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

**YEAS—59**

Akaka  Hagan  Murray
Bayh  Harkin  Nelson (NE)
Begich  Inouye  Nelson (FL)
Bennet  Johnson  Pryor
Bingaman  Kaufman  Reed
Baucus  Kerry  Reid
Brown  Kirk  Rockefelder
Burr  Klobuchar  Sanders
Cantwell  Kohl  Schumer
Cardin  Landrieu  Shaheen
Carper  Lautenberg  Specter
Casey  Levy  Stabenow
Conrad  Levin  Tester
Dodd  Lieberman  Udall (CO)
Durbin  Lincoln  Udall (NM)
Fengold  McCaskill  Warner
Feinstein  Menendez  Webb
Franken  Merkley  Whitehouse
Gillibrand  Mikulski  Wyden

**NAYS—39**

Alexander  Crapo  LeMieux
Barrasso  Ensign  McCain
Bennett  Enzi  McConnell
Bond  Graham  Murray
Brownback  Hatch  Nichols
Bunning  Grassley  Sessions
Burr  Gregg  Sessions
Chambliss  Hatch  Sessions
Cochran  Hutchinson  Sessions
Collins  Isakson  Sessions
Corker  Johanns  Sessions
Cornyn  Kyl  Sessions

**NOT VOTING—2**

Baucus  Byrd

The nomination was confirmed. The PRESIDING OFFICER. The President will be immediately notified of the Senate’s action.

**LEGISLATIVE SESSION**

The PRESIDING OFFICER. The Senate will resume legislative session.

**CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2009—Continued**

**AMENDMENT NO. 2785**

The PRESIDING OFFICER. There will now be 2 minutes of debate equally divided on the amendment offered by the Senator from Oklahoma, Mr. COBURN.

The Senator from Oklahoma is recognized.

Mr. COBURN. This is a straightforward amendment. You get to decide whether you want to continue to send money to an organization that is bankrupt, fraudulent; has peacekeeping troops that rape men, women, and children; has absolutely no transparency in spite of our law that demands it, or to pay for the courage and the support of people who do deserve it.

We always find a reason not to make the hard choice. I suspect we will find one again.

The President has expired.

**NAYS—66**

Akaka  Gellibrand  Mikulski
Begich  Begich  Murray
Bingaman  Greg  Murray
Bond  Harkin  Nelson (NE)
Brown  Inouye  Nelson (FL)
Burr  Johnson  Pryor
Boxer  Johnson  Reid
Collins  Kaufman  Rockefelder
Collins  Kerry  Sanders
Collins  Kirk  Schumer
Carper  Klobuchar  Shaheen
Casey  Kohl  Snowe
Cochran  Landrieu  Specter
Collins  Lautenberg  Stabenow
Conrad  Leahy  Tester
Corker  Levin  Udall (CO)
Dodd  Lieberman  Udall (NM)
Durbin  Lincoln  Voinovich
Fengold  McCaskill  Warner
Feinstein  Menendez  Webb
Franken  Merkley  Whitehouse
Gillibrand  Mikulski  Wyden

The clerk will roll the call.

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. LE MIEUX. I ask for the yeas and nays.

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

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:

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray

The PRESIDING OFFICER. The Senate will resume legislative session.

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

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray

The clerk will roll the call.

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:

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray

The clerk will roll the call.

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:

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray

The clerk will roll the call.

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:

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray

The clerk will roll the call.

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:

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray

The clerk will roll the call.

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:

**YEAS—32**

Alexander  DeMint  McCain
Barrasso  Ensign  McConnell
Bayh  Enzi  Murray
Bennet  Graham  Murray
Brownback  Hatch  Murray
Bunning  Grassley  Murray
Burr  Gregg  Murray
Chambliss  Hatch  Murray
Cochran  Hutchinson  Murray
Collins  Isakson  Murray
Corker  Johanns  Murray
Cornyn  Kyl  Murray
Crapo  LeMieux  Murray
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 the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mrs. MURRAY. I ask for the yeas and nays.

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                  Feingold              Menendez
Alexander             Feinstein             Merkley
Barasso               Franken              Mikulski
Bayh                   Gillibrand           Murkowski
Bell                   Graham               Murray
Bennet                 Grassley             Nelson (NE)
Bennett                Gregg                Nelson (FL)
Bingaman              Hogan                Pryor
Bond                   Harkin               Reed
Boxer                  Hatch                Reid
Brown                  Hutchinson           Risch
Brownback             Inhofe               Roberts
Bunning               Inouye               Rockefeller
Burk                   Johanns              Sands
Burris                 Johnson              Schumer
Cardin                 Kaufman              Sessions
Carper                 Kerry                Shelby
Casey                  Kirk                 Snowe
Chambliss             Klobuchar           Specter
Colburn                Kohl                 Stabenow
Coehran                Kyl                  Tester
Collins               Landrieu             Tester
Conrad                 Lautenberg          Thune
Corker                 Leahy               Udall (CO)
Corum                  Lemieux             Udall (NM)
Crapo                  Levin                Vitter
DeMint                 Lieberman            Vosnich
Dodd                   Lugar                Warner
Dorgan                 Logue                Webb
Durbin                 McCain               Whitehouse
Enzi                   McConnell            Wicker
Enzi                   McConnell            Wyden

NOT VOTING—2

Baucus                  Byrd

The bill (S. 603) was passed, as follows:

S. 603

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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 re-treatment 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 impatient 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 mental health and other assistance upon request to former members of the Armed Forces not authorized counseling.

Sec. 403. Study on suicides of 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 report.

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 tribes 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 Department 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 786A 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. Merrill Lundman Department of Veterans Affairs Outpatient Clinic.

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 SERIOUSLY 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.

"(2) The Secretary shall only furnish family caregiver assistance under this section to a family member of an eligible veteran (or other individual designated by such veteran) if the Secretary determines that it is in the best interest of the eligible veteran to do so.

"(3) The Secretary may provide to eligible veterans with additional counseling on the successful completion by a family member of an eligible veteran (or other individual designated by the veteran)
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 Secretary determines that the primary personal care attendant designated under subsection (e) subsequently fails to meet the requirements set forth in paragraph (2), the Secretary—

(A) shall immediately revoke the individual’s designation under paragraph (1) subsequently.

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

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

(6) ONGOING FAMILY CAREGIVER ASSISTANCE.—(1) Except as provided in subsection (a)(2) and subject to the provisions of this paragraph, the Secretary shall provide 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 providing personal care services under this section.

(B) To each family member of an eligible veteran (or designee) who is designated as the primary personal care attendant under subsection (d) at any time, the Secretary shall, in consultation with the veteran, provide respite care to the veteran during the provision of such care to the veteran, so that such family caregiver (or designee) can participate in such training without interrupting the provision of such care to the veteran.

(7) The Secretary shall make such training available to the primary personal care attendant for each eligible veteran.

(8) A personal primary care attendant designated for an eligible veteran under paragraph (1) shall not be 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 section 1726(b).

(9) The Secretary considers competent to be the primary provider of such services for such veteran.

(2) 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 for the veteran under paragraph (1) may revoke consent with respect to such family member (or designee) under paragraph (2)(D).

(3) If the Secretary determines that the Department lacks the capacity to furnish services to an eligible veteran (or the veteran’s surrogate), the Secretary shall, in consultation with the primary personal care attendant and the veteran (or the veteran’s surrogate), provide respite care through other facilities or arrangements that are medically and age appropriate.

(4) The Secretary determines that the Department lacks the capacity to furnish services to an eligible veteran (or the veteran’s surrogate), the Secretary shall, in consultation with the primary personal care attendant and the veteran (or the veteran’s surrogate), provide respite care through other facilities or arrangements that are medically and age appropriate.

(5) The Secretary shall provide monthly personal caregiver stipends under paragraph (1)(B)(v) in accordance with a schedule established by the Secretary that specifies stipends based on the amount and degree of personal care services provided.

(6) The Secretary shall ensure, to the extent practicable, that the schedule required by subparagraph (A) specifies that the amount of the personal caregiver stipend provided to a personal primary care attendant designated under subsection (e)(1) for the provision of personal care services to an eligible veteran is not less than the amount that a personal primary care attendant would pay an individual in the geographic area of the veteran to provide equivalent personal care services to the veteran.

(7) If personal care services are not available from a commercial provider in the geographic area of an eligible veteran, the Secretary shall provide such personal care services to such veteran by subparagraph (A) with respect to the veteran by considering the costs of commercial providers of personal care services in geographic areas other than the geographic area of the veteran and similar costs of living.

(8) Provision of ongoing family caregiver assistance under this section for provision of personal care services to an eligible veteran shall terminate if the veteran no longer requires the personal care services.

(9) Subrogation.—If an eligible veteran lacks the capacity to submit an application, provide consent, make a request, or concur with a request under this section, the Secretary may authorize such action in consultation with the Department regarding the appointment of guardians or the use of powers of attorney, appoint a surrogate for the veteran who may act on behalf of the veteran, provide consent, make requests, or concur with requests on behalf of the veteran under this section.

(10) Oversight.—(1) The Secretary shall enter into contracts with appropriate entities to provide oversight of the provision of personal care services under this section by primary personal care attendants designated under subsection (e)(1).

(2) The Secretary shall ensure that each eligible veteran receiving personal care services under this section from a primary personal care attendant designated under subsection (e)(1) is visited in the veteran’s home by the entity providing personal care services under paragraph (1) at such frequency as the Secretary determines under paragraph (3).

(3) (A) Except as provided in paragraph (B), the Secretary shall determine the manner of oversight provided under paragraph (1) and the frequency of visits under paragraph (2) for an eligible veteran as the Secretary considers commensurate with the needs of such veteran.

(B) The frequency of visits under paragraph (2) for an eligible veteran shall not be less frequent than once every six months.

(4) An entity visiting an eligible veteran under paragraph (3) shall provide to the Secretary the findings of the entity with respect to each visit, including whether the veteran is receiving the care the veteran requires.

(5) After receiving findings and recommendations, if any, under paragraph (4), with respect to an eligible veteran, the Secretary may take such actions as the Secretary considers appropriate to ensure that the veteran receives the care the veteran requires including the following:

(A) Revocation of a caregiver’s approval under subsection (d)(3).

(B) Revocation of the designation of an individual under subsection (e)(1).

(6) If the Secretary terminates the provision of ongoing family caregiver assistant...
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) that the Secretary may not provide compensation to such entity for the provision of personal care services to such veteran, the Secretary determines it would be in the best interest of such veteran to provide compensation to such entity to provide such services.

"(1) PREWORK.—The Secretary shall carry out a program of outreach to inform eligible veterans and their family members of the availability and nature of family caregiver assistance under this section.

"(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) Family caregiver assistance includes the instruction, preparation, training, and approval provided under subsection (d) and the ongoing family caregiver assistance provided under subsection (f).

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

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

"(A) Supervision of the veteran.

"(B) Personal hygiene.

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

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

"(l) 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.

"(m) Authorization for Provision of Health Care to Personal Care Attendees.—Section 1718(a) is amended by inserting after paragraph (2) and (3) as paragraphs (4) and (5), respectively; and by inserting after paragraph (1) the following new paragraph:

"(2) A family member of a veteran (or other individual designated by the veteran) designated as the primary personal care attendant for such veteran under section 1717A(e) of this title who is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title).

"(n) Construction.—Any family caregiver assistance furnished under section 1717A of title 38, United States Code, as added by subsection (a)(1), is in addition to any family caregiver assistance furnished under other programs of the Department of Veterans Affairs as the date of the enactment of this Act.

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

"(p) Implementation Plan and Report.—

"(1) In General.—Not later than 360 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall:

"(A) develop 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.

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

"(A) Veterans described in section 1717A(b)(1) 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 service organizations, as recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 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.

"(G) The Secretary of Defense with respect to the expansion described in this paragraph.

"(3) 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 the feasibility and advisability of expanding 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 subsection (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 describe such recommendations as the Secretary considers appropriate with respect to the expansion described in such paragraph.

"(q) Lodging and Subsistence for Attendants.—

"(1) 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 the feasibility and advisability of expanding 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 subsection (b)(1) of such section 1717A incurred or aggravated before September 11, 2001; and

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

"(r) Survey of Informal Caregivers.—

"(1) In General.—The Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense, conduct a national survey of family caregivers of seriously disabled veterans and members of the Armed Forces to better understand the size and characteristics of the population of such caregivers and the types of care they provide such veterans and members.

"(2) Report.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense,
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 who served in 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 ability of other forms of transportation to care through the Department of driving distance or availability 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 others.
   (E) The extent of comprehension of eligibility requirements for health care 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 to issues that particularly affect women.
   (I) The capacity of the Department to provide outreach on health care services of the Department that are available to women veterans.
   (J) Such other matters as the Secretary identifies for purposes of the assessment.

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

(c) Final program.—In this section, the term “final program” includes a provision for the purpose of conducting a study on health outcomes for women veterans of service on active duty in the Armed Forces in deployment 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) Study required.—The Secretary of Veterans Affairs shall enter into an agreement with a non-Department of Veterans Affairs entity for conducting a study on health consequences for women veterans of service on active duty in the Armed Forces in deployment in Operation Iraqi Freedom or Operation Enduring Freedom.

(b) Specific matters studied.—The study required by 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 literature 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 containing the findings and determinations as the entity considers appropriate.

(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. 202. PLAN TO IMPROVE PROVISION OF HEALTH CARE SERVICES TO WOMEN VETERANS.

(a) Plan to improve services.—

(1) In general.—The Secretary of Veterans Affairs shall develop a plan—
   (A) to improve the provision of health care services to women veterans; and
   (B) to plan appropriately for the future health care needs, including mental health care needs, of veterans serving on active duty in the Armed Forces in the combat theaters of Operation Iraqi Freedom and Operation Enduring Freedom.

(b) Adequate number of care providers.—In developing the plan required by this subsection, the Secretary of Veterans Affairs shall—

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

(c) Submission of plan to Congress.—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 FOR 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 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) 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 health-care facilities that provide continuing education, training, certification, and staff policies for the provision of continuing medical education provided under such program to professionals and providers who have been so certified.

(c) Number of professionals who received counseling, care, and services provided under subsection (a) from professionals and providers who have been trained or certified under the program under subsection (d).

(d) The number of mental health professionals and primary care providers who have been certified under the program under subsection (d), and the measures of continuing medical education provided under such program to professionals and providers who have been so certified.

(2) The number of women veterans who received counseling, care, and services provided under subsection (a) from professionals and providers who have been trained or certified under the program under subsection (d).

(3) The number of training, certification, and continuing medical education programs operating under subsection (d).

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

(5) Such other information as the Secretary considers appropriate.

(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 health-care facilities that provide continuing education, training, certification, and staff policies for the provision of continuing medical education provided under such program to professionals and providers who have been so certified.

(c) Number of professionals who received counseling, care, and services provided under subsection (a) from professionals and providers who have been trained or certified under the program under subsection (d).

(d) The number of mental health professionals and primary care providers who have been certified under the program under subsection (d), and the measures of continuing medical education provided under such program to professionals and providers who have been so certified.

(2) The number of women veterans who received counseling, care, and services provided under subsection (a) from professionals and providers who have been trained or certified under the program under subsection (d).

(3) The number of training, certification, and continuing medical education programs operating under subsection (d).

(4) The number of full-time equivalent employees required in each facility of the Department to meet the needs of veterans requiring treatment and care 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.—Beginning not later than 100 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a pilot program to evaluate the feasibility and advisability of providing counseling, reintegration and readjustment services described in subsection (b) in group retreat settings to women veterans who are recently separated from service in the Armed Forces after a prolonged deployment.

(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.

(c) Locations.—The Secretary shall carry out the pilot program at no fewer than five locations selected by the Secretary for purposes of the pilot program.

(2) The Secretary shall determine the minimum qualifications necessary for mental health professionals certified by the program under paragraph (1) to provide evidence-based treatment to veterans eligible for services under subsection (a) in facilities of the Department.

(e) The Secretary shall submit to Congress each year a report on counseling, care, and services provided to veterans under this section. Each report shall include data for the preceding year with respect to the following:

(1) The number of mental health professionals and primary care providers who have been certified under the program under subsection (d), and the measures of continuing medical education provided under such program to professionals and providers who have been so certified.

(2) The number of women veterans who received counseling, care, and services provided under subsection (a) from professionals and providers who have been trained or certified under the program under subsection (d).

(3) The number of training, certification, and continuing medical education programs operating under subsection (d).

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

(5) Such other information as the Secretary considers appropriate.
(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) REPORTS.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the operation and results of the pilot program. The report shall contain 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 that is a full-time women veterans program manager.

SEC. 207. SERVICE ON CERTAIN ADVISORY COMMITTEES FOR MEDICAL CENTERS.

(a) ADVISORY COMMITTEE ON WOMEN VETERANS.—Section 522(a)(2)(A) is amended—

(1) 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 the Armed Forces.”;

(b) ADVISORY COMMITTEE ON MINORITY VETERANS.—Section 511(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 the Armed Forces.”

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to appointments made on or after the date of 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 described in subsection (c) to obtain child care so that such veterans can receive health care services described in such subsection.

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

(1) receives the types of health care services provided 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 receiving health care services from Department 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 continuation of the provision of child care would improve access to those health care services by the veteran.

SEC. 209. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.

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

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

(c) APPLICATION.—The Secretary may furnish health care services in subsection (b) only to the extent of appropriations available for the purpose.

(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 of the determination of the Secretary whether or not the individual will be selected as a participant in the Education Debt Reduction Program is not a notice of employment under section 7682(d) of this title that indicated the individual would, upon the individual’s acceptance of such offer of employment, be—

(i) eligible to participate in the Education Debt Reduction Program; and

(ii) selected to participate in the Education Debt Reduction Program.”

SEC. 300. ENHANCEMENT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION DEBT REDUCTION PROGRAM.

(a) ENHANCED MAXIMUM AMOUNT.—Paragraph (1) of section 7683(d) is amended by striking “$44,000” and all that follows through “fifth years of participation in the Program” and inserting “$44,000 plus 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:

“(c) OUTREACH.—The Secretary shall publicize the scholarship program established under this section to eligible veterans and their families and the public through Department of Veterans Affairs, USA Patriotism!, and other appropriate means.”

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

(a) ENHANCED MAXIMUM AMOUNT.—Paragraph (1) of section 7683(d) is amended by striking “$44,000” and all that follows through “fifth years of participation in the Program” and inserting “$44,000 plus 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:
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(a) of this chapter under which the individual 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 responsibilities of an individual whose application is approved, an agreement as determined by the Secretary.

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

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

(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 of credit hours to achieve such dual certification or degree.

(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 provided an individual during an 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.

(3) In no case may the total amount of assistance provided to an individual under this chapter exceed $4,000.

(d) MAXIMUM DURATION OF ASSISTANCE.—The Secretary may provide financial assistance to an individual under this chapter for not more than five years.

§ 7504. Agreement

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

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

(2) the participant’s agreement—

(A) to accept such financial assistance; and

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

(3) 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

(4) after enrollment in 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 under this chapter.

In no case may the total amount of assistance provided under this chapter exceed the total tuition and fees for such academic year does not exceed the total amount of assistance received by the individual during an academic year.

§ 7505. Repayment for failure to satisfy requirements of agreement

(a) IN GENERAL.—An individual who receives 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 7501 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 control of the individual 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 for assistance under all purposes 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 misrepresentation or failure to provide true and complete information.

(e) EFFECTIVE DATE.—The Secretary shall include the following:

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

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

(f) 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 to assist another health care provider in rendering a diagnosis or treatment.

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

(h) TRAINING IN TELERETINAL IMAGING.—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 approved rotation in teleretinal imaging for such residents.

(c) ENHANCEMENT OF VERA.—Incentives for Provision of Teleconsultation, Teleretinal Imaging, Telemedicine, and Telehealth Services.—The Secretary of Veterans Affairs shall modify the Veteran Equitable Resource Allocation System to provide Veterans Integrated Services Networks with incentives to utilize teleconsultation, teleretinal imaging, telemedicine, 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 in the calculation of facility workload.
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(d) DEFINITIONS.—In this section:
(1) The terms “teleconsultation” and “teleterrestrial imaging” have the meanings given such terms in section 1709 of title 38, United States Code, as added by subsection (a).
(2) The term “telemedicine” means the use by a health care provider of telecommunications equipment, including a computing device and a data transmission device, to assist in the diagnosis or treatment of a patient’s medical condition.
(3) The term “telehealth” means the use of telecommunications to collect patient data remotely and send data to a monitoring station for interpretation.

SEC. 305. DEMONSTRATION PROJECTS ON ALTERNATIVE METRICS FOR PROVIDING HEALTH CARE 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 101 of the Social Security Act (42 U.S.C. 1395f–4)).

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

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

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

(c) REPORT.—Not later than 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;

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

(d) VETERANS HEALTH CARE SERVICES TO VETERANS WHO SERVED IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

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

(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 Reserves—

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

(D) mental health services; and

(2) to the immediate family of such a veteran, during the three-year period beginning on the date of the return of such veteran from deployment in Operation Iraqi Freedom and Operation Enduring Freedom—

(a) 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 FOR 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 not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting entity to—

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

(2) to the extent practicable, to employ veterans trained under subsection (c);

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

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

(5) for 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;

(6) to submit annual reports to the Secretary containing, with respect to the program required by subsection (a) and for the last full calendar year ending before the 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 THE PROVISION OF PEER-OUTREACH AND PEER-SUPPORT SERVICES.—In carrying out the program required by subsection (a), the Secretary shall—

(1) survey the Department Medical Centers that currently serve Indian veterans on Indian reservations with the Indian Health Service;

(2) The Secretary shall, from time to time—

(A) survey the Department Medical Centers for purposes of identifying the 10 Department Medical Centers that currently serve communities with the greatest number of Indian veterans per capita; and

(B) utilizing the results of the most recent survey conducted under subparagraph (A), the Secretary shall assign at each of the 10 Department Medical Centers an official or employee of the Department to act as the coordinator of health care for Indian veterans at such Medical Center. The official or employee so assigned at a Department Medical Center shall be known as an “Indian Veterans Health Care Coordinator” for the Medical Center.

(2) The Secretary shall, from time to time—

(A) survey the Department Medical Centers for purposes of identifying the 10 Department Medical Centers that currently serve communities with the greatest number of Indian veterans per capita; and

(B) utilizing the results of the most recent survey conducted under subparagraph (A), the Secretary shall assign at each of the 10 Department Medical Centers an official or employee of the Department to act as the coordinator of health care for Indian veterans at such Medical Center. The official or employee so assigned at a Department Medical Center shall be known as an “Indian Veterans Health Care Coordinator” for the Medical Center.

(d) DUTIES.—The duties of an Indian Veterans Health Care Coordinator shall include the following:

(1) Improving outreach to tribal communities.

(2) Coordinating the medical needs of Indian veterans on Indian reservations with the Indian Health Service Administration and the Indian Health Service.

(3) Expanding the access and participation of Indian veterans, the Indian Health Service, and tribal members in the Department of Veterans Affairs Tribal Veterans Representative program.

(4) Acting as an ombudsman for Indian veterans enrolled in the health care system of the Veterans Health Administration.

(5) Advocating for the incorporation of traditional medicine and healing in Department treatment plans for Indian veterans in need of care and services provided by the Department.

(e) REPORTS REQUIRED.—In this section, the term ‘Indian’ has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 460j).

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to ‘7330A. Indian Veterans Health Care Coordination’ the following new item:

‘7330B. Indian Veterans Health Care Coordinators.’.
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 Indian Health Service.—

(1) IN GENERAL.—The Secretary of Veterans Affairs may transfer to the Indian Health Service such surplus Department of Veterans Affairs medical information technology equipment as the Secretary of Veterans Affairs and the Secretary of Health and Human Services jointly consider appropriate for purposes of this Act.

(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 Department of Veterans Affairs.—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 cooperate with Congress and the media on the feasibility and advisability of the joint establishment and operation by the Veterans Health Administration and the Indian Health Service of the Indian Health clinics on reservations to serve the populations of such reservations, including Indian veterans.

SEC. 308. Timelines for Receival of Funds for Veterans Receiving Treatment at Facilities of the Department of Veterans Affairs.

(a) Enhancement of Allowance Based Upon Mileage Traveled.—Section 111 is amended—

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

(2) by adding subsection (g) to read as follows—

"(g)(1) Beginning one year after the date of the enactment of the Caregivers and Veterans Omnibus Health Services Act of 2009, the Secretary may adjust the mileage reimbursement rate described in subsection (a) to be equal to the mileage reimbursement rate for the use of privately owned vehicles by Government employees, unless Federal law provides otherwise when a Government vehicle is available, as prescribed by the Administrator of General Services under section 5(b) of the Federal Property and Administrative Services Act of 1949.

"(2) If an adjustment in the mileage rate under paragraph (1) results in a lower mileage rate than the mileage rate otherwise specified in subsection (a), the Secretary shall, not later than 60 days before the date of the implementation of the mileage rate as so adjusted, submit to Congress a written report setting forth the adjustment in the mileage rate under this subsection, together with a justification for the decision to make the adjustment in the mileage rate under this subsection.

(b) Coverage of Cost of Transportation by Air.—Subsection (a) of section 111, as amended, is further amended by inserting before the first sentence the following new sentence: "Actual necessary expense of travel includes the reasonable cost of travel by air as the only practical way for a veteran to reach a Department facility, the Secretary shall consider the medical condition of the veteran and any other impediments to the use of ground transportation to the veteran.

(c) No Expansion of Eligibility for Beneficiary Travel.—The amendments made by this subsection shall not be construed as expanding or otherwise modifying eligibility for payments or allowances for beneficiary travel under section 111 of title 38, United States Code, as in effect on the day before the date of the enactment of this Act.

(d) Clarification of Relation to Public Travel—Subsection 201 of the Indian Health Administration Handbook.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall require that the Indian Health Administration Handbook be revised to clarify that an allowance for travel based on mileage paid under section 111(a) of title 38, United States Code, may exceed the cost of such travel by public transportation regardless of medical necessity.

SEC. 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) a specific goal for the recruitment and retention of health care personnel in rural areas, developed in conjunction with the Director of the Office of Quality and Performance of the Department.

(2) Specific goals for ensuring the timeliness and quality of health care delivery in rural communities that are reliant on contract and fee-basis care, developed in conjunction with the Director of the Office of Quality and Performance of the Department.

(3) Specific goals for the expansion and implementation of telemedicine services in rural areas, developed in conjunction with the Director of the Office of Telemedicine Coordination Services of the Department.

(4) 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:

*s 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 outreach and contracting with community contract and fee-basis providers with respect to the clinic.

"(b) Incentives To Obtain Accreditation of Network Provider.—The Secretary shall adjust the fee-basis compensation of providers of health care services under the Department to encourage such providers to obtain accreditation 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 (d).

(2) In carrying out this section, 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.

(b) Clerical Amendment.—The table of sections at the beginning of chapter 17 is amended by inserting after section 1702 the following new section:

* 1703A. Oversight of contract and fee-basis care.


(a) Volunteer Corps of Veterans.—

(1) IN GENERAL.—Subsection (c) of section 1712A is amended—

(A) in paragraph (1), by striking "The Under Secretary" and inserting "(1) The Under Secretary;"

(B) in paragraph (1), as designated by paragraph (1), by striking "and", and, in carrying out this subsection, that follows through "screening activities"; and

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

"(2) In carrying out this section, the Under Secretary may utilize the services of the following:
(A) Paraprofessionals, individuals who are volunteers working without compensation, and individuals who are veteran-students (as described in section 3485 of this title) in initial and ongoing activities;

(B) Eligible volunteer counselors in the provision of counseling and related mental health services.

(3) The purposes of this subsection, an eligible volunteer counselor is an individual—

(A) who—

(i) provides counseling services without compensation;

(ii) is a licensed psychologist or social worker;

(iii) has never been named in a tort claim arising pursuant professional activities; and

(iv) has never had, and has no pending, disciplinary action taken with respect to any license or certification qualifying that individual to provide counseling services; or

(B) who is otherwise credentialed and privileged to perform counseling services by the Secretary.

(4) Eligible volunteer counselors shall be issued credentials and privileges for the provision of counseling and related mental health services under this section on an expedited basis in accordance with such procedures as the Secretary shall establish. Such procedures shall provide for the completion by the Secretary of the processing of an application including such credentials and privileges no later than 60 days after receipt of the application.

(2) PROCEDURES FOR ISSUING CREDENTIALS AND PRIVILEGES TO VOLUNTEER COUNSELORS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish the procedures described in section 17124(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. 312. CENTERS OF EXCELLENCE FOR RURAL HEALTH RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES.

(a) In General.—Chapter II of chapter 73, as amended by section 307 of this Act, is further amended by adding at the end the following new section:

"7330C. Centers of excellence for rural health research, education, and clinical activities.

"(a) Establishment of Centers.—The Secretary, through the Director of the Office of Rural Health, shall establish and operate at least one and not more than five centers of excellence for rural health research, education, and clinical activities, which shall—

(1) establish a program on the furnishing of health services in rural areas;

(2) develop specific models to be used by the Department in furnishing health services to veterans in rural areas;

(3) provide education and training for health care professionals of the Department on the furnishing of health services to veterans in rural areas; and

(4) develop and implement innovative clinical activities and systems of care for the Department for the furnishing of health services in rural areas.

(b) Use of Rural Health Resource Centers.—In selecting locations for the establishment of centers of excellence under subsection (a), the Secretary may select a rural health resource center that meets the requirements of subsection (a).

(c) Geographic Dispersion.—The Secretary shall ensure that the centers established under this section are located at health care facilities that are geographically dispersed throughout the United States.

(d) Funding.—(1) There are authorized to be appropriated to the Medical Care Account and the Medical and Prosthetics Research Account of the Department of Veterans Affairs such sums as may be necessary for the support of the research and education activities of the centers operated under this section.

(2) There shall be allocated to the centers operated under this amount and authorized to be appropriated to the Medical Care Account and the Medical and Prosthetics Research Account by paragraph (1), such amounts as the Secretary of Health considers appropriate for such centers. Such amounts shall be allocated through the Director of the Office of Rural Health.

(3) Activities of clinical and scientific investigation at each center operated under this section—

(A) shall be eligible to compete for the award of funding from funds appropriated for the Medical and Prosthetics Research Account, and

(B) shall receive priority in the award of funding from such account to the extent that funds are awarded to projects for research in the care of patients provided by the Secretary of Veterans Health.

(4) Eligible volunteer counselors shall be issued credentials and privileges for the provision of counseling and related mental health services under this section on an expedited basis in accordance with such procedures as the Secretary shall establish. Such procedures shall provide for the completion by the Secretary of the processing of an application including such credentials and privileges no later than 60 days after receipt of the application.

(e) Selection of Centers.—In selecting locations for the establishment of the centers described in paragraph (1), the Secretary shall consult with the Director of the Office of Rural Health, shall establish the procedures described in section 17124(c)(4), as added by paragraph (1).

(f) 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 INPATIENT RESPONSIBILITIES AT COMMUNITY HOSPITALS IN HEALTH PROFESSIONAL SHORTAGE AREAS.

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

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

(b) Clerical Amendment.—The table of sections at the beginning of chapter 73, as amended by section 307 of this Act, is further amended by adding at the end the following new item:

"7330C. Centers of excellence for rural health research, education, and clinical activities."
SEC. 314. ANNUAL REPORT ON MATTERS RELATED TO HEALTH CARE FOR VETERANS WHO LIVE IN RURAL AREAS.
(a) Annual Report.—The Secretary of Veterans Affairs shall submit to Congress each November, 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 Care under section 7908 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 rural areas to travel to Department of Veterans Affairs medical centers;
(2) provide medical care to veterans in highly rural areas.

SEC. 401. ELIGIBILITY OF MEMBERS OF THE ARMED FORCES WHO SERVE IN OPERATION IRAQI FREEDOM OR OPERATION ENDURING FREEDOM FOR READING SERVICE THROUGH READJUSTMENT COUNSELING SERVICE.
(a) In General.—Any member of the Armed Forces, including a member of the National Guard or Reserve, who serves on active duty in the Armed Forces in Operation Iraqi Freedom or Operation Enduring Freedom is eligible for readjustment counseling and related mental health services under section 1712A of title 38, United States Code, through the Readjustment Counseling Service of the Veterans Health Administration.
(b) No Requirement for Current Active Duty Service.—A member of the Armed Forces who is eligible for eligibility for counseling and services under subsection (a) is entitled to counseling and services under that subsection regardless of whether or not the member is currently on active duty in the Armed Forces at the time of receipt of counseling and services under this section.

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.
Section 1712A is amended—
(1) by redesignating subsections (c) through (e) as subsections (d) through (g), respectively; and
(2) by inserting after subsection (b) the following new subsection (c):
(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and
(2) upon request, advise such individual of such individual’s rights to apply to the appropriate military, naval, or air service, and to the Department, for review of such individual’s discharge or release from such service.

SEC. 403. STUDY ON SUICIDES AMONG VETERANS.
(a) Study Required.—The Secretary of Veterans Affairs shall conduct a study to determine the number of veterans who died by suicide between January 1, 1999, and the date of the enactment of this Act.
(b) Coordination.—In carrying out the study under subsection (a), the Secretary of Veterans Affairs shall coordinate with—
(1) the Secretary of Defense;
(2) Veterans Service Organizations;
(3) the Centers for Disease Control and Prevention; and
(4) State public health offices and veterans agencies.

SEC. 404. TRANSFER OF FUNDS TO SECRETARY OF HEALTH AND HUMAN SERVICES FOR GRADUATE PSYCHOLOGY EDUCATION PROGRAM.
(a) Transfers Authorized.—Not later than September 30, 2010, the Secretary of Veterans Affairs shall transfer $5,000,000 from accounts of the Veterans Health Administration to the Secretary of Health and Human Services for the Graduate Psychology Education program established under section 755(b)(1)(J) of the Public Health Service Act (2 U.S.C. 294c(b)(1)(J)).
(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 under subsection (b), 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 REPORTING REQUIREMENTS.

(a) Nurse Pay Report.—Section 7451 is amended by striking the item relating to payment for care furnished to veterans receiving care.

(b) Long-Term Planning Report.—(1) In general.—Section 8107 is repealed.

(2) conforming amendment.—The title of sections at the beginning of chapter 81 is amended by striking the word "commerce".

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

Section 707(c)(1) of the Persian Gulf Veterans Health Care 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 31 of each of the five following years”.

SEC. 503. PAYMENT FOR CARE FURNISHED TO VETERANS RECEIVING CARE.

Section 7181 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 7321(b)(2) is amended by adding at the end the following new subparagraph:

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

(ii) In this subparagraph, the term ‘representative of a patient who lacks decision-making capacity’ includes an individual, organization, or other body authorized under section 7321 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) Required Disclosure of Health-Plan Contract Information and Social Security Number of Certain Veterans Receiving Care.—

“(1) In general.—The Under Secretary for Health shall require any individual who applies for or receives care described in paragraph (2) to disclose such information to the Secretary.

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

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

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

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

“(b) Required Disclosures of Social Security Number.—(1) Any individual who applies for care 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) hospital, nursing home, or domiciliary care;

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

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

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

“(c) Failure to Disclose Social Security Number.—(1) The Secretary shall deny an individual’s application for, or may terminate an individual’s enrollment in, the system of patient enrollment (if otherwise in order), for such medical care and services provided on and after the date of such receipt of information.

“(2) Following a denial or termination under paragraph (1) with respect to an individual, the Secretary may, upon receipt of the information required or requested under subsection (b), approve such individual’s application or reinstatement of such individual’s enrollment (if otherwise in order), for such medical care and services provided on and after the date of such receipt of information.

“(d) Construction.—Nothing in this section shall be construed as authority to deny medical care and treatment to an individual in a medical emergency.”

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

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

SEC. 506. ENHANCEMENT OF QUALITY MANAGEMENT.

(a) Enhancement of Quality Management Through Quality Management Officers.—

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

“§ 7311A. Quality management officers.

“(a) National Quality Management Officers.—(1) The Under Secretary for Health shall designate an official of the Veterans Health Administration to act as the principal quality management officer for the quality-assurance program required by section 7311 of this title. The official so designated shall be the ‘National Quality Management Officer of the Veterans Health Administration’ (in this section referred to as the ‘National Quality Management Officer’), and the National Quality Management Officer shall report directly to the Under Secretary for Health in the discharge of responsibilities and duties of the Officer under this section.

“(2) The National Quality Management Officer shall be the official within the Veterans Health Administration who is principally responsible for the quality-assurance program required by section 7311 of this title. In carrying out that responsibility, the Officer shall be responsible for the following:

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

“(B) Developing an aggregate quality metric from existing data sources, such as the Inpatient Evaluation Center, 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) 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.

“(E) 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.

“(F) 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
(A) A description of the proposal was developed in consultation with the Department of Veterans Affairs.

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

(C) A list of proposed activities and programs that it is optimal with respect to the recovery and rehabilitation for such individual."

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

(a) Pilot Program Required.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of having community-based organizations and local and State government entities—

(1) to increase the coordination of community-based organizations and local and State government entities with appropriate care and benefit programs.

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

(c) Program Locations.—

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

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

(A) rural areas;

(B) areas with populations that have a high proportion of minority group representation; and

(C) areas with populations that have a high proportion of individuals who have limited access to health care; and

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

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

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

(2) To carry out a pilot program to construct with appropriate entities to provide specialized residential care and rehabilitation services to veterans of Operation Enduring Freedom or Operation Iraqi Freedom who determine that it is optimal with respect to the recovery and rehabilitation for such individual.

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 enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with the Institute of Medicine of the National Academies to conduct an expanded study on the health impact of Project Shipboard Hazard and Defense (Project SHAD).

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

(c) Utilization of Existing Studies.—The study required by subsection (a) may use results from the study covered in the report entitled “Long-Term Health Effects of Participation in Project SHAD” of the Institute of Medicine of the National Academies.

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

Section 1710E is amended—

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

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

(1) Covered individuals.—The care and services provided under subsection (a) shall be available to a covered individual who—

(A) is a veteran of Operation Enduring Freedom or Operation Iraqi Freedom; and

(B) has been determined by the Secretary to be eligible for such care and services.

(2) Eligible.—Any application submitted under paragraph (1) shall include the following:

(a) a description of the proposal was developed in consultation with the Department of Veterans Affairs.

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

(c) A list of proposed activities and programs that it is optimal with respect to the recovery and rehabilitation for such individual.

(d) Authorization of Appropriations.—(1) In General.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

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

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

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

(C) The recommendations of the Secretary as to the advisability of continuing the pilot program.
and this title.''

SEC. 512. INCLUSION OF FEDERALLY RECOGNIZED TRIBAL ORGANIZATIONS IN CERTAIN PROGRAMS FOR STATE HOMES.

(a) TREATMENT OF TRIBAL ORGANIZATION HEALTH FACILITIES AS STATE HOMES.—Section 8138 is amended—

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

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

"(e) A health facility (or certain beds in a health facility) of a tribal organization is treatable as a State home under subsection (a) in accordance with the provisions of that subsection.

(2) Subsection (f) shall not apply to the treatment of health facilities (or certain beds in such facilities) of tribal organizations as State homes under subsection (a)."

(b) STATE HOME FACILITIES FOR DOMICILIARY NURSING, AND OTHER CARE.—In subsection (c)(2) an application from a tribal organization of a State that has previously applied for award of a grant under section (a) of such section, an application to carry out the purposes of the pilot program.

(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 title.

(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 a 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, preventive services, endodontic 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 as amounts 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 coverage under the dental insurance plan for each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

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

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

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

(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection.

(c) ENSURE TIMELY DETERMINATIONS.—The Secretary shall prescribe rules to ensure timely determinations on the possibility of voluntary disenrollments under paragraph (1)(B). Such procedures shall ensure timely determinations on the possibility of such disenrollments.

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

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

SEC. 513. PILOT PROGRAM ON PROVISION OF DENTAL INSURANCE PLANS TO VETERANS AND SURVIVORS AND DEPENDENTS OF VETERANS.

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

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

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

(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1711 of this title.

(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 title.

(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 a 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, preventive services, endodontic 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 as amounts 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 coverage under the dental insurance plan for each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

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

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

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

(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection.

(c) ENSURE TIMELY DETERMINATIONS.—The Secretary shall prescribe rules to ensure timely determinations on the possibility of voluntary disenrollments under paragraph (1)(B). Such procedures shall ensure timely determinations on the possibility of such disenrollments.

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

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

SEC. 514. EXPANSION OF VETERAN ELIGIBILITY FOR REIMBURSEMENT BY SECRETARY OF VETERANS AFFAIRS FOR MEDICAL CARE FROM MEDICAID PROGRAM UNDER TITLE XIX OF THE SOCIAL SECURITY ACT (42 U.S.C. 1396 ET SEQ.) TO VETERANS OF BURIED IN A NON-DEPARTMENT FACILITY.

(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 by the third party, except that the amount payable under such treatment shall be the amount by which the costs for the emergency treatment exceed the amount covered under subsection (a), except that the amount payable may not exceed the maximum amount payable under paragraph (1)(A)."

(b) LIMITATIONS ON REIMBURSEMENT.—Section 1725 is further amended—

(1) in subsection (c), by 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 by the third party, except that the amount payable under such treatment shall be the amount by which the costs for the emergency treatment exceed the amount covered under subsection (a), except that the amount payable may not exceed the maximum amount payable under paragraph (1)(A)."

(2) in subsection (f)(3)—

(A) in paragraph (3), by inserting before the period at the end the following: "conveying to the Secretary of Veterans Affairs, the Secretary of Health and Human Services with respect to the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.)"; and
(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 title 1723 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 71 is amended by adding at the end the following new subsection:

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

(“Notwithstanding subsections (f) and (g) of section 1722A(a) on the receipt of hospital care or medical services from 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) CLERICAL AMENDMENT.—The table of sections at the beginning of such 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) SECRETARIAL AUTHORITY TO EXTEND TITLES 38 STATUS TO ADDITIONAL POSITIONS.—

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

“(A) the basis for the probationary period for the position of the individual.

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

“(C) 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 representation collective bargaining agreements) applicable to the position to which appointed.

“(D) This subsection:

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

“(B) The term ‘employee’ has the meaning under section 205 of title 5.

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

(f) 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.

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

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

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

(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.

(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.

(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.

(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.
“(C) The personal qualifications of the individual.

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

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

“(3) Special incentive pay under paragraph (1) for an individual 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 paragraph:

“"(5) the non-foreign cost of living adjustment allowed by section 5941 of title 5 for physicians and dentists whose basic pay is determined shall be determined as a percentage of base pay only.""

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

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

“(h) Adjustment of Pay Cap for Nurses.—Section 7451(c)(2) is amended by striking “level II”, and inserting “level IV”.

“(i) Exemption for Registered Nurse Anesthetists from Limitation on Authorized Competitive Pay.—Section 7452(c)(3) is amended by adding at the end the following: ‘The maximum rate of basic pay for a grade for the position of certified registered nurse anesthetist pursuant to an adjustment under subsection (b) 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: ‘The Secretary may, in accordance with the methodology used in making such adjustment or adjustments.”

“(2) DISCLOSURE OF INFORMATION TO PERSONS IN COVERED POSITIONS.—Section 7452(g)(2) is amended by adding at the end the following new subparagraph:

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

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

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

“(3) ELIGIBILITY OF PART-TIME NURSES FOR ADDITIONAL NURSE POSITION PAY.—In general.—Section 7453 is amended—

“(1) by inserting ‘‘A nurse assistant appointed under this section” before the end of the sentence; and

“(2) by adding at the end the following new sentence: ‘‘The Secretary may require nursing staff to work hours otherwise prohibited by subsection (a).’’

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

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

“(a) LIMITATION.—Except as provided in subsection (b), the Secretary may not require nursing staff to work more than 40 hours per work week or more than eight consecutive hours on any single day if such staff is covered under section 7456 or 7456A of this title.

“(b) VOLUNTARY OVERTIME.—(1) Nursing staff may be required to work 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.—In general.—The Secretary may require nursing staff to work hours otherwise prohibited by subsection (a) if—

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

“(2) 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;

“(3) 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) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by adding after the item relating to the Secretary of Veterans Affairs the following new item:

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

“(b) Week End Duty.—Section 7456 is amended—

“(1) CLEARYAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by adding after the item relating to the Secretary of Veterans Affairs the following new item:

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

“(m) ENHANCED AUTHORITY TO INCREASE RATES OF BASIC PAY TO OBTAIN OR RETAIN SERVICES OF CERTAIN PERSONS.—Section 7456(c)(5) is amended—

“(1) SUBJECT TO PROHIBITION.—Subject to paragraph (2), the amount of any increase under subsection (a) in the minimum rate for any grade may not exceed 25 percent of the rate of basic pay otherwise provided in the preceding sentence.

“(2) RATES OF BASIC PAY.—Section 7456(c)(5) is further amended by adding at the end the following new paragraph:

“(C) The personal qualifications of the individual; and

“(D) 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.

“(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.

“(F) The Under Secretary for Health shall provide appropriate education, training, and support to directors of Department health care facilities in the conduct and use of surveys, including the use of third-party surveys, under this paragraph.”

“(2) DISCOUNTING THE DIFFERENCE IN COST OF MEDICAL PROFESSIONAL SERVICES.—Section 7505(b)(1) is amended—

“(1) by striking subsection (a); and

“(2) by redesignating subsection (b) as subsection (c).

“(h) INTERFACIAL WORK SCHEDULES.—

“(1) IN GENERAL.—Section 7560A(b)(1)(A) is amended by striking “three regularly scheduled and all that follows through the period at the end and inserting the following:

“7560A. Nursing staff: special rules for overtime duty.”

“(2) CONFORMING AMENDMENTS.—Section 7560A(b) is amended—
SEC. 603. IMPROVEMENTS TO CERTAIN EDUCATION DEBT REPAYMENT PROGRAMS.

(a) RHINITIS:—Section 7618 is amended by inserting “(a)” before paragraph (1).

(b) IMPROVEMENTS TO EDUCATION DEBT RE¬PAYMENT PROGRAM.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall, in cooperation with the Secretary of Health and Human Services, establish a program to be known as the under contract program, to provide education assistance to physicians, dentists, and other health professionals, including, but not limited to, psychologists, nurse practitioners, and nurse midwives. Such program shall—

(i) enable such professionals to enter into a program of education assistance, and

(ii) provide for the payment of the costs of education assistance to such professionals.

(2) ELIGIBILITY.—Section 7682 is amended—

(i) in paragraph (1), by striking “36-hour work week” and inserting “36-hour work week”;

(ii) in paragraph (2), by striking “36-hour work week” and inserting “36-hour work week”; and

(iii) in paragraph (3), by striking “36-hour work week” and inserting “36-hour work week”.

SEC. 604. STANDARDS FOR APPOINTMENT AND PRACTICE OF PHYSICIANS: MEDICAL FACILITIES.

(a) STANDARDS.—

(i) IN GENERAL.—The Secretary shall, in cooperation with the Secretary of Health and Human Services, establish standards to govern the appointment and practice of physicians in department of veterans affairs medical facilities.

(ii) STANDARDS—(A) The standards shall be based on the best evidence available and shall be developed in consultation with the profession of medicine.

(B) The Secretary shall ensure that the standards are revised at least every 5 years.

(C) The Secretary shall ensure that the standards are revised at least every 5 years.

(D) The Secretary shall ensure that the standards are revised at least every 5 years.

(ii) STANDARDS—(A) The standards shall be based on the best evidence available and shall be developed in consultation with the profession of medicine.

(B) The Secretary shall ensure that the standards are revised at least every 5 years.

(C) The Secretary shall ensure that the standards are revised at least every 5 years.

(D) The Secretary shall ensure that the standards are revised at least every 5 years.

(3) 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.

(2) LIMITATIONS.—The exercise by the Secretary of Veterans Affairs of the authority conferred by this section shall be subject to the conditions and limitations specified in paragraphs (2) and (3) of section 747E(a) of the Public Health Service Act (42 U.S.C. 2008–5) for the prevention of medical malpractice or negligence.

(3) FUNDING.—Amounts for the repayment of principal and interest of educational loans under this subsection shall be derived from amounts available to the Secretary of Veterans Affairs for the Veterans Health Administration for Medical Services.
... grants under this section and shall publish such criteria and requirements in the Federal Register.

(d) DURATION OF PROGRAM.—The authority of the Secretary to provide and nonprovide grants under a pilot program under this section shall cease on the date that is five years after the date of the commencement of the pilot program.

(e) VERY LOW INCOME DEFINED.—In this section, the term “very low income” has the meaning given that term in the Resident Characteristics Report issued annually by the Department of Housing and Urban Development.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated from amounts made available under the heading “General Operating Expenses”, not more than $3,000,000 in each of fiscal years 2010 through 2014 to carry out the purposes of this section.

SEC. 702. PILOT PROGRAM ON FINANCIAL SUPPORT OF 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 carry out a pilot program to make grants to public and nonprofit organizations (including faith-based and community organizations) to coordinate the provision of supportive services available in the area to very low income, formerly homeless veterans residing in permanent housing.

(2) NUMBER OF GRANTS.—The Secretary may make grants at up to 10 qualifying properties under this 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, 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 PILOT PROGRAM.—The authority of the Secretary to provide and nonprovide grants under a pilot program under this section shall cease on the date that is five years after the date of the commencement of the pilot program.

(e) VERY LOW INCOME DEFINED.—In this section, the term “very low income” has the meaning given that term in the Resident Characteristics Report issued annually by the Department of Housing and Urban Development.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated from amounts made available under the heading “General Operating Expenses”, not more than $3,000,000 in each of fiscal years 2010 through 2014 to carry out the purposes of this section.

SEC. 703. PILOT PROGRAM ON FINANCIAL SUPPORT OF ENTITIES THAT PROVIDE OUTREACH TO INFORM CERTAIN VETERANS ABOUT PENSION BENEFITS.

(a) AUTHORITY TO MAKE GRANTS.—In addition to the amounts available under the heading “General Operating Expenses”, not more than $3,000,000 in each of fiscal years 2010 through 2014 to carry out the purposes of this section.

(b) 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.
research, education, or both at the other Department medical center or medical centers concerned; and

(2) the Secretary approves the resolution of the conflict of interest that exists between a member of the Board and an employee or former employee of another corporation or governmental entity;

(3) amounts reimbursed to the Office of General Counsel under paragraph (1)(D) shall be available for use by the Office of General Counsel only for staff and training, and related travel, for the provision of legal services attributable to research and education facilitated under section (a); and

(4) employees of the corporation, at the corporation's discretion, are eligible to serve as members of the Board under this paragraph.

(c) Clarity.—Subsection (b) of section 7362 is amended to read as follows:

"(b) General powers.—(1) The Board has the following general powers: (A) accept, administer, retain, and spend funds derived from gifts, contributions, grants, fees, reimbursements, and bequests from individuals and public and private entities; (B) enter into contracts and agreements with individuals and public and private entities; (C) subject to paragraph (2), set fees for education and training facilitated under section 7362 of this title, and receive, retain, administer, and spend funds in furtherance of such education and training; (D) reimburse amounts to the applicable appropriation account of the Department for the Office of General Counsel for any expenses of that Office in providing legal services attributable to research and education agreements under this subchapter; and (E) employ, as the Board 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 General Counsel only for staff and training, and related travel, for the provision of legal services attributable to research and education, 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 38.

SEC. 808. IMPROVED ACCOUNTABILITY AND OVERSIGHT OF CORPORATIONS.

(a) Additional Information in Annual Reports.—Subsection (b) of section 7361 is amended to read as follows:

"(b) Requirement to provide to the Secretary an annual report on the conduct of research and education activities for purposes of that account."

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

(1) by striking the item relating to section 7360A; and

(2) by striking the item relating to section 7365 and inserting the following new item: "7365. Coverage of employees under certain Federal tort claims laws."
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$43,340,000. Missouri, in an amount not to exceed

ers Affairs Medical Center in St. Louis,

e a replacement bed tower and clin-

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land) for a new medical facility at the De-

sure projects at the Department of Veterans

SEC. 901. AUTHORIZATION OF MEDICAL FACILITY

PROJECTIONS.

(a) AUTHORIZATION OF FISCAL YEAR 2010

RJ. 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 Livernor, California, in an amount not to exceed $58,490,000.

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

(3) Replacement (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 $175,000,000.

(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 $15,464,000.

(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 $43,030,000.

(b) AUTHORIZATION OF FISCAL YEAR 2010

HERALD DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) IN GENERAL.—The Department of Veterans Affairs outpatient clinic in Haver, Montana, shall after the date of the enactment of this Act be known and designated 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. MERRIL LUNDMAN DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC.

(a) IN GENERAL.—The Department of Veterans Affairs outpatient clinic in Harve, Montana, shall after the date of the enactment of this Act be known and designated as the "Merril Lundman Department of Veterans Affairs Outpatient Clinic.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Merril 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 2703(b) of the Emergency Supplemental Appropriations Act for Defense, Global War on Terror, 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 recorded to effectuate the conveyance authorized by section 2703 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).
MORNING BUSINESS

Mrs. MURRAY. Madam President, I ask unanimous consent that the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

Mrs. MURRAY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GRASSLEY. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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 toiled in secret, but at long last this new health care reform plan is finally public. They have come forward to at least reveal the legislative language for a health care reform bill 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 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 going for 7 years requires 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 59 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:

Since most state and local governments are required to balance their operating budgets, the declining fiscal conditions shown in our simulations suggest that, without intervention, these governments would need to make substantial policy changes to avoid growing fiscal imbalances.

This, too, is the crisis facing the Medicare Program today. So both of the two major Federal health care programs are in very serious trouble. It is the health care reform bill that one of the most significant implications for our entire country and the 300 or more million people who live here. If reforms to health care are not done carefully—and I say “carefully” because I am not saying we are not done—this is going to make the situation far worse, not better. Anyone listening would have no doubt of the ability of Congress to make it worse.

These dire economic implications are not the only thing at stake with health care reform. Besides the significant economic implications of health care reform, this is a bill that affects everyone in another very important way. It affects everyone’s health by changing the way we get health care in this country. It touches the lives of every family, every senior, every child, every student. In plain language, it affects everybody: the 306 million people who live here now and the many more people who will be living here in the future.

It makes changes to health care that will be nearly impossible to undo. The reforms these bills contemplate will make long lasting changes to our health care system. These are changes that we will have to live with for decades to come. Health reform presents this Chamber with a bill that has significant economic implications at a time when all eyes are focused on the economy, so focused on the economy that it almost reminds me of how President Clinton got elected on the campaign slogan, “It’s the economy, stupid.” This health care reform bill is a bill that will make permanent changes to our system of health care.

For all of these reasons, it makes it all the harder to judge the changes in this magnitude be done with broad-based support in this Chamber and across the country. This broad-based support was something Senator BAUCUS and I focused on in our work on the Finance Committee, as we were trying to bring forth a bill that would be bipartisan.

In the Finance Committee, we believed strongly that all of the significant changes should be done with broad-based support; in other words, health care is a life-or-death issue for every American, and it affects $1 out of every $6 spent in America. Because it is so big, that is the basis for that statement of broad-based support.

Under the leadership of Senator BAUCUS, chairman of the Finance Committee, we started last year with a bipartisan health care reform summit. We held 20 hearings. We held three public forums this year on options for financing, coverage, and delivery system reform. We invited experts from across the country. We invited anyone to submit input to the committee on those options, and we received over 600 sets of comments on the option papers.

Senator BAUCUS and I developed the broad outlines of what we believed would be a good reform package. That broad outline reflected the input we had from that very open and public process. We took that input and we sat down with four other leaders on the issue of health care in this very Chamber. That group soon became known as the group of six. That group began meeting in June to take that framework and finish the details. We met for untold hours. We consulted with experts at the Congressional Budget Office and the Joint Committee on Taxation. We invested a tremendous amount of time and effort to develop a bipartisan package.

Then what happens around here too often? People get impatient. In this case, the Democratic leaders got impatient. They wanted the reform bill to be finished faster. They were more concerned with health care reform getting done right now rather than getting done right. We said we needed to give the process the time it needed. We said we were not going to be bound by arbitrary 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 effort and they left without 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 agenda 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 begun to merge together that bill from the HELP Committee and the Finance Committee. That job fell to the Democratic leader and the chairmen of the two committees. But, ultimately, their