assistance to family members of eligible veterans (or other individuals designated by such veterans) as follows:

(A) To each family member of an eligible veteran (or designee) who is approved under subsection (d)(3) as a personal care attendant for the veteran the following:

(i) Direct technical support consisting of information and assistance to timely address routine, emergency, and specialized caregiving needs;

(ii) Counseling;

(iii) Access to an interactive Internet website on caregiver services that addresses all aspects of personal care services under this section.

(2) The Secretary shall ensure, to the extent practicable, that the schedule required to provide respite is consistent with the schedule required to provide personal care services to the veteran.

(3) The Secretary shall ensure, to the extent practicable, that the schedule required to provide personal care services to the veteran is consistent with the schedule required to provide personal care services to the veteran.

(4) If an individual designated as the primary personal care attendant designated under paragraph (1) subsequently fails to meet the requirements set forth in paragraph (2), the Secretary—

(A) shall immediately revoke the individual’s designation under paragraph (1); and

(B) may designate, in consultation with the eligible veteran or the eligible veteran’s surrogate appointed under subsection (g), a new personal care attendant for the veteran under such paragraph.

(5) The Secretary shall make such training available to the primary personal care attendant.

(6) If the Secretary determines it is in the best interest of the eligible veteran to permit such revocation to occur more frequently than once every six months unless the Secretary determines it is in the best interest of the eligible veteran to permit such revocation to occur more frequently than once every six months.

(7) If an individual designated as the primary personal care attendant designated under paragraph (1) subsequently fails to meet the requirements set forth in paragraph (2), the Secretary shall provide personal care services to the veteran until the Secretary determines that the individual no longer qualifies as a primary personal care attendant.

(8) If the Secretary determines that the individual no longer qualifies as a primary personal care attendant, the Secretary shall take such actions as may be necessary to prevent the revocation of such designation.

(9) If the Secretary determines that the individual no longer qualifies as a primary personal care attendant, the Secretary shall take such actions as may be necessary to prevent the revocation of such designation.

(10) If the Secretary determines that the individual no longer qualifies as a primary personal care attendant, the Secretary shall take such actions as may be necessary to prevent the revocation of such designation.

(11) If the Secretary determines that the individual no longer qualifies as a primary personal care attendant, the Secretary shall take such actions as may be necessary to prevent the revocation of such designation.
under subsection (f) to a family member of an eligible veteran (or other individual designated by the veteran) because of findings of an entity submitted to the Secretary under subsection (f) to the Secretary may not provide compensation to such entity for the provision of personal care services to such veteran except that the Secretary determines it would be in the best interest of such veteran to provide compensation to such entity to provide such services.

9. (d) The Secretary—

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

(2) Nothing in this section shall be construed to create an employment relationship between the Secretary and an individual in receipt of family caregiver assistance under this section.

(3) Nothing in this section shall be construed to create any entitlement to any services or stipends provided under this section.

(k) DEFINITIONS.—In this section:

"(1) The term 'family caregiver assistance' includes the instruction, preparation, training, and approval provided under subsection (d) and the ongoing family caregiver assistance program described in section 1717A.

"(2) The term 'family member' shall have such meaning as the Secretary shall determine by policy or regulation.

"(3) The term 'personal care services', with respect to a veteran, includes the following:

"(A) Supervision of the veteran.

"(B) Personal care.

"(C) Services to assist the veteran with one or more independent activities of daily living.

"(D) Such other services as the Secretary considers appropriate.

(2) Clerical Amendment.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1717 the following new item:

"(1717A. Family caregiver assistance.).

(3) Authorization for Provision of Health Care to Personal Care Attendees.—Section 1717A is amended—

(A) by striking paragraphs (2) and (3) as redesignated by paragraphs (3) and (4), respectively, and

(B) by inserting after paragraph (1) the following new paragraph (4):

"(4) Family caregiver assistance furnished under section 1717A of title 38, United States Code, as added by subsection (a) is—

(A) any family caregiver assistance furnished under section 1717A of title 38, United States Code, as added by subsection (a); and

(B) any family caregiver assistance furnished under section 1717A of title 38, United States Code, as added by subsection (a) and annually thereafter, the Secretary shall submit to 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) Veterans described in section 1717A of title 38, United States Code, as added by subsection (a)(1).

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

(C) Veterans affairs commissions, as recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5092 of title 38, United States Code.

(D) National organizations that specialize in the provision of assistance to individuals with the types of disabilities that personal care attendants will encounter while providing personal care services under section 1717A of title 38, United States Code, as so added.

(E) Such other organizations with an interest in the provision of care to veterans as the Secretary considers appropriate.

(F) 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 family caregiver assistance furnished under section 1717A of title 38, United States Code, as so added.

(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 activities, caregivers, and organizations by the Secretary under paragraph (2).

(C) A description of such consultations.

(D) The recommendations of such veterans, caregivers, and organizations, if any, that were not incorporated into the plan required by paragraph (1)(A).

(E) The reasons the Secretary did not incorporate such recommendations into such plan.

(4) Annual Evaluation Report.—

(1) In General.—Not later than two years after the date described in subsection (a)(5) 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 report on such plan.

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

(A) The number of family members of veterans or other designated individuals of veterans or members of the Armed Forces who received family caregiver assistance under such section 1717A.

(B) A description of the outreach activities carried out by the Secretary in accordance with subsection (i) of such section 1717A.

(C) The resources expended by the Secretary under such section 1717A.

(D) An assessment of the manner in which resources are expended by the Secretary under such section 1717A, particularly with respect to the provision of monthly personal care attendants under section 1717A.

(E) A description of the outcomes achieved by, and any measurable benefits of, carrying out the requirements of such section 1717A.

(F) A justification of any determination described in such section 1717A.

(5) Effective Date.—The amendments made by this subsection take effect on the date that is 180 days after the date of enactment of this Act.

(6) Implementing 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) prepare a plan for the implementation of section 1717A of title 38, United States Code, as added by subsection (a)(1); 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.

(7) Such recommendations, including recommendations for legislative or administrative action, as the Secretary considers appropriate in light of carrying out the requirements of such section 1717A.

(8) Report on Feasibility and Ability of Expanding Caregiver Assistance.—

(1) In General.—Not later than two years after the date of the enactment of the Caregivers and Veterans Omnibus Health Services Act of 2009, 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 family caregiver assistance under section 1717A of title 38, United States Code, as added by subsection (a)(1), to family members of veterans (or other individuals designated by such veterans) who—

(A) have a serious injury described in section (b)(1) of such section 1717A incurred or aggravated before September 11, 2001; and

(B) are described in paragraph (2) of such subsection.

(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. 105. LODGING AND SUBSISTENCE FOR ATTENDANTS.

Section 111(e) is amended—

(1) by striking "When any" and inserting "(1) When any";

(2) in paragraph (1), as designated by paragraph (i) of such subsection—

(A) by inserting "(including lodging and subsistence)" after "expenses of travel"; and

(B) by inserting before the period at the end of paragraph (2) the following: "for the period consisting of travel to and from a treatment facility and the duration of the treatment episode at that facility"; and

(3) by adding at the end the following:

"(2) The Secretary may prescribe regulations to carry out this subsection. Such regulations may include provisions—

"(A) to limit the number of individuals that may receive expenses of travel under paragraph (1) for a single treatment episode of a person; and

"(B) to require attendants to use certain travel services;"

(4) in this subsection:

"(A) The term 'attendant' includes, with respect to a person described in paragraph (1), the following:

"(I) A family member of the person.

"(ii) An individual approved as a personal care attendant under section 1717A(d)(3) of this title.

"(iii) Any other individual whom the Secretary determines—

"(I) has a preexisting relationship with the person; and

"(II) provides a significant portion of the person's care.

"(B) The term 'family member' shall have such meaning as the Secretary shall determine by policy or regulation."
submit to Congress a report containing the findings of the Secretary with respect to the survey conducted under subsection (a). Results of the survey shall be disaggregated by the following:

(1) Veterans and members of the Armed Forces.
(2) Veterans and members of the Armed Forces of Operation Iraqi Freedom or Operation Enduring Freedom.
(3) Veterans and members of the Armed Forces who live in rural areas.

TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

SEC. 201. REPORT ON BARRIERS TO RECEIPT OF HEALTH CARE FOR WOMEN VETERANS.

(a) Report.—Not later than June 1, 2010, 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 barriers to the receipt of comprehensive health care through the Department of Veterans Affairs that are encountered by women veterans, especially veterans of Operation Iraqi Freedom and Operation Enduring Freedom.

(b) Elements.—The report required by subsection (a) shall include the following:

(1) An identification and assessment of the following:

(A) Any stigma perceived or associated with seeking mental health care services through the Department of Veterans Affairs.
(B) The extent to which services to care through the Department of driving distance or accessibility of other forms of transportation to the nearest appropriate facility of the Department.
(C) The availability of child care.
(D) The receipt of health care through women’s health clinics, integrated primary care clinics, and other settings.
(E) The extent of comprehension of eligibility requirements for health care through the Department of Veterans Affairs and the availability of health care services available through the Department.
(F) The quality and nature of the reception of women veterans by Department health care providers and other staff.
(G) The perception of personal safety and comfort of women veterans in inpatient, outpatient, and behavioral health facilities of the Department.
(H) The sensitivity of Department health care providers and other staff to issues that particularly affect women.
(I) A Plan for outreach on health care services of the Department that are available to women veterans.
(J) Such other matters as the Secretary considers appropriate for the purposes of the assessment.

(2) Such recommendations for administrative and legislative action as the Secretary considers appropriate in light of the report.

(c) Program.—The Secretary shall carry out, through the Readjustment Counseling Service of the Department of Veterans Affairs, a pilot program for the purpose of conducting a study on health consequences for women veterans of service on active duty in the Armed Forces in deployment in Operation Iraqi Freedom and Operation Enduring Freedom.

(1) IN GENERAL.—The Secretary of Veterans Affairs shall enter into an agreement with a non-Department of Veterans Affairs entity for the purpose of conducting a study on health consequences for women veterans of service on active duty in the Armed Forces in deployment in Operation Iraqi Freedom and Operation Enduring Freedom.

(2) REQUIRED ACTIONS.—In developing the program, the Secretary of Veterans Affairs shall:

(A) identify the types of health care services to be available to women veterans at each Department of Veterans Affairs medical center; and
(B) identify the personnel and other resources required to provide such services to women veterans under the plan at each such medical center.

(3) REQUIRED REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives the plan required by this section, along with such recommendations for administrative action as the Secretary considers appropriate in light of the plan.

SEC. 203. INDEPENDENT STUDY ON HEALTH CONSEQUENCES OF WOMEN VETERANS OF MILITARY SERVICE IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

(a) Study Required.—The Secretary of Veterans Affairs shall enter into an agreement with a non-Department of Veterans Affairs entity for the purpose of conducting a study on health consequences for women veterans of service on active duty in the Armed Forces in deployment in Operation Iraqi Freedom and Operation Enduring Freedom.

(b) Specific Matters Studied.—The study under subsection (a) shall include the following:

(1) A determination of any association of environmental and occupational exposures and combat in Operation Iraqi Freedom or Operation Enduring Freedom with the general health, mental health, or reproductive health of women who served on active duty in the Armed Forces in Operation Iraqi Freedom or Operation Enduring Freedom.

(2) A review and analysis of published literate on environmental and occupational exposures of women while serving in the Armed Forces, including combat trauma, military sexual trauma, and exposure to potential teratogens associated with reproductive problems and birth defects.

(c) Report.—

(1) IN GENERAL.—Not later than 18 months after entering into the agreement for the study under subsection (a), the entity described in subsection (a) shall submit to the Secretary of Veterans Affairs and to Congress a report setting forth the response of the Secretary to the findings and determinations of the entity described in subsection (a) in the report under paragraph (1).

(2) Responsive Report.—Not later than 90 days after the receipt of the report under paragraph (1), the Secretary shall submit to Congress a report setting forth the response of the Secretary to the findings and determinations of the entity described in subsection (a) in the report under paragraph (1).

SEC. 204. TRAINING AND CERTIFICATION FOR MENTAL HEALTH CARE PROVIDERS ON CARE FOR VETERANS SUFFERING FROM SEXUAL TRAUMA.

(a) Program Required.—Section 1720D is amended—

(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 adequacy of providing continuing medical education provided under such program to professionals and providers who have been so certified.

(2) The number of health professionals and primary care providers who have been certified under the program under subsection (d), and the number of continuing medical education programs operating under subsection (d).

(b) Standards for Personnel Providing Treatment for Sexual Trauma.—The Secretary of Veterans Affairs shall establish education, training, certification, and staffing standards for Department of Veterans Affairs mental health-care facilitators for the purpose of providing treatment and care to veterans for sexual trauma.

SEC. 205. 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 adequacy of providing continuing medical education provided under such program to professionals and providers who have been so certified.

(2) Coverage.—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 and community.

(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 and community.
(d) Duration.—The pilot program shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

(e) Report.—Not later than 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 are 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. 206. REPORT ON FULL-TIME WOMEN VETERANS PROGRAM MANAGERS AT MEDICAL CENTERS.

The Secretary shall, acting through the Under Secretary for Health, submit to Congress a report on employment of full-time women veterans program managers at Department of Veterans Affairs medical centers by insure that health care needs of women veterans are met. Such report should include an assessment of whether there is at least one full-time employee at each Department of Veterans Affairs medical center who is a full-time women veterans program manager.

SEC. 207. SERVICE ON CERTAIN ADVISORY COMMITTEES: WOMEN VETERANS RECEIVING MATERNITY CARE.

(a) Advisory Committee on Women Veterans.—Section 522(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”;

(3) by inserting after clause (ii) the following new clause:

“(iv) women veterans who are recently separated from service in the Armed Forces.”;

(b) Advisory Committee on Minority Veterans.—Section 541(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”;

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

SEC. 208. PILOT PROGRAM ON SUBSIDIES 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), subsidies to qualified veterans for care of newborn children of women veterans receiving health care as described in subsection (c) at a facility of the Department; and

(2) requires to travel to and return from such facility for the receipt of such health care services.

(c) Qualified Veterans.—In this section, the term “qualified veteran” means a veteran who is the primary caretaker of a child or children of the veteran while the veteran is receiving health care services from the Department or from one or more of the following health care services:

1. Regular mental health care services.
2. Intensive mental health care services.
3. Such other intensive health care services that the Secretary determines that payment to the provider of such services for the provision of child care would improve access to those health care services by the veteran.
4. Locations.—The Secretary shall carry out the pilot program in no fewer than three Veterans Integrated Service Networks (VISNs) selected by the Secretary for purposes of the pilot program.
5. Duration.—The pilot program shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.
6. Existing Model.—To the extent practicable, the Secretary shall model the pilot program after the Department of Veterans Affairs Child Care Subsidy Program that was established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107-147, 115 Stat. 532).
7. Eligibility and Selection for Participation.—(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 more than 7 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.
8. Covered Health Care Services.—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn requires.
9. Clerical Amendment.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1766 the following new item:

“1796. Care for newborn children of women veterans receiving maternity care.”

TITLe III—RURAL HEALTH IMPROVEMENTS

SEC. 301. ENHANCEMENT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION DEBT REDUCTION PROGRAM.

(a) Enhanced Maximum Annual Amount.—Paragraph (1) of section 7683(d) is amended by striking “$41,000” and all that follows through “years of participation in the Program” and inserting “$50,000, which is the total amount of principle and interest owed by the participant on loans referred to in subsection (a),”.

(b) Notice to Potential Employers of Education Debt Reduction Program.—Section 7682 is amended by adding at the end the following new subsection:

“(d) Notice to Potential Employers.—In each offer of employment made by the Secretary to an individual who, upon acceptance of such offer would be treated as eligible to participate in the Education Debt Reduction Program, the Secretary shall, to the maximum extent practicable, include the following:

“A notice that the individual will be treated as eligible to participate in the Education Debt Reduction Program upon the individual’s acceptance of such offer.”

(c) Outreach.—The Secretary shall publicize the scholarship program established under this chapter through National Periodical.
under this chapter to educational institutions throughout the United States, with an emphasis on disseminating information to such institutions with high numbers of Hispanic students and 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 7501 of this chapter 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 an agreement is executed 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.

(3) 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 for an individual 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 chapter, the tuition and fees shall not exceed the amount determined by the Secretary 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 this chapter to supplement other educational assistance to the extent that the total amount of educational assistance received by an individual during any academic year does not exceed the total tuition and fees for such academic year.

(c) MAXIMUM AMOUNT OF ASSISTANCE.—(1) In no case may the total amount of assistance provided under this chapter for an academic year to an individual who is a full-time student exceed $15,000.

(2) In the case of an individual who is a part-time student, the total amount of assistance provided under this chapter 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.

(d) MAXIMUM DURATION OF ASSISTANCE.—The Secretary may provide financial assistance to an individual under this chapter for not more than six 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 educational assistance as authorized under this chapter;

(2) the participant’s agreement—

(A) to accept such financial assistance;

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

(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 participation together with an agreement described in section 7501(a)(1) of this chapter; and

(3) any other terms and conditions that the Secretary determines 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 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 chapter, 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 subsection 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 a waiver or suspension of any obligation of an individual for service or payment under this chapter (or an agreement under this chapter) whenever noncompliance by the individual is due to circumstances beyond the individual’s control or whenever 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 pursuant to subsection (a) shall be a debt owed the United States. A discharge in bankruptcy under title 11 does not discharge a person from such debt if the discharge is obtained by fraud or by misrepresentation made within 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 of title 38, are each amended by inserting after the item relating to chapter 74 the following new item:

"75. Visual Impairment and Orientation and Mobility Professionals Education Assistance Program ... 7501."

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

§302. Inclusion of facilities eligible for assistance for participants in National Health Service Corps Scholarship Program

The Secretary of Veterans Affairs shall transfer facilities, on a voluntary basis, to the Veteran Health Administration in the Secretary of Health and Human Services to include facilities of the Department of Veterans Affairs in the list maintained by the Health Resources and Services Administration of facilities eligible for assignment of facilities under the National Health Service Corps Scholarship Program.

SEC. 303. Teleconsultation and teleretinal imaging

(a) Teleconsultation and Teleretinal Imaging.—

(1) In General.—Subchapter I of chapter 17 is amended by adding at the end the following new section:

"§1709. Teleconsultation and teleretinal imaging.

(a) Teleconsultation.—(1) The Secretary shall carry out a program of teleconsultation services within facilities of the Department that are not otherwise able to provide such assessments without contracting with third party providers or reimbursing providers through a fee-for-service system.

(2) The Secretary shall, in consultation with appropriate professional societies, promulgate technical and clinical care standards for the use of teleconsultation services within facilities of the Department.

(b) Teleretinal Imaging.—The Secretary shall carry out a program of teleretinal imaging in each Veterans Integrated Services Network (VISN).

(c) Annual Reports.—In each fiscal year beginning with fiscal year 2015 and ending with fiscal year 2015, the Secretary shall submit to Congress a report on the programs required by subsections (a) and (b). Such report shall include the following:

(1) A description of the efforts made by the Secretary to make teleconsultation services available in rural areas, and to utilize teleconsultation in rural areas.

(2) The rates of utilization of teleconsultation by Veterans Integrated Services Networks disaggregated by each fiscal year for which a report is submitted under this subsection.

(d) Definitions.—In this section:

(1) The term ‘teleconsultation’ means the use by a health care specialist of telecommunications to assist another health care provider in rendering a diagnosis or treatment.

(2) The term ‘teleretinal imaging’ means the use by a health care specialist of telecommunications, digital retinal imaging, and machine image interpretation to provide eye care.”.

(2) Clerical Amendment.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1708 the following new item:

“§1709. Teleconsultation and teleretinal imaging.”

(b) Training in Telemedicine.—The Secretary of Veterans Affairs shall require each Department of Veterans Affairs facility that is involved in the training of medical residents to work with each university concerned to develop an elective rotation in telemedicine for such residents.

(c) Enhancements of VERA.—

(1) Incentives for provision of teleconsultation, teleretinal imaging, and teleretinal imaging and teleretinal imaging and telehealth coordination services.

(2) Inclusion of Teleretinal Imaging Visits in Workload Reporting.—The Secretary shall modify the Veteran Equitable Resource Allocation System to include teleretinal imaging and telehealth coordination services.

(3) Telehealth and Teleretinal Imaging Visits in Calculation of Facility Workload.
Sec. 305. Demonstration Projects on Alteration of Patient Care and Health Services for Veterans in Rural Areas.

(a) In General.—The Secretary of Veterans Affairs, through the Director of the Office of Rural Health, may 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 defined under section 1861 of the Social Security Act (42 U.S.C. 1395s)).

(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 two years after the date of the enactment of this Act, the Secretary shall submit a report on the results of the demonstration projects conducted 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) 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—

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

(A) peer outreach services; and

(B) peer support services;

(2) mental health services; and

(3) education, support, counseling, and mental health services to assist in—

(A) the readjustment of such veteran to civilian life;

(B) in the case such veteran has an injury or illness incurred during such deployment, the recovery of such veteran; and

(C) the readjustment of the family following the return of such veteran.

(b) Contracting with Mental Health Centers and Qualified Entities for Provision of Services.—In carrying out the program required by subsection (a), the Secretary shall contract with community mental health centers and other qualified entities to provide the services required by such subsection only in areas in the Secretary determines are inadequately served by other health care facilities or vet centers of the Department of Veterans Affairs.

(c) Training of Veterans for Provision of Services.—In carrying out the program required by subsection (a), the Secretary shall require each contracting community health center or other qualified entity to—

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

(2) to the extent practicable, to employ veterans trained under subsection (c); to participate in the training program conducted in accordance with subsection (d); to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of the services required by subsection (a); to each veteran for whom a community mental health center or other qualified entity provides services under such contract, to provide the Department with such clinical summary information as the Secretary shall require; 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 submission 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 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 (a) 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 served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including their combat and military training experiences); and

(2) utilizes best practices and technologies.

(e) Reports Required.—

(1) Initial Plan for Implementation.—Not later than 45 days after the date of the enactment of this Act, 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 containing the plans of the Secretary to implement the program required by subsection (a)

(2) Status Report.—Not later than one year after the date of the enactment of this Act, 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 containing the plans of the Secretary to implement the program provided for in subsection (a)

(b) Integration of Electronic Health Records With Indian Health Service.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Health and Human Services shall require Indian Health Service providers to make meaningful use of electronic health records in accordance with section 17222 of this title: Provided, That the Secretary of Veterans Affairs and the Secretary of Health and Human Services may enter into agreements with Indian Health Service providers to make meaningful use of electronic health records as provided in section 17222 of this title.
and Human Services shall enter into a memorandum of understanding to ensure that the health records of Indian veterans may be transferred electronically between facilities of the Indian Health Service and the Department of Veterans Affairs.

(c) **Transfer of Medical Equipment to the Service.**—(1) **In General.**—The Secretary of Veterans Affairs may transfer to the Indian Health Service such surplus Department of Veterans Affairs medical and information technology equipment as the Secretary of Veterans Affairs and the Secretary of Health and Human Services jointly consider appropriate for purposes of the Indian Health Service.

(2) **Transportation and Installation.**—In transferring medical or information technology equipment under this subsection, the Secretary of Veterans Affairs may transport and install such equipment in facilities of the Indian Health Service.

(d) **Report on Joint Health Clinics With Indian Health Service.**—The Secretary of veterans Affairs may adjust the fee-basis reimbursement of providers of health care services under the Department that do not provide such services as part of a medical practice accredited by a recognized accrediting entity to encourage such providers to participate in peer review under subsection (e).

(e) **Incentives for Public Review.**—The Secretary shall provide incentives under paragraph (1) to a provider of health care services under the Department in an amount which may reasonably be expected (as determined by the Secretary) to encourage participation in the voluntary peer review under subsection (d).

(f) **Report on Joint Health Clinics With Indian Health Service.**—The Secretary shall provide for coordinating care and collaborating with recognized providers of health care services under the Department in the feasibility and advisability of the joint establishment and operation by the Veterans Health Administration and the Indian Health Service of Indian health clinics on reservations to serve the populations of such reservations, including Indian veterans.

SEC. 308. **Transfer of Medical Equipment to 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 “travel,” 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 this Act, the Secretary of Veterans Affairs and the Secretary of Health and Human Services shall jointly submit to Congress a report on the feasibility and advisability of the joint establishment and operation by the Veterans Health Administration and the Indian Health Service of Indian health clinics on reservations to serve the populations of such reservations, including Indian veterans.

SEC. 309. **Office of Rural Health Five-Year Strategic Plan.**

(a) **Strategic Plan.**—Not later than 180 days after the date of the enactment of this Act, the Director of the Office of Rural Health of the Veterans Affairs shall develop a five-year strategic plan for the Office of Rural Health.

(b) **Contents.**—The plan required by subsection (a) shall include—

(1) specific goals for the recruitment and retention of healthcare personnel in rural areas, developed in conjunction with the Director of the Office of Quality and Performance of the Department.

(2) specific goals for the expansion and implementation of telemedicine services in rural areas, developed in conjunction with the Administrator of General Services under section 101(b) of title 43.

(3) incremental milestones describing specific actions to be taken for the purpose of achieving the goals specified under paragraphs (1) through (3).

SEC. 310. **OverSight of Contract and Fee-Basis Care.**

(a) **In General.**—Subchapter I of chapter 17 is amended by inserting after section 1703 the following new section:

“§ 1703A. Oversight of contract and fee-basis care

“(a) **Rural Outreach Coordinators.**—The Secretary shall designate a rural outreach coordinator at each Department community based outpatient clinic which not less than 50 percent of the veterans enrolled at such clinic reside in a highly rural area. The coordinator at a clinic shall be responsible for overseeing the care for outpatients contracting with community contract and fee-basis providers with respect to the clinic.

“(b) **Incentives To Obtain Accreditation of Network.**—The Secretary shall adjust the fee-basis compensation of providers of health care services under the Department to encourage such providers to obtain accreditation of their medical practice from recognized accrediting entities.

“(c) **Incentives for Participation in Peer Review.**—(1) The Secretary shall adjust the fee-basis compensation of providers of health care services under the Department that do not provide such services as part of a medical practice accredited by a recognized accrediting entity to encourage such providers to participate in peer review under subsection (e).

“(2) Each year, beginning with the first fiscal year beginning after the date of the enactment of this section, the Chief Quality and Performance Officer in each Veterans Integrated Services Network (VISN) shall select a sample of patient records from each participating provider in the VISN to be reviewed by a facility designated under paragraph (3).

“(3) The Chief Quality and Performance Officer in each Veterans Integrated Services Network shall designate Department facilities in such network for the peer review of patient records submitted under this subsection.

“(4) Each year, beginning with the first fiscal year beginning after the date of the enactment of this section, the Chief Quality and Performance Officer in each VISN shall designate under paragraph (3) that receives patient records under paragraph (4) shall—

“(A) peer review such records in accordance with policies and procedures established by the Secretary;

“(B) ensure that peer reviews are evaluated by the Peer Review Committee; and

“(C) develop a mechanism for notifying the Under Secretary for Health of problems identified through such peer review.

“(6) The Under Secretary for Health shall develop a mechanism by which the use of fee-basis providers of health care is monitored when quality of care concerns are identified with respect to such providers.

“(d) **Chief Quality and Performance Officer.**—The Chief Quality and Performance Officer in each Veterans Integrated Services Network shall be responsible for overseeing the program of peer review under this subsection.

“(e) **Voluntary Participation.**—The Secretary shall provide for the voluntary peer review of providers of health care services under the Department that do not provide such services as part of a medical practice accredited by a recognized accrediting entity to encourage such providers to participate in peer review under subsection (e).

“(f) **Report on Joint Health Clinics With Indian Health Service.**—The Secretary shall provide for coordinating care and collaborating with recognized providers of health care services under the Department in the feasibility and advisability of the joint establishment and operation by the Veterans Health Administration and the Indian Health Service of Indian health clinics on reservations to serve the populations of such reservations, including Indian veterans.

SEC. 311. **Enhancement of Vet Centers to Meet Needs of Veterans of Operation Iraqi Freedom and Operation Enduring Freedom.**

(a) **Voluntary Contract Offer.**—(1) **In General.**—Subsection (c) of section 1712A is amended—

(A) by striking “The Under Secretary” and inserting “The Secretary”;

(B) in paragraph (1), as designated by paragraph (1), by striking “, and, in carrying” and inserting “, and all that follows through “screening activities”;

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

“(7) In carrying out this section, the Under Secretary may utilize the services of the following:

“(8) The Secretary shall adjust the fee-basis compensation of providers of health care services under the Department that do not provide such services as part of a medical practice accredited by a recognized accrediting entity to encourage such providers to participate in peer review under subsection (e).”
SEC. 312. CENTERS OF EXCELLECE FOR RURAL HEALTH RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES.

(a) In General.—(1) The Secretary shall establish the procedures described in section 1712A(c)(4), as added by paragraph (1).

(b) Outreach.—Subsection (e) of such section is amended—

(1) by striking "The Secretary" and inserting "(1) The Secretary"; and

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

"(2) Each center shall develop an outreach plan to ensure that the community served by the center is aware of the services offered by the center."

SEC. 313. PILOT PROGRAM ON INCENTIVES FOR PHYSICIANS WHO_ASSUME INFANT PATIENT 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 recruitment of primary care physicians to and the maintenance 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.

(c) Duration of Program.—The pilot program shall be carried out during the three-year period beginning on the date of the enactment of this Act.

(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 Veteran Integrated Services Networks (VISNs). The hospitals selected by the Secretary utilizing the results of the survey required under subsection (e).

(2) Qualifying Community Hospitals.—A community hospital may be selected under this subsection 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 results of the survey) is sufficient for purposes of the pilot program.

(e) Survey of Physician Interest in Participating.—

(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 (b) 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 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 purposes of section 26(a) of the 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 determines 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 a provision of this Act 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.
(1) 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 recovery 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 physicians discharging inpatient responsibilities under the pilot program.

(j) INPATIENT RESPONSIBILITIES DEFINED.—In this subsection 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.

(k) REPORT.—Not later than one 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 non-veterans provided inpatient care by physicians participating in the pilot program.

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

(l) HEALTH PROFESSIONAL SHORTAGE AREA DEFINED.—In this section, the term "health professional shortage area" has the meaning given in the term in section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a)).

SEC. 314. ANNUAL REPORT ON MATTERS RELATED TO CARE FOR VETERANS WHO LIVE IN RURAL AREAS.

(a) ANNUAL REPORT.—The Secretary of Veterans Affairs shall submit to Congress each fiscal year reports, together with documents submitted to Congress in support of the budget of the President for the fiscal year beginning in such year (as submitted pursuant to section 1105 of title 31, United States Code), an assessment, current as of the fiscal year ending in the year before such report is submitted, of the following:

(1) The implementation of the provisions of sections 209 through 213, including the amendments made by such sections.

(2) The establishment and functions of the Office of Rural Health under section 7308 of title 38, United States Code.

(b) ADDITIONAL REQUIREMENTS FOR INITIAL REPORT.—The first report submitted under subsection (a) shall also include the following:

(1) The assessment of fee-basis health-care program required by section 212(b) of the Veterans Health Care, and Information Technology Act of 2006 (Public Law 109–461; 120 Stat. 3422).

(2) An assessment of the outreach program required by section 213 of such Act (120 Stat. 3422; 38 U.S.C. 6303 note).

SEC. 315. TRANSPORTATION GRANTS FOR RURAL VETERANS SERVICE ORGANIZATIONS.

(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.

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

(1) Assist veterans in highly rural areas to travel to Department of Veterans Affairs medical facilities.

(2) Otherwise assist in providing 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 shall not be required to provide matching funds as a condition for receiving such grant.

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

(1) Evaluating grant applications under this section;

(2) Otherwise administering the program established by this section.

(c) DEFINITIONS.—In this section:

(1) HIGHLY RURAL.—The term "highly rural".

(2) RESIDES IN A LOCATION THAT IS.—The term "resides in a location that is".

(3) PROVIDE INPATIENT RESPONSIBILITIES UNDER THE.—The term "providing inpatient responsibilities under the pilot program by eligible physicians discharging inpatient responsibilities under the pilot program.

(4) 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.

SEC. 316. MODIFICATION OF ELIGIBILITY FOR PARTICIPATION IN PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF CERTAIN VETERANS.

(a) FINDINGS.—With respect to section 410 of title 38, United States Code (410 of title 38, United States Code (as of the date of the enactment of this Act and amended under subsection (b) of this section), the Secretary, after taking into account any changes in title 38, United States Code (as of the date of the enactment of this Act and amended under subsection (b) of this section, and the findings of the Secretary.

(b) REGULATIONS.—The Secretary shall prescribe, after taking into account any changes in title 38, United States Code (as of the date of the enactment of this Act and amended under subsection (b) of this section, and the findings of the Secretary.

SEC. 317. AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $5,000,000 for each of fiscal years 2010 through 2014 to carry out this section.

SEC. 318. TITLE IV—MENTAL HEALTH CARE MATTERS.

SEC. 401. ELIGIBILITY OF MEMBERS OF THE ARMED FORCES WHO SERVE IN OPERATIONS IRAQI FREEDOM OR OPERATION ENDURING FREEDOM FOR TREATMENT, ASSISTANCE UPON REQUEST TO FORMER MEMBERS OF THE ARMED FORCES NOT AUTHORIZED COUNSELING.

(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.—(1) In carrying out the study required under subsection (a), the Secretary of Veterans Affairs shall coordinate with—

(A) the Secretary of Defense;

(B) Veterans Service Organizations;

(C) Centers for Disease Control and Prevention; and

(D) State public health offices and veterans agencies.

(2) 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.

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.

(a) PROVISIONSaffles.

(b) USE OF FUNDS TRANSFERRED.—Funds transferred under subsection (a) shall be used...
to award grants to support the training of psychologists in the treatment of veterans with post-traumatic stress disorder, traumatic brain injury, and other combat-related disorders.

(c) PREFERENCE FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES.—In the award of grants under paragraphs (a) and (b) of this subsection, the Secretary shall give preference to health care facilities of the Department of Veterans Affairs and graduate programs of education that are affiliated with such facilities.

TITLE V—OTHER HEALTH CARE MATTERS

SEC. 501. REPEAL OF CERTAIN ANNUAL REPORT 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 7107 is repealed.

(2) Conforming Amendment.—The table of sections at the beginning of chapter 81 is amended by striking the item relating to section 7107.

SEC. 502. MODIFICATIONS TO ANNUAL GULF WAR RESEARCH REPORT.

Section 707(c)(1) of the Persian Gulf War Veterans' Health 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 of each of the following years”.

SEC. 503. PAYMENT FOR CARE FURNISHED TO CERTAIN VETERANS BENEFICIARIES.

Section 1782 is amended at the end by adding 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. DISCLOSURES FROM CERTAIN MEDICAL RECORDS.

Section 7323(b)(2) is amended by adding at the end the following new paragraph:

“(yy) 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.

“(zz) In this subparagraph, the term ‘representative’ means an individual, organization, or other body authorized under section 7311 of this title and its implementing regulations to give informed consent on behalf of a patient who lacks decision-making capacity.”.

SEC. 505. DISCLOSURE TO SECRETARY OF HEALTH-PLAN CONTRACT INFORMATION AND SOCIAL SECURITY NUMBER OF CERTAIN VETERANS RECEIVING CARE.

(a) In General.—Subchapter I of chapter 17 is amended by adding at the end the following new section:

“§ 1709. Disclosure to Secretary of health-plan contract information and social security number of certain veterans receiving care—

“(a) Disclosures to Secretary.—(1) A confidential system for the submittal of reports by Veterans Health Administration personnel regarding quality management of care facilities and duties relating to quality management and quality assurance.

“(b) Required Disclosure of Social Security Number.—(1) The Secretary shall disclose the social security number of an individual to the Secretary of Veterans Affairs for purposes of improving how the Department measures quality in individual facilities.

“(c) Encouraging Research and Development.—In carrying out such responsibilities and duties relating to quality management in the Veterans Health Administration as the Under Secretary for Health shall specify.

“(d) Failure to Disclose Social Security Number.—(1) The Secretary shall ensure that an individual does not provide the social security number required or requested to be submitted pursuant to paragraph (b).

“(2) A denial or termination of enrollment in the medical benefit program required to identify any health-plan contract to which an individual is entitled pursuant to subsection (b).

“(e) Construction.—Nothing in this section shall be construed to require the Secretary to disclose an individual’s social security number in any manner that could be used to assess reliability of the quality of care of individuals to whom it has not been assigned.

“(f) Amendments.—Section 1709 of title 38, United States Code, is amended by striking paragraphs (a), (b), (c), and (d) and inserting the following:

“(1) The Secretary shall—

“(A) the plan number; and

“(B) the plan’s group code.

“(2) The care described in this paragraph is—

“(A) a hospital, nursing home, or domiciliary care;

“(B) medical, rehabilitative, or preventive health services; and

“(C) other medical care under laws administered by the Secretary.

“(3) The care described in this paragraph may be—

“(A) furnished in the treatment of veterans by the Secretary on behalf of the Secretary, or by an individual to whom a discharge of the responsibilities and duties of the Under Secretary for Health is transferred pursuant to subsection (g).

“(B) furnished in the treatment of veterans by a department, agency, or instrumentality of the United States, or by an individual regulated under laws administered by the Secretary.

“(C) furnished in the treatment of veterans by a department, agency, or instrumentality of the United States, or by an individual regulated under laws administered by the Under Secretary for Health.

“(D) furnished in the treatment of veterans by a department, agency, or instrumentality of the United States, or by an individual regulated under the laws administered by the Secretary.

“(E) the plan number; and

“(F) the plan’s group code.

“(3) The Secretary shall—

“(A) the plan number; and

“(B) the plan’s group code.

“(2) The care described in this paragraph is—

“(A) a hospital, nursing home, or domiciliary care;

“(B) medical, rehabilitative, or preventive health services; and

“(C) other medical care under laws administered by the Secretary.

“(b) Required Disclosure of Social Security Number.—(1) The individual who applies for or is described in paragraph (2), shall, at the time of such application, or otherwise when requested by the Secretary, submit to the Secretary—

“(A) the individual’s social security number; and

“(B) the social security number of any dependent or Department beneficiary on whose behalf, or based upon whom, such individual applies for or is in receipt of such care.

“(2) The care described in this paragraph is—

“(A) a hospital, nursing home, or domiciliary care;

“(B) medical, rehabilitative, or preventive health services; and

“(C) other medical care under laws administered by the Secretary.

“(3) This subsection does not require an individual to furnish a social security number for any individual to whom a social security number has not been assigned.

“(4) Failure to Disclose Social Security Number.—(1) The Secretary shall—

“(A) establish and enforce the requirements of the program referred to in paragraph (1).

“(B) Developing a aggregate quality metrics from existing data sources, such as 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, are monitored routinely and analyzed in a manner that ensures the timely detection of quality of care issues.

“(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, 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) Identifying potential opportunities for improvements in the quality of care provided to individual Department medical centers and associated community-based outpatient clinics.

“(F) 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.

“(g) Encouraging the peer review of the actions of individuals appointed in the Veterans Health Administration in the position of physician.

“(h) Quality Management Officers for VISNs.—(1) The Regional Director of each Veterans Integrated Services Network (VISN) shall appoint an individual of the Network to act as the quality management officer for the VISN.

“(i) 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.

“(j) The quality management officer for a Veterans Integrated Services Network may be appointed in the following:

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

“(2) Coordinate, monitor, and oversee the quality management programs and activities of the Veterans Health Administration in the Network in order to ensure the thorough and uniform discharge of quality management requirements under such programs and activities throughout the Network.

“(k) Quality Management Officers for Medical Facilities.—(1) The Director of each Veterans Health Administration medical facility shall appoint a quality management officer for the medical 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.
Services Network in which the facility is located, regarding the discharge of the responsibilities and duties of the quality management officer under this section.

"(c) AUTHORIZATION OF APPROPRIATIONS.—(1) In general.—In making distributions under this section, the Secretary shall take into account the extent to which the resources allocated to a facility under this section will enable the facility to make adequate improvements in health care and in the quality of care furnished at the facility. Such distribution shall be made on the basis of the needs of the local community. The Secretary shall provide adequate notice to all local, State, and Federal providers of services for veterans to reduce duplication of services and to improve the effectiveness of such services.

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

SEC. 509. SPECIALIZED RESIDENTIAL CARE AND REHABILITATION FOR CERTAIN VETERANS.

(a) 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.

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

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

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

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

SEC. 510. 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 conduct a study of the frequency of which regular data analyses are performed under the program; and

(b) Use of grant funds.—The Secretary shall make available to an individual—

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

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

(3) to increase the coordination of community-based organizations and local and State government entities—

(1) to assist 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.

SEC. 511. USE OF NON-FEDERALLY OWNED FACILITIES FOR REHABILITATION OF INDIVIDUALS WITH TRAUMATIC BRAIN INJURY.

Section 1710E is amended—

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

(2) to a nursing home even though such care is otherwise impractical for veterans of the program.

The Secretary shall prescribe appropriate uses of grant funds received under the pilot program.

(a) IN GENERAL.—(1) The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of utilizing community-based organizations and local and State government entities to provide assistance to families of 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; and

(3) To a degree that it is optimal with respect to the recovery and rehabilitation for such individual;"
(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. 513. PILOT PROGRAM ON PROVISION OF DENTAL INSURANCE PLANS TO VETERANS AND SURVIVORS AND DEPENDENTS.

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

(b) COVERED VETERANS AND SURVIVORS AND DEPENDENTS.—The Secretary shall define individuals covered under this subsection as any veterans and dependents of veterans described in this subsection are as follows:

(1) Any veteran who is enrolled in the system of annual enrollment under section 1705 of this title.

(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1761 of this title.

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

(d) PILOT PROGRAM LOCATIONS.—The pilot program shall be carried out in not less than two and not more than four Veterans Integrated Services Networks (VISNs) selected by the Secretary of Veterans Affairs for purposes of the pilot program.

(e) ADMINISTRATION.—The Secretary of Veterans Affairs shall contract with a dental insurer to provide the dental 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 this section 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 pilot program shall be in such amount or amounts as the Secretary of Veterans Affairs 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 such coverage for dental care and treatment under the dental insurance plan during the three-year period beginning on the date of such an adjustment shall be notified of the amount and effective date of such adjustment.

(i) VOLUNTARY DISENROLLMENT.—Each individual covered by the dental insurance plan under this section may be disenrolled from the plan under such terms and conditions as the Secretary shall prescribe.

(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. 514. EXPANSION OF ELIGIBILITY.—

(a) EXPANSION OF ELIGIBILITY.—Subsection (b)(3)(C) of section 1725 is amended by striking "in whole or in part", and adding at the end the following new paragraph:

"'(4)(A) If the veteran has contractual or legal recourse against a third party that would, in part, extinguish the veteran's liability to the provider of the emergency treatment and payment for the treatment may be made both under subsection (a) and the third party, except that the amount payable under such subsection shall be the amount by which the costs for the emergency treatment exceed the amount charged or paid by the third party, except that the amount payable may not exceed the maximum amount payable established paragraph 1(4)(A).

(B) In any case in which a third party is financially responsible for part of the veteran's emergency treatment expenses, the Secretary shall be the secondary payer.

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

(A) If an individual enrolled in the dental insurance plan relating to outside the jurisdiction of the dental insurance plan that prevents utilization of the benefits under the dental insurance plan.

(B) If an individual enrolled in the dental insurance plan is prevented 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 section.

(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.

(4) 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 such an individual in the dental insurance plan under this section shall affect the responsibility of the Secretary to provide dental care under that section.

(d) PILOT PROGRAM LOCATIONS.—The pilot program shall be carried out in not less than two and not more than four Veterans Integrated Services Networks (VISNs) selected by the Secretary for purposes of the pilot program.

(e) ADMINISTRATION.—The Secretary of Veterans Affairs shall contract with a dental insurer to provide the dental 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 this section 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 pilot program shall be in such amount or amounts as the Secretary of Veterans Affairs 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 such coverage for dental care and treatment under the dental insurance plan during the three-year period beginning on the date of such an adjustment shall be notified of the amount and effective date of such adjustment.

(i) VOLUNTARY DISENROLLMENT.—Each individual covered by the dental insurance plan under this section may be disenrolled from the plan under such terms and conditions as the Secretary shall prescribe.

(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.
(B) in subparagraph (B), by inserting before the period at the end the following: “, including a State Medicaid agency with respect to payments made under a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.).”;

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by subsections (a) and (b) shall take effect on the date of the enactment of this Act, and shall apply with respect to emergency treatment furnished on or after that date.

(2) REIMBURSEMENT FOR TREATMENT BEFORE EFFECTIVE DATE.—The Secretary of Veterans Affairs may provide reimbursement under section 1720 of title 38, United States Code, as amended by this subsection, for emergency treatment furnished before the date of the enactment of this Act if the Secretary determines that, under the circumstances applicable with respect to the veteran, it is appropriate to do so.

SEC. 515. PROHIBITION ON COLLECTION OF CO-PAYMENTS 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 1722(a) of title 38, United States Code, or any other provision of law, the Secretary may not require a veteran who is catastrophically disabled to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary.”;

(b) CLINICAL AMENDMENT.—The table of sections at the beginning of this chapter 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.”

TITLE VI—DEPARTMENT PERSONNEL MATTERS

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

(a) SECURITARY 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 “blind rehabilitation outpatient specialists, and such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention of personnel 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 the General Schedule under section 5322 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 consult with the Committees on Veterans’ Affairs of the Senate, the Committee on Veterans’ Affairs of the House of Representatives, and the Office of Management and Budget on such submittal;

“(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 7405 is amended—

(1) by redesignating paragraph (4) as paragraph (5); and

(2) 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 TWO YEARS.—Section 7406 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 basis under title 5392 of chapter 53 of title 5 which is not described under paragraph (1) shall be for a probationary period of two years.

“(2) Except as provided in paragraph (3), upon completion of a temporary employment of a registered nurse under this paragraph 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 paragraph (2).

“(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 the expansion of a teaching position in a nursing academy of the Department;

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

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

(2) WAIVER OF OFFSET FROM PAY FOR CERTAIN RETIRED ANNUITANTS.—

(a) IN GENERAL.—Section 7409, as amended by subsection (c), is further amended by adding at the end the following new subsection:

“(2) An annuitant to whom a waiver under paragraph (1) is in effect shall not be considered an employee for purposes of any Government retirement system.

(b) An annuitant to whom a waiver under paragraph (1) is in effect shall be subject to the provisions of chapter 71 of title 5 (including all labor authority and labor representative collective bargaining agreements applicable to the position to which appointed).

“(C) The term ‘Government retirement system’ means a retirement system established by law for employees of the Government.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on the date that is 180 days after the date of the enactment of this Act, and shall apply to pay periods beginning on or after such effective date.

(e) RATE OF BASIC PAY FOR APPOINTMENTS TO THE OFFICE OF THE UNDER SECRETARY FOR HEALTH SHT TO RATE OF BASIC PAY FOR SENIOR EXECUTIVE SERVICE POSITIONS.—

(1) IN GENERAL.—Section 7403(a) is amended—

(A) by striking “The annual”; and

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

“(A) ‘The annual’;

“(B) ‘The pay’;

“(1) 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 5307 of title 5 as though such position were a Senior Executive Service position (as such term is defined in section 3320(a) of title 5); and

“(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 this 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.

(f) 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;

“(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.

“(C) The term ‘Health set to rate of basic pay for Senior Executive Service Positions’ means—

“(A) The term ‘annuitant’ means an annuitant under a Government retirement system.

“(B) The term ‘employee’ has the meaning prescribed under paragraph (1); and

“(C) The term ‘Government retirement system’ means a retirement system established by law for employees of the Government.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on the date that is 180 days after the date of the enactment of this Act, and shall apply to pay periods beginning on or after such effective date.

(g) EFFECTIVE DATE.—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.
"(C) The personal qualifications of the individual."

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

"(E) Other factors as the Secretary considers appropriate."

"(3) Special incentive pay under paragraph (1) for an individual shall be considered basic pay for purposes of adverse actions under chapter V of this chapter."

"(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) 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."

"(g) 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:

"(3) The Secretary may exempt physicians and dentists occupying administrative or executive leadership positions from the requirements of the previous sentence."

"(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 new subparagraph: ""(i) a representative of the labor organization representing that individual who is designated by that individual to make the request.""

"(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.""

"(h) ADJUSTMENT OF PAY CAP FOR NURSES.—Section 7451(e)(2) is amended by striking ""level I"" and inserting ""level IV.""

"(i) EXEMPTION FOR CERTIFIED REGISTERED NURSE ANESTHETISTS FROM LIMITATION ON AUTHORIZED COMPETITIVE PAY.—Section 7451(c)(3) is amended by adding at the end the following new paragraph: ""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.""

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

"(k) 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 paragraph:

"(2) MARKET PAY DETERMINATION USING METHODOLOGY USED IN WAGE SURVEYS.—Section 7451(e)(4) is amended—

(1) by redesignating subparagraph (D) as subparagraph (C);

(2) 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 (F) facility information on the methodology used in making such adjustment or adjustments.""

"(3) DISCLOSURE OF INFORMATION TO PERSONS IN COVERED POSITIONS.—Section 7451(h)(3) is amended by adding at the end the following new paragraph:

"(G) The Secretary shall provide to the 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—

(1) in a covered position at a Department health-care facility; or

(2) in a covered position following the approval of an agreement by the individual for purposes of education, training, or consultation for the Secretary for Health or the Director of such facility.

"(m) ENHANCED AUTHORITY TO INCREASE BASIC PAY.—

(1) IN GENERAL.—Section 7456A is amended by striking ""and"" and inserting ""or"" after ""in paragraphs (1) and (2)"

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

(3) by redesignating subsection (e) as subsection (d); and

(4) by striking subsection (f) and inserting ""(f) The Secretary for purposes of this section may provide appropriate education, training, and consultation for the Secretary for Health or the Director of such facility.""

"(n) ENHANCED AUTHORITY TO INCREASE BASIC PAY FOR LOCALITY PAY SCALE COMPUTATIONS.—Section 7456A(b) is amended—

(1) by striking subsection (a) and inserting ""(a) The Secretary for purposes of this section may provide appropriate education, training, and consultation for the Secretary for Health or the Director of such facility"

(2) by inserting after the item relating to section 7456 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 in a workweek or more than 24 hours in a period commencing at midnight Friday and ending at midnight Saturday, any part of which is within the period."

"(b) VOLUNTARY OVERTIME.—(1) Nursing staff shall, 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 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, dismissal or discharge of the staff, or any other adverse personnel action against the staff.

"(c) OVERTIME UNDER EMERGENCY CIRCUMSTANCES.—(1) The Secretary may require nursing staff to work hours otherwise prohibited by subsection (a) if—

"(A) 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.

"(e) 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."

"(f) WEEKEND DUTY.—Section 7458 is amended—

(1) by striking subsection (c); and

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

"(g) ALTERNATE WORK SCHEDULES.—

(1) IN GENERAL.—Section 7456A(b)(1) is amended by striking ""three regularly scheduled 12-hour"" and inserting ""three regularly scheduled 12-hour"" and all that follows through the period ending and inserting in paragraph (4) of subsection (a) before""the emergency ends.

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

(1) by striking subsection (c); and

(2) by redesignating subsection (d) as subsection (c)."
(A) in the subsection heading, by striking "36/40" and inserting "23/80";
(B) in paragraph (2)—
   (i) in subparagraph (A), by striking "40-hour work week" and inserting "80-hour pay period";
   (ii) in subparagraph (B), by striking "regularly scheduled 36-hour tour of duty within the week" and inserting "scheduled 72-hour tour of duty within the bi-weekly pay period";
   (iii) in subparagraph (C), by striking "regularly"; and
   (iv) in subparagraph (D), by striking "regularly scheduled 36-hour tour of duty within an administrative work week" and inserting "scheduled 72-hour tour of duty within an administrative pay period";
(C) in paragraph (3), by striking "regularly scheduled 36-hour tour of duty work week" and inserting "scheduled 72-hour tour of duty pay period"; and
(D) in paragraph (4), by striking "regularly scheduled 36-hour tour of duty work week" and inserting "scheduled 72-hour tour of duty pay period";

SEC. 603. IMPROVEMENTS TO CERTAIN EDUCATIONAL ASSISTANCE PROGRAMS.

(a) RINNWETMENT OF HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE SCHOLARSHIP PROGRAM.—

(1) IN GENERAL.—Section 7618 is amended by striking "December 31, 1998" and inserting "December 31, 2014".

(2) EXPANSION OF ELIGIBILITY REQUIREMENTS.—Section 7613(b)(1)(C) is amended by striking "(under section 106 of title 38)" and inserting "(under section 487E of title 38)".

(b) IMPROVEMENTS TO EDUCATION DEBT REDUCTION PROGRAM.—

(1) ADMINISTRATION AND EMPLOYER RETENTION AS PURPOSE OF PROGRAM.—Section 7681(a)(2) is amended by striking "and retention" after "recruitment" the first time it appears.

(2) ELIGIBILITY.—Section 7682 is amended—

(A) in subsection (a)(1), by striking "a recently appointed" and inserting "an"; and

(B) by striking subsection (c).

(c) FUNDING FOR CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs, in consultation with the Secretary of Health and Human Services, utilize the authorities available in section 487E of the Public Health Service Act (42 U.S.C. 200a–5) for the development of research programs for clinical researchers from disadvantaged backgrounds in order to secure clinical research by such professionals who are from disadvantaged backgrounds in order to secure clinical research by such professionals for the Veterans Health Administration.

(2) LIMITATIONS.—The exercise by the Secretary of Veterans Affairs of the authorities referred to in paragraph (1) 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. 200a–5).

(d) FUNDING.—Amounts for the repayment of 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.

SEC. 604. STANDARDS FOR APPOINTMENT AND PRACTICE OF PHYSICIANS IN DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.

(a) STANDARDS.—

(1) IN GENERAL.—Subchapter I of chapter 74 is amended by inserting after section 7492 the following new section:

87402A. Appointment and practice of physicians

(a) IN GENERAL.—The Secretary shall, acting through the Under Secretary for Health, prescribe standards to be met by individuals in order to practice in the Veterans Health Administration in the position of physician and to practice as a physician in medical facilities of the Administration.

(b) DISCLOSURE OF CERTAIN INFORMATION REQUIRED PRIOR TO APPOINTMENT.—If an individual seeking appointment in the Veterans Health Administration in the position of physician shall do the following:

(1) Provide the Secretary a full and complete explanation of the following:

(A) Each lawsuit, civil action, or other claim (whether open or closed) brought against the individual for medical malpractice or negligence;

(B) Each payment made by or on behalf of the individual to settle any lawsuit, action, or claim covered by subparagraph (A);

(C) Each investigation or disciplinary action taken against the individual relating to the individual's performance as a physician;

(D) Each disciplinary action taken or investigation do not disqualify the individual for medical malpractice or negligence.

(ii) A payment made by or on behalf of the individual to settle any lawsuit, action, or claim disclosed pursuant to subparagraph (A) or under this subparagraph.

(iii) Any disposition of or material change in a matter disclosed pursuant to subparagraph (A) or under this subparagraph.

(3) Each individual appointed in the Veterans Health Administration in the position of physician shall, as part of the biennial review of the performance of the physician under the appointment, submit the request and authorization described in subsection (b). The requirement of this paragraph is in addition to the requirements of paragraph (1) or (2), as applicable.

(d) INVESTIGATION OF DISCLOSED MATTERS.—(1) The Director of the Veterans Integrated Services Network (VISN) in which an individual is seeking appointment in the Veterans Health Administration in the position of physician shall perform an investigation (in a manner so specified of each matter disclosed under subsection (b) with respect to the individual.

(2) The Director of the Veterans Integrated Services Network in which an individual is appointed in the Veterans Health Administration in the position of physician shall perform an investigation (in a manner so specified of each matter disclosed under subsection (b) with respect to the individual.

(3) The results of each investigation performed under this subsection shall be fully documented.

(e) APPROVAL OF APPOINTMENTS BY DIRECTOR OF VISN.—(1) The Director of VISN may not approve an individual for appointment in the position of physician unless the individual has been approved for appointment in the position of physician by the Director of VISN.

(2) In approving the appointment under this section of any individual to whom any matters have been disclosed under subsection (b), a Director shall—

(A) certify in writing the completion of the performance of the investigation under subsection (d)(1) of such matter, including the results of such investigation; and

(B) provide a written justification why any matters raised in the course of such investigation do not disqualify the individual from appointment.

(f) ENROLLMENT OF PHYSICIANS WITH PROACTIVE DISCLOSURE SERVICE.—Each medical facility of the Department at which physicians are extended the privileges of practice shall enroll each physician, exempted the privilege in the Proactive Disclosure Service of the National Practitioner Data Bank.
“(g) Encouraging Hiring of Physicians With Board Certification.—(1) The Secretary shall, for each performance contract with a Director of a Veterans Integrated Services Network (VISN), include a clause in the contract that encourages such director to hire physicians who are board eligible or board certified in specialties in which such director shall practice.

“(2) The Secretary may determine the manner and scope of the provision described in paragraph (1).”

(2) Effective Date and Applicability.—

(1) EFFECTIVE DATE.—Except as provided in paragraphs (2) and (3), the amendments made by subsection (a) shall take effect on the date of the enactment of this Act.

(2) APPLICABILITY OF CERTAIN REQUIREMENTS TO PHYSICIANS PRACTICING ON EFFECTIVE DATE.—In the case of an individual appointed to the Veterans Health Administration in the position of physician as of the date of the enactment of this Act, the requirements of section 7422A of title 38, United States Code, as added by subsection (a) of this section, shall take effect on the date that is five years after the date of such appointment.

(3) APPLICABILITY OF REQUIREMENTS RELATED TO HIRING OF PHYSICIANS WITH BOARD CERTIFICATION.—The requirement of section 7622A(g) of such title, as added by subsection (a) of this section, shall begin with the first cycle of performance contracts for directors of Veterans Integrated Services Networks beginning after the date of the enactment of this Act.

TITLE VII—HOMELESS VETERANS MATTRESSES

SEC. 701. PILOT PROGRAM ON FINANCIAL SUPPORT FOR ENTITIES THAT COORDINATE THE PROVISION OF SUPPORTIVE SERVICES TO FORMERLY HOMELESS VETERANS RESIDING ON CERTAIN MILITARY PROPERTY.

(a) Establishment.—

(1) IN GENERAL.—Subject to the availability of appropriations for such purpose, the Secretary of Veterans Affairs may carry out a pilot program to make grants to public and nonprofit organizations (including faith-based organizations) to coordinate the provision of supportive services available in the local community to very low income, formerly homeless veterans residing in permanent housing.

(b) Qualifying Property.—Qualifying property under this program is any property in the United States on which permanent housing is provided or afforded to formerly homeless veterans, as determined by the Secretary.

(c) Criteria for Grants.—The Secretary shall prescribe criteria and requirements for grants under this section and shall publish such criteria and requirements in the Federal Register.

(d) Duration of Program.—The Secretary may make grants under this section until the date that is five years after the date of the commencement of the pilot program.

SEC. 702. PILOT PROGRAM ON FINANCIAL SUPPORT FOR ENTITIES THAT COORDINATE THE PROVISION OF SUPPORTIVE SERVICES TO FORMERLY HOMELESS VETERANS RESIDING IN PERMANENT HOUSING.

(a) Establishment of Pilot Program.—

(1) IN GENERAL.—Subject to the availability of appropriations for such purpose, the Secretary may make grants to public and nonprofit organizations under this section until the date that is five years after the date of the commencement of the pilot program.

(b) Qualifying Property.—Qualifying property under this program is any property in the United States on which permanent housing is provided or afforded to formerly homeless veterans residing in permanent housing.

(c) Criteria for Grants.—The Secretary shall prescribe criteria and requirements for grants under this section and shall publish such criteria and requirements in the Federal Register.

(d) Duration of Program.—The Secretary may make grants under this section until the date that is five years after the date of the commencement of the pilot program.

SEC. 704. ASSESSMENT OF PILOT PROGRAMS.

(a) progress Reports.—Not less than one year before the expiration of the authority to carry out a pilot program authorized by sections 501 through 503, the Secretary of Veterans Affairs shall submit to Congress a progress report on such pilot program.

(b) CONTENTS.—Each progress report submitted for a pilot program under subsection (a) shall include the following:

(1) The lessons learned by the Secretary of Veterans Affairs with respect to carrying out a pilot program that can be applied to other programs with similar purposes.

(2) The recommendations of the Secretary on whether to continue the pilot program.

(3) The number of veterans and dependents served by such pilot program.

(4) An assessment of the quality of service provided to veterans and dependents under such pilot program.

(5) The amount of funds provided to grant recipients under such pilot program.

SEC. 801. GENERAL AUTHORITY ON ESTABLISHMENT OF CORPORATIONS.

(a) Authorization of Multi-Medical Center Research Corporations.—

(1) in general.—Section 7381 is amended—

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

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

“(d) Subject to paragraph (2), a corporation established under this subsection may facilitate the conduct of research, education, or both at more than one center.

(2) Expansion of Existing Corporations to Multi-Medical Center Research Corporations.—The board of directors of a medical center research corporation under this subsection shall include the official at each Department medical center who is, or who carries out the responsibilities of, the medical center director of such center as specified in section 7383(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, such 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:

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

(f) The board of directors of the corporation approves a resolution permitting facility to 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 dispute between the parties to the proceeding.

(b) Restatement and Modification of Authority 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) A corporation established under this subchapter shall be established in accordance with nonprofit corporation laws of the State in which the applicable Department medical center or centers is located in different States, the corporation shall be established in accordance with the nonprofit corporation laws of the State in which one or 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;

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

"(d) Except as otherwise provided in this subchapter, the corporation shall be subject to, and comply only with those Federal laws, regulations, and directives that apply generally to nonprofit corporations.

(2) A Department medical center location or centers'' after "at the medical center".

(d) Reinstatement of Requirement for Non-Federal Funds.—

Paragraph (2) of section 7364, as redesignated by section 7822, is redesignated by inserting "and who have backgrounds, or business, legal, medical, or scientific expertise, of benefit to the operations of the corporation.

(2) Conforming Amendment.—Section (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) 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 7392 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 the Under Secretary for Health for any expenses of that Office in providing legal services attributable to research and education agreements under this subchapter; and

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

(2) Fees charged under 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 to corporations 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 at the Department medical centers located in different States.

(d) Education Activities.—Except for reasonable and usual preliminary costs for project planning and for the receipt and expenditure of funds by nonprofit organizations exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1861.

(2) Conforming Amendment.—Section 7362(a), as amended by section 892(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 7363.

(b) Clerical Amendments.—The table of sections at the beginning of chapter 73 is redesignated as section 7365.

Sec. 806. Improved Accountability and Oversight of Corporations.

(a) Additional Information in Annual Reports.—Subsection (c) of section 7369 is amended to read as follows:

"(c)(1) Each corporation shall submit to the Secretary each year a report providing a detailed statement of its financial activities, and accomplishments of the corporation during that year.

(2) A corporation with revenues in excess of $300,000 for any year shall obtain an audit of the corporation for that year.

(3) A corporation with annual revenues between $10,000 and $300,000 shall obtain an audit of the corporation at least once every three years.

Sec. 807. Reporting Requirements for Private Corporations.—Subsection (b) of section 7371 is amended by inserting "and national, regional, and local" after "congressional".
Title IX—Other 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 each project:

(1) Construction (including acquisition of land) for the realignment of services and closure of the Department of Veterans Affairs Medical Center in Livermore, California, in an amount not to exceed $5,490,000.

(2) Construction of a Multi-Specialty Care Facility in Walla Walla, Washington, in an amount not to exceed $71,400,000.

(3) 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.

(4) 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.

(5) 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) Expansion 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 that 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) Expansion of Outpatient and Inpatient Improvements in Bay Pines, Florida, in an amount not to exceed $194,400,000.

(c) Authorization of Appropriations.—

(1) 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) $290,610,000 for the projects authorized in subsection (a);

(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 subparagraph (1) of this section;

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

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

(D) funds appropriated for Construction, Major Outpatient Clinics for fiscal year 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 ROBLEY REX DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) Designation.—The Department of Veterans Affairs Medical Center in Louisville, Kentucky, to be known as the "Robley Rex Department of Veterans Affairs Medical Center.

(b) References.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the medical center referred to in subsection (a) shall be considered to be a reference to the Robley Rex Department of Veterans Affairs Medical Center.

SEC. 903. MERRILL LUNDMAN DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC.

(a) In General.—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 "Merrill 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. 904. MODIFICATION ON RESTRICTION OF ALIENATION OF CERTAIN REAL PROPERTY IN GULF PORT, MISSISSIPPI.

(a) In General.—Section 2705(b) of the Emergency Supplemental Appropriations Act for Defense, Department of Homeland Security, and Hurricane Recovery, 2006 (Public Law 109-234; 120 Stat. 469), as amended by section 251 of the Military Construction and Veterans Affairs and Related Agencies Appropriations Act, 2009 (division E of Public Law 110-329; 122 Stat. 3713), is further amended by inserting after "the City of Gulfport" the following: "... or its urban renewal agency."

(b) Memorialization of Modification.—The Secretary of Veterans Affairs shall take appropriate actions to modify the quitclaim deeds executed by the conveyee authorized by section 2705 of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Hurricane Recovery, 2006 (Public Law 109-234) in order to accurately reflect and memorialize the amendment made by subsection (a).
HEALTH CARE REFORM

Mr. GRASSLEY. Madam President, we have been waiting for many weeks while the Democratic leadership worked behind closed doors to write a new health care reform bill. Rather than trying to build consensus for a bill that could get broad-based support, they went their own way. But long last this new health care reform plan is finally public. They have come forward with a new health care reform plan that the Democrats intend to bring to the floor. The assistant legislative clerk proceeded to call the roll. The clerk will call the roll.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. MURRAY. I suggest the absence of a quorum. The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. GRASSLEY. Madam President, we have been waiting for many weeks while the Democratic leadership worked behind closed doors to write a new health care reform bill. Rather than trying to build consensus for a bill that could get broad-based support, they went their own way. But long last this new health care reform plan is finally public. They have come forward with a new health care reform plan that the Democrats intend to bring to the floor. We know where they started. We know the changes they made along the way. Those in this Chamber will recall that we worked for months in the Senate Finance Committee on health care reform. Senator BAUCUS and I worked very carefully in committee to try to develop a bipartisan reform plan.

Health care, as everybody knows, is one-sixth of the economy. If that economic fact is obscure to people, $1 out of every $6 is spent in the United States is spent on health care.

We are, of course, to spend upward of $33 trillion on health care in this country over the next decade—$33 trillion. Already our health care system is on an unsustainable path. Our current health care entitlement programs, at least the two, Medicare and Medicaid, are both on very unsound financial footing. Not only are both programs in jeopardy financially, but the magnitude of the problem is a real threat to the Federal budget.

Starting in 2008, the Medicare Program began spending more out of the hospital insurance trust fund than it is taking in. That deficit spending at the trust fund is the beginning of the end of Medicare unless Congress steps in and does something to maintain that trust fund. The Medicare trustees have been warning us for years that the hospital insurance fund—the trust fund, that is—is going to go broke. They now predict that year of going broke is 2017. To keep those forecasts from becoming reality means finding a way to bridge the gap for the $75 trillion of unfunded liability, and this must be done in a manner that does not worsen the health care quality or access for beneficiaries. Likewise, the Medicaid Program, which serves 60 million low-income pregnant women as well as children and the families, is on a very shaky financial ground.

We have the Government Accountability Office reporting to Congress that States—meaning the 50 States—are reaching a crisis with their part of the Medicaid Program. The Government Accountability Office models predict that State spending will grow faster than State revenues for at least the next 10 years. The impact of declining revenues is very clear. I quote what the GAO has said about this situation:

"If the Congress fails to act, these governments will face increasing fiscal constraints and must make difficult choices. The options include raising premiums and deductibles, cutting benefits, and increasing taxes." This is the situation we will face if we fail to act on health care reform.

This, too, is the crisis facing the Medicaid Program today. So both of the two major Federal health care programs are in very serious trouble. It is absolutely imperative that we get to work and do the job right. But when the first of September rolled around, they were not willing to give the group of six any additional deadlines. We wanted to get the job done right. But when the first of September rolled around, they were not willing to give the group of six any more time.

As a result, the Democratic leaders pulled the plug on that bipartisan approach and the hope for broad bipartisan support ended at that point. Ultimately, the Finance Committee reported out a bill that did not have that broad bipartisan support, the support we had hoped for earlier in the year. The bigger and far more liberal approach driven by the White House and the Democratic leadership went beyond where the true consensus on reform exists.

Now the next step in this process has been to merge the Senate and the House Republican Conference to work on their package and the Bipartisan Senators. That job fell to the Democratic leader and the chairmen of the two committees. But, ultimately, their