

VETERANS MOBILITY SAFETY ACT OF 2016

SEPTEMBER 6, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 3471]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3471) to amend title 38, United States Code, to make certain improvements in the provision of automobiles and adaptive equipment by the Department of Veterans Affairs, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

AMENDMENT IN THE NATURE OF A SUBSTITUTE

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Mobility Safety Act of 2016”.

SEC. 2. PERSONAL SELECTIONS OF AUTOMOBILES AND ADAPTIVE EQUIPMENT.

Section 3903(b) of title 38, United States Code, is amended—

(1) by striking “Except” and inserting “(1) Except”; and

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

“(2) The Secretary shall ensure that to the extent practicable an eligible person who is provided an automobile or other conveyance under this chapter is given the opportunity to make personal selections relating to such automobile or other conveyance.”.

SEC. 3. COMPREHENSIVE POLICY FOR THE AUTOMOBILES ADAPTIVE EQUIPMENT PROGRAM.

(a) **COMPREHENSIVE POLICY.**—The Secretary of Veterans Affairs shall develop a comprehensive policy regarding quality standards for providers who provide modification services to veterans under the automobile adaptive equipment program.

(b) **SCOPE.**—The policy developed under subsection (a) shall cover each of the following:

(1) The Department of Veterans Affairs-wide management of the automobile adaptive equipment program.

(2) The development of standards for safety and quality of equipment and installation of equipment through the automobile adaptive equipment program, including with respect to the defined differentiations in levels of modification complexity.

(3) The consistent application of standards for safety and quality of both equipment and installation throughout the Department.

(4) The certification of a provider by a third party organization or manufacturer if the Secretary designates the quality standards of such organization or manufacturer as meeting or exceeding the standards developed under this section.

(5) The education and training of personnel of the Department who administer the automobile adaptive equipment program.

(6) The compliance of the provider with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) when furnishing automobile adaptive equipment at the facility of the provider.

(7) The allowance, where technically appropriate, for veterans to receive modifications at their residence or location of choice.

(c) **UPDATES.**—Not later than one year after the date of the enactment of this Act, the Secretary shall update Veterans Health Administration Handbook 1173.4, or any successor handbook or directive, in accordance with the policy developed under subsection (a). Not less frequently than once every six years thereafter, the Secretary shall update such handbook, or any successor handbook or directive.

(d) **CONSULTATION.**—The Secretary shall develop the policy under subsection (a), and revise such policy under subsection (c), in consultation with veterans service organizations, the National Highway Transportation Administration, industry representatives, manufacturers of automobile adaptive equipment, and other entities with expertise in installing, repairing, replacing, or manufacturing mobility equipment or developing mobility accreditation standards for automobile adaptive equipment.

(e) **CONFLICTS.**—In developing and implementing the policy under subsection (a), the Secretary shall—

(1) minimize the possibility of conflicts of interest, to the extent practicable; and

(2) establish procedures that ensure against the use of a certifying entity referred to in subsection (b)(4) that has a financial conflict of interest regarding the certification of an eligible provider.

(f) **BIENNIAL REPORT.**—

(1) **IN GENERAL.**—Not later than one year after the date on which the Secretary updates Veterans Health Administration Handbook 1173.4, or any successor handbook or directive, under subsection (c), and biennially thereafter through 2022, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the implementation and facility compliance with the policy developed under subsection (a).

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

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

(B) A description of the performance measures used to determine the effectiveness of such policy in ensuring the safety of veterans enrolled in the automobile adaptive equipment program.

(C) An assessment of safety issues due to improper installations based on a survey of recipients of adaptive equipment from the Department.

(D) An assessment of the adequacy of the adaptive equipment services of the Department based on a survey of recipients of adaptive equipment from the Department.

(E) An assessment of the training provided to the personnel of the Department with respect to administering the program.

(F) An assessment of the certified providers of the Department of adaptive equipment with respect to meeting the minimum standards developed under subsection (b)(2).

(g) DEFINITIONS.—In this section:

(1) The term “automobile adaptive equipment program” means the program administered by the Secretary of Veterans Affairs pursuant to chapter 39 of title 38, United States Code.

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

SEC. 4. APPOINTMENT OF LICENSED HEARING AID SPECIALISTS IN VETERANS HEALTH ADMINISTRATION.

(a) LICENSED HEARING AID SPECIALISTS.—

(1) APPOINTMENT.—Section 7401(3) of title 38, United States Code, is amended by inserting “licensed hearing aid specialists,” after “Audiologists.”

(2) QUALIFICATIONS.—Section 7402(b)(14) of such title is amended by inserting “, hearing aid specialist” after “dental technologist”.

(b) REQUIREMENTS.—With respect to appointing hearing aid specialists under sections 7401 and 7402 of title 38, United States Code, as amended by subsection (a), and providing services furnished by such specialists, the Secretary shall ensure that—

(1) a hearing aid specialist may only perform hearing services consistent with the hearing aid specialist’s State license related to the practice of fitting and dispensing hearing aids without excluding other qualified professionals, including audiologists, from rendering services in overlapping practice areas;

(2) services provided to veterans by hearing aid specialists shall be provided as part of the non-medical treatment plan developed by an audiologist; and

(3) the medical facilities of the Department of Veterans Affairs provide to veterans access to the full range of professional services provided by an audiologist.

(c) CONSULTATION.—In determining the qualifications required for hearing aid specialists and in carrying out subsection (b), the Secretary shall consult with veterans service organizations, audiologists, otolaryngologists, hearing aid specialists, and other stakeholder and industry groups as the Secretary determines appropriate.

(d) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter during the five-year period beginning on the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the following:

(A) Timely access of veterans to hearing health services through the Department of Veterans Affairs.

(B) Contracting policies of the Department with respect to providing hearing health services to veterans in facilities that are not facilities of the Department.

(2) TIMELY ACCESS TO SERVICES.—Each report shall, with respect to the matter specified in paragraph (1)(A) for the one-year period preceding the submittal of such report, include the following:

(A) The staffing levels of audiologists, hearing aid specialists, and health technicians in audiology in the Veterans Health Administration.

(B) A description of the metrics used by the Secretary in measuring performance with respect to appointments and care relating to hearing health.

(C) The average time that a veteran waits to receive an appointment, beginning on the date on which the veteran makes the request, for the following:

(i) A disability rating evaluation for a hearing-related disability.

(ii) A hearing aid evaluation.

(iii) Dispensing of hearing aids.

(iv) Any follow-up hearing health appointment.

(D) The percentage of veterans whose total wait time for appointments described in subparagraph (C), including an initial and follow-up appointment, if applicable, is more than 30 days.

(3) CONTRACTING POLICIES.—Each report shall, with respect to the matter specified in paragraph (1)(B) for the one-year period preceding the submittal of such report, include the following:

(A) The number of veterans that the Secretary refers to non-Department audiologists for hearing health care appointments.

(B) The number of veterans that the Secretary refers to non-Department hearing aid specialists for follow-up appointments for a hearing aid evaluation, the dispensing of hearing aids, or any other purpose relating to hearing health.

PURPOSE AND SUMMARY

H.R. 3471, the “Veterans Mobility Safety Act of 2015,” was introduced by Representative Jackie Walorski of Indiana on September 10, 2015. H.R. 3471, as amended, was ordered to be favorably reported to the full House on May 18, 2016, by voice vote. This legislation would direct the Department of Veterans Affairs (VA) to develop a comprehensive policy regarding quality standards for providers who dispense modification services to veterans under the Automobile Adaptive Equipment Program. The bill would also authorize VA to hire and prescribe qualifications for hiring hearing aid specialists.

BACKGROUND AND NEED FOR LEGISLATION

Section 2. Personal selections of automobile and adaptive equipment

Section 3902 of title 38, U.S.C, authorizes VA to provide automobile adaptive equipment to certain disabled veterans. Through the Automobile Adaptive Equipment (AAE) program, VA provides equipment as well as training to eligible veterans to allow them to safely operate a motor vehicle. To be eligible for this program, a veteran must meet at least one of the following criteria: (1) be service-connected for the loss or loss of use of one or both feet or hands; (2) have service-connected ankylosis (stiffening or immobility of a joint) in one or both knees or hips; or (3) be service-connected for permanent impairment of vision of both eyes that have a central acuity of 20/200. Non-service-connected veterans are eligible for equipment or modifications to allow ingress and egress from a vehicle only. In recognition of the individual needs of the eligible veterans participating in the AAE program, Section 2 of the bill would direct VA to ensure that an eligible disabled veteran who has been provided with an automobile or other conveyance is given the opportunity to make personal selections relating to that automobile or other conveyance.

Section 3. Comprehensive policy for the Automobile Adaptive Equipment Program

The AAE program is governed by Veterans Health Administration (VHA) Handbook 1173.4, which was released on October 30, 2000. Though the Handbook was scheduled for recertification on or before the last working day of July 2005, it has not been updated since it was released. Notably, the Handbook does not contain certification requirements for automobile equipment dealers or prescribe qualification standards that dealers or installers must meet to ensure safety. VA’s AAE program website encourages veterans

to research automobile adaptive equipment dealers who are registered through the National Highway Traffic Safety Administration (NHTSA) and to file a formal complaint with the NHTSA if the veteran has concerns about the safety of the vehicle modification or installation.¹ However, in recent years, the Committee has received an increasing number of reports regarding quality and safety concerns from veterans receiving services through the AAE program. Improperly installed automobile adaptive equipment carries risks for veterans as well as for the wider driving public. In a statement for the record provided by the National Mobility Equipment Dealers Association (NMEDA) before the Subcommittee on Health, “[q]uality concerns [with the VA AAE program] range from poor customer service to faulty wiring to chronically unreliable power, steering, and braking systems.”² According to NMEDA, “[s]uch poor quality installations have very real safety implications and can result in automobile accidents, vehicle fires, injuries, or worse.”³

Section 3 of the bill would require VA—in consultation with veterans service organizations, the NHTSA, industry representatives, manufacturers of automobile adaptive equipment, and other entities with relevant expertise—to develop a comprehensive policy regarding quality standards for providers who provide modification services to veterans under the AAE program. Section 3 of the bill would also require VA to update the VHA Handbook 1173.4 to reflect the new comprehensive policy and to submit biennial reports on implementation and compliance. The Committee is aware many veterans receive installations and/or modifications through the AAE program at their place of residence. The Committee intends for VA to preserve access to residential installations and service, where appropriate, when developing and implementing standards pursuant to this Section. The Committee would also support VA differentiating between complex vehicle modifications that involve changes to the structure or controls of a vehicle and less complex modifications. Further, the Committee expects VA to take all appropriate steps to minimize the potential for conflicts of interest, particularly if a third party organization who stands to unreasonably gain from designating quality standards high enough so that only the organization itself can certify providers of modification equipment is selected as a certifying body. Though, of note, the Committee does not believe that the certification of providers by any one third party organization denotes that the organization itself has a conflict of interest.

Section 4. Appointment of licensed hearing aid specialists in Veterans Health Administration

Currently, hearing health services are provided in VA medical facilities by audiologists and audiology health technicians who assess and treat hearing loss and evaluate and issue hearing aids for veteran patients. If a hearing aid is in need of repair, it is either repaired by an audiologist or an audiology health technician at a VA

¹ Automobile Adaptive Equipment (AAE) & Vehicle Modifications Program, Frequently Asked Questions, <http://www.prosthetics.va.gov/psas/FAQ-AAE.asp>

² Statement for the Record provided by the National Mobility Equipment Dealers Association before the Subcommittee on Health, November 17, 2015, <https://veterans.house.gov/hearings/legislative-hearing-1>

³ Ibid.

medical center or is sent to the Denver Acquisitions and Logistics Center. On February 20, 2014, the VA Inspector General (IG) released an audit of VA's hearing aid services, which found that VA was not timely in issuing new hearing aids to veterans or in meeting its 5-day timeliness goal to complete repair services.⁴ According to the IG, during the 6-month period ending in September 2012, VA issued 30% of its hearing aids to veterans more than 30 days from the estimated receipt date from their vendors and VA took 17 to 24 days to complete hearing aid repair services. These findings are consistent with anecdotal reports heard by the Committee and by individual Members of Congress from their veteran constituents.

To address concerns regarding timely access to hearing health services through VA providers, Section 4 of the bill would authorize VA to hire hearing aid specialists and to work in consultation with veterans service organizations, audiologists, otolaryngologists (ear, nose, and throat—or ENT—physicians), and other stakeholder and industry groups to prescribe qualifications for hearing aid specialists. Section 4 would further stipulate that a VA hearing aid specialist may only perform services consistent with his/her State licensure and in accordance with a treatment plan developed by an audiologist. It would further stipulate that VA medical facilities must ensure that veterans are given access to the full range of professional services provided by an audiologist. Finally, Section 4 of the bill would require VA to submit an annual report on whether veterans receive timely access to hearing health services through VA and on VA's policies with respect to providing hearing health services through community providers.

HEARINGS

There were no full Committee hearings held on H.R. 3471, as amended. On November 17, 2015, the Subcommittee on Health conducted a legislative hearing on various bills introduced during the 114th Congress, including H.R. 3471. The following witnesses testified:

The Honorable Lee Zeldin of New York; The Honorable Mike Bost of Illinois; The Honorable Ann Kuster of New Hampshire; The Honorable Elise Stefanik of New York; The Honorable Jackie Walorski of Indiana; Diane M. Zumatto, National Legislative Director for AMVETS; Shurhonda Y. Love, Assistant National Legislative Director for the Disabled American Veterans; Fred S. Sganga, Legislative Officer for the National Association of State Veteran Homes; Maureen McCarthy M.D., Assistant Deputy Under Secretary for Health for Patient Care Services for the Veterans Health Administration of the U.S. Department of Veterans Affairs who was accompanied by Susan Blauert, the Chief Counsel for the Health Care Law Group of the Office of General Counsel of the U.S. Department of Veterans Affairs.

Statements for the record were submitted by:

⁴February 20, 2014, VA Office of the Inspector General, "Audit of VA's Hearing Aid Services, <http://www.va.gov/oig/pubs/VAOIG-12-02910-80.pdf>.

The American Legion; the American Psychiatric Association; Easter Seals; The Elizabeth Dole Foundation; The National Association of Mental Illness; Veterans Affairs Physician Assistant Association; Veterans of Foreign Wars of the United States; and the Wounded Warrior Project.

SUBCOMMITTEE CONSIDERATION

On April 29, 2016, the Subcommittee on Health met in open markup session, a quorum being present, and ordered H.R. 3471, as amended, favorably forwarded to the full Committee by voice vote. During consideration of H.R. 3471, as amended, the following amendment in the nature of a substitute was considered and agreed to by voice vote:

An Amendment in the Nature of a Substitute offered by Representative Dan Benishek of Michigan.

A motion by Representative Julia Brownley of Florida to favorably forward the bill, as amended, to the full Committee was agreed to by voice vote.

COMMITTEE CONSIDERATION

On May 18, 2016, the Full Committee met in open markup session, a quorum being present, and ordered H.R. 3471, as amended, favorably reported to the House of Representatives by voice vote. During consideration of H.R. 3471, as amended, the following amendment in the nature of a substitute was considered and agreed to by voice vote:

An Amendment in the Nature of a Substitute offered by Representative Jackie Walorski of Indiana.

A motion by Representative Corrine Brown of Florida to favorably report H.R. 3471, as amended, to the House of Representatives was agreed to by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 3471, as amended, reported to the House.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are to require VA to develop a comprehensive policy regarding quality standards for providers under the AAE program and authorize VA to hire and prescribe qualifications for hiring hearing aid specialists.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX
EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3471, as amended, does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 3471, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 3471, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 2, 2016.

Hon. JEFF MILLER,
Chairman, Committee on Veterans' Affairs,
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3471, the Veterans Mobility Safety Act of 2016.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Dwayne M. Wright.

Sincerely,

MARK P. HADLEY
(For Keith Hall, *Director*).

Enclosure.

H.R. 3471—Veterans Mobility Safety Act of 2016

H.R. 3471 would modify a program administered by the Department of Veterans Affairs (VA) that assists eligible veterans with purchasing automobiles and having those vehicles adapted to accommodate the veterans' disabilities. The bill also would authorize VA to employ hearing aid specialists and would require VA to prepare an annual report documenting the access of veterans to hearing health services sponsored by VA. In total, CBO estimates that implementing H.R. 3471 would cost less than \$500,000 over the 2017–2021 period; that spending would be subject to appropriation of the necessary amounts. Enacting H.R. 3471 would not affect di-

rect spending or revenues; therefore, pay-as-you-go procedures do not apply.

Section 2 would require VA to ensure that eligible veterans have the opportunity to choose a certified, licensed provider for purchasing an automobile or installing adaptive equipment. On the basis of information from VA about current practice related to personal selections for automobiles and adaptive equipment, CBO believes that section 2 would codify current practice and, therefore, have no budgetary effect.

Section 3 would require VA to develop a comprehensive policy regarding quality standards for providers who make modifications to vehicles under the adaptive equipment program for automobiles. Section 3 also would require VA to provide biennial reports to the Congress on the implementation of that policy. CBO estimates that implementing section 3 would increase costs by less than \$500,000 over the 2017–2021 period.

Section 4 would specifically authorize VA to hire licensed hearing aid specialists and would require VA to provide veterans access to the full range of audiology services at its medical facilities. VA currently employs about 320 audiology health technicians (also known as audiology assistants). Some of those technicians are already licensed as hearing aid specialists based on their education and experience; the remainder could potentially qualify on the basis of their experience. CBO expects that, rather than hiring licensed hearing aid specialists, VA would allow the existing audiology health technicians who are not licensed to remain employed with the agency as technicians until they meet the requirements to be a hearing aid specialist. VA also employs 1,100 audiologists and offers their services at 400 medical facilities. On that basis, we do not anticipate that VA would hire additional audiologists under this proposal.

Section 4 also would require VA to submit annual reports detailing VA's activities in providing hearing health services at VA medical facilities and through contracting with private-sector facilities. CBO estimates that preparing those reports would cost less than \$500,000 over the 2017–2021 period.

CBO estimates that enacting H.R. 3471 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 3471 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Dwayne M. Wright. The estimate was approved by Theresa Gullo, Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 3471, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 3471, as amended.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 3471, as amended, is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 3471, as amended, does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(g) of H. Res. 5, 114th Cong. (2015), the Committee finds that no provision of H.R. 3471, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 114th Cong. (2015), the Committee estimates that H.R. 3471, as amended, contains no directed rulemaking that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would provide a short title of the "Veterans Mobility Safety Act of 2016."

Section 2. Personal sections of automobiles and adaptive equipment

Section 2 of the bill would amend title 38, U.S.C., to require that the Secretary ensure that a veteran who receives an automobile or other conveyance under this chapter is given the opportunity to make personal choices relating to the automobile or conveyance received to the extent practicable.

Section 3. Comprehensive policy for the automobiles adaptive equipment program

Section 3(a) of the bill would require the Secretary to develop a comprehensive policy regarding quality standards for those who provide modification services to veterans under the AAE program.

Section 3(b) of the bill would require that the policy developed under subsection (a) include: (1) VA-wide management of the AAE

program; (2) the development of standards for the safety and quality of the equipment and its installation, including with respect to the defined differentiations in levels of modification complexity; (3) the consistent application of safety and quality standards for the equipment and its installation; (4) the certification of a provider by a third party organization or manufacturer, if the Secretary designates the quality standards of such organization or manufacturer as meeting or exceeding the standards developed under this section; (5) the education and training of VA personnel who administer the program; (6) the compliance of providers with the Americans with Disabilities Act of 1990 when furnishing automobile adaptive equipment at the providers' facilities; and (7) the allowance (where appropriate) for veterans to receive modifications at their residence or location of choice.

Section 3(c) of the bill would require that within one year of the enactment of this act, the Secretary update VHA Handbook 1173.4, or any successor handbook or directive, in accordance with the policy developed under subsection (a). This Section would require that the Secretary update Handbook 1173.4, or any successor handbook or directive, at least every six years thereafter.

Section 3(d) of the bill would require that the Secretary develop the policy under subsection (a), and revise such policy under subsection (c), in consultation with veteran service organizations, the NHTSA, industry representatives, manufacturers of automobile adaptive equipment, and other entities with relevant expertise.

Section 3(e) of the bill would require that, in developing and implementing the policy under subsection (a), the Secretary minimize the possibility of conflicts of interest to the extent practicable, and establish procedures that ensure against the use of a certifying entity referred to in subsection (b)(4) that has a financial conflict of interest regarding the certification of an eligible provider.

Section 3(f) of the bill would require that no later than one year after the Secretary's update of VHA Handbook 1173.4 under subsection (c), and biennially thereafter through 2022, the Secretary submit to the Committees on Veterans' Affairs of the House and Senate a report on the implementation and facility compliance with the policy developed under subsection (a). This Section would also require that the report include: (1) a description of the implementation plan for the policy developed under subsection (a) and any revisions to such policy; (2) a description of the performance measures used to determine the effectiveness of such policy in ensuring the safety of veterans enrolled in the program; (3) an assessment of safety issues due to improper installations based on a survey of recipients of adaptive equipment from VA; (4) an assessment of the adequacy of VA's adaptive equipment services based on such survey; (5) an assessment of the training provided to the VA personnel administering the program; and (6) an assessment of VA's certified providers of adaptive equipment with respect to meeting the minimum standards developed under subsection (b).

Section 3(g) of the bill would define the term "automobile adaptive equipment program" to mean the program administered by VA pursuant to chapter 39 of title 38, U.S.C., and the term "veteran service organization" to mean any organization recognized by VA for the representation of veterans under section 5902 of title 38, U.S.C.

Section 4. Appointment of licensed hearing aid specialists in Veterans Health Administration

Section 4(a) of the bill would amend section 7401(3) of title 38, U.S.C., to authorize VA to hire licensed hearing aid specialists. This Section would also amend section 7402(b)(14) of title 38, U.S.C., to authorize VA to prescribe qualifications for hearing aid specialists.

Section 4(b) of the bill would require that, with respect to appointing hearing aid specialists under title 38, U.S.C., as amended by subsection (a), and providing services furnished by such specialists, the Secretary ensure that: (1) a hearing aid specialist may only perform hearing services consistent with the hearing aid specialist's state license related to the practice of fitting and dispensing hearing aids without excluding qualified professionals, including audiologists, from rendering services in overlapping practice areas; (2) services provided to veterans by hearing aid specialists be provided as part of a non-medical treatment plan developed by an audiologist; and (3) VA medical facilities provide veterans with access to the full range of professional services provided by an audiologist.

Section 4(c) of the bill would require that, in determining the qualifications required for hearing aid specialists and in carrying out subsection (b), the Secretary consult with veteran service organizations, audiologists, otolaryngologists, hearing aid specialists, and other stakeholders and industry groups as the Secretary determines appropriate.

Section 4(d) of the bill would require that, within one year of the enactment of this act and annually for five years thereafter, the Secretary submit to Congress a report on timely access of veterans to hearing health services through VA, and VA contracting policies with respect to providing hearing health services to veterans in facilities that are not VA facilities. This Section would require that each report include: (1) the staffing levels of audiologists, hearing aid specialists, and health technicians in audiology in VHA; (2) a description of metrics used by VA in measuring performance with respect to appointments and care relating to hearing health; (3) the average time that a veteran waits to receive a hearing health-related appointment, beginning on the date on which the veteran makes the request; and (4) the percentage of veterans whose total wait time for appointments described in subparagraph (c), including an initial and follow-up appointment, is more than 30 days. Section 4(d) would further require each report to include the number of veterans that VA refers to non-VA audiologists for hearing health care appointments, as well as the number of veterans that the Secretary refers to non-VA hearing aid specialists for follow-up appointments for a hearing aid evaluation, the dispensing of hearing aids, or any other purpose relating to hearing health.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * *

PART III—READJUSTMENT AND RELATED BENEFITS

* * * * *

CHAPTER 39—AUTOMOBILES AND ADAPTIVE EQUIPMENT FOR CERTAIN DISABLED VETERANS AND MEMBERS OF THE ARMED FORCES

* * * * *

§ 3903. Limitations on assistance; special training courses

(a)(1) Except as provided in paragraph (2), no eligible person shall be entitled to receive more than one automobile or other conveyance under the provisions of this chapter, and no payment shall be made under this chapter for the repair, maintenance, or replacement of an automobile or other conveyance.

(2) The Secretary may provide or assist in providing an eligible person with a second automobile or other conveyance under this chapter if—

(A) the Secretary receives satisfactory evidence that the automobile or other conveyance previously purchased with assistance under this chapter was destroyed—

- (i) as a result of a natural or other disaster, as determined by the Secretary; and
- (ii) through no fault of the eligible person; and

(B) the eligible person does not otherwise receive from a property insurer compensation for the loss.

(b) **[Except]** (1) *Except* as provided in subsection (d) of section 3902 of this title, no eligible person shall be provided an automobile or other conveyance under this chapter until it is established to the satisfaction of the Secretary, in accordance with regulations the Secretary shall prescribe, that the eligible person will be able to operate the automobile or other conveyance in a manner consistent with such person's own safety and the safety of others and will satisfy the applicable standards of licensure to operate the automobile or other conveyance established by the State of such person's residency or other proper licensing authority.

(2) *The Secretary shall ensure that to the extent practicable an eligible person who is provided an automobile or other conveyance under this chapter is given the opportunity to make personal selections relating to such automobile or other conveyance.*

(c)(1) An eligible person shall not be entitled to adaptive equipment under this chapter for more than two automobiles or other conveyances at any one time or (except as provided in paragraph (2) of this subsection) during any four-year period.

(2) In a case in which the four-year limitation in paragraph (1) of this subsection precludes an eligible person from being entitled to adaptive equipment under this chapter, if the Secretary determines that, due to circumstances beyond the control of such person, one of the automobiles or other conveyances for which adaptive equipment was provided to such person during the applicable four-year period is no longer available for the use of such person, the Secretary may provide adaptive equipment to such person for an additional automobile or other conveyance during such period. Provision of adaptive equipment under this paragraph is within the discretion of the Secretary. Any action to provide adaptive equipment under this paragraph shall be made pursuant to regulations which the Secretary shall prescribe.

(d) Adaptive equipment shall not be provided under this chapter unless it conforms to minimum standards of safety and quality prescribed by the Secretary.

(e)(1) The Secretary shall provide, directly or by contract, for the conduct of special driver training courses at every hospital and, where appropriate, at regional offices and other medical facilities, of the Department to instruct such eligible person to operate the type of automobile or other conveyance such person wishes to obtain with assistance under this chapter, and may make such courses available to any veteran, eligible for care under chapter 17 of this title or member of the Armed Forces, who is determined by the Secretary to need the special training provided in such courses even though such veteran or member is not eligible for the assistance provided under this chapter.

(2) The Secretary is authorized to obtain insurance on automobiles and other conveyances used in conducting the special driver training courses provided under this subsection and to obtain, at Government expense, personal liability and property damage insurance for all persons taking such courses without regard to whether such persons are taking the course on an in-patient or out-patient basis.

(3) Notwithstanding any other provision of law, the Secretary may obtain, by purchase, lease, gift, or otherwise, any automobile, motor vehicle, or other conveyance deemed necessary to carry out the purposes of this subsection, and may sell, assign, transfer, or convey any such automobile, vehicle, or conveyance to which the Department obtains title for such price and upon such terms as the Secretary deems appropriate; and any proceeds received from any such disposition shall be credited to the applicable Department appropriation.

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PART V—BOARDS, ADMINISTRATIONS, AND SERVICES

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**CHAPTER 74—VETERANS HEALTH ADMINISTRATION -
PERSONNEL****SUBCHAPTER I—APPOINTMENTS****§ 7401. Appointments in Veterans Health Administration**

There may be appointed by the Secretary such personnel as the Secretary may find necessary for the health care of veterans (in addition to those in the Office of the Under Secretary for Health appointed under section 7306 of this title), as follows:

(1) Physicians, dentists, podiatrists, chiropractors, optometrists, registered nurses, physician assistants, and expanded-function dental auxiliaries.

(2) Scientific and professional personnel, such as microbiologists, chemists, and biostatisticians.

(3) Audiologists, *licensed hearing aid specialists*, speech pathologists, and audiologist-speech pathologists, biomedical engineers, certified or registered respiratory therapists, dietitians, licensed physical therapists, licensed practical or vocational nurses, nurse assistants, medical instrument technicians, medical records administrators or specialists, medical records technicians, medical technologists, dental hygienists, dental assistants, nuclear medicine technologists, occupational therapists, occupational therapy assistants, kinesiotherapists, orthotist-prosthetists, pharmacists, pharmacy technicians, physical therapy assistants, prosthetic representatives, psychologists, diagnostic radiologic technologists, therapeutic radiologic technologists, social workers, marriage and family therapists, licensed professional mental health counselors, blind rehabilitation specialists, blind rehabilitation outpatient specialists, and such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention needs of the Department subject to the following requirements:

(A) Such other classes of health care occupations—

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

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

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

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

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

(C) Before submitting notice under subparagraph (B), the Secretary shall solicit comments from any labor orga-

nization representing employees in such class and include such comments in such notice.

§ 7402. Qualifications of appointees

(a) To be eligible for appointment to the positions in the Administration covered by subsection (b), a person must have the applicable qualifications set forth in that subsection.

(b)(1) PHYSICIAN.—To be eligible to be appointed to a physician position, a person must—

(A) hold the degree of doctor of medicine or of doctor of osteopathy from a college or university approved by the Secretary,

(B) have completed an internship satisfactory to the Secretary, and

(C) be licensed to practice medicine, surgery, or osteopathy in a State.

(2) DENTIST.—To be eligible to be appointed to a dentist position, a person must—

(A) hold the degree of doctor of dental surgery or dental medicine from a college or university approved by the Secretary, and

(B) be licensed to practice dentistry in a State.

(3) NURSE.—To be eligible to be appointed to a nurse position, a person must—

(A) have successfully completed a full course of nursing in a recognized school of nursing, approved by the Secretary, and

(B) be registered as a graduate nurse in a State.

(4) DIRECTOR OF A HOSPITAL, DOMICILIARY, CENTER, OR OUTPATIENT CLINIC.—To be eligible to be appointed to a director position, a person must have such business and administrative experience and qualifications as the Secretary shall prescribe.

(5) PODIATRIST.—To be eligible to be appointed to a podiatrist position, a person must—

(A) hold the degree of doctor of podiatric medicine, or its equivalent, from a school of podiatric medicine approved by the Secretary, and

(B) be licensed to practice podiatry in a State.

(6) OPTOMETRIST.—To be eligible to be appointed to an optometrist position, a person must—

(A) hold the degree of doctor of optometry, or its equivalent, from a school of optometry approved by the Secretary, and

(B) be licensed to practice optometry in a State.

(7) PHARMACIST.—To be eligible to be appointed to a pharmacist position, a person must—

(A) hold the degree of bachelor of science in pharmacy, or its equivalent, from a school of pharmacy, approved by the Secretary, and

(B) be registered as a pharmacist in a State.

(8) PSYCHOLOGIST.—To be eligible to be appointed to a psychologist position, a person must—

(A) hold a doctoral degree in psychology from a college or university approved by the Secretary,

(B) have completed study for such degree in a specialty area of psychology and an internship which are satisfactory to the Secretary, and

(C) be licensed or certified as a psychologist in a State, except that the Secretary may waive the requirement of licensure or certification for an individual psychologist for a period not to exceed two years on the condition that that psychologist provide patient care only under the direct supervision of a psychologist who is so licensed or certified.

(9) SOCIAL WORKER.—To be eligible to be appointed to a social worker position, a person must—

(A) hold a master's degree in social work from a college or university approved by the Secretary; and

(B) be licensed or certified to independently practice social work in a State, except that the Secretary may waive the requirement of licensure or certification for an individual social worker for a reasonable period of time recommended by the Under Secretary for Health.

(10) MARRIAGE AND FAMILY THERAPIST.—To be eligible to be appointed to a marriage and family therapist position, a person must—

(A) hold a master's degree in marriage and family therapy, or a comparable degree in mental health, from a college or university approved by the Secretary; and

(B) be licensed or certified to independently practice marriage and family therapy in a State, except that the Secretary may waive the requirement of licensure or certification for an individual marriage and family therapist for a reasonable period of time recommended by the Under Secretary for Health.

(11) LICENSED PROFESSIONAL MENTAL HEALTH COUNSELOR.—To be eligible to be appointed to a licensed professional mental health counselor position, a person must—

(A) hold a master's degree in mental health counseling, or a related field, from a college or university approved by the Secretary; and

(B) be licensed or certified to independently practice mental health counseling.

(12) CHIROPRACTOR.—To be eligible to be appointed to a chiropractor position, a person must—

(A) hold the degree of doctor of chiropractic, or its equivalent, from a college of chiropractic approved by the Secretary; and

(B) be licensed to practice chiropractic in a State.

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

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

(B) be certified by—

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

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

(14) OTHER HEALTH-CARE POSITIONS.—To be appointed as a physician assistant, expanded-function dental auxiliary, certified or registered respiratory therapist, licensed physical therapist, licensed practical or vocational nurse, occupational therapist, dietitian, microbiologist, chemist, biostatistician, medical technologist, dental technologist, *hearing aid specialist*, or other position, a per-

son must have such medical, dental, scientific, or technical qualifications as the Secretary shall prescribe.

(c) Except as provided in section 7407(a) of this title, a person may not be appointed in the Administration to a position listed in section 7401(1) of this title unless the person is a citizen of the United States.

(d) A person may not be appointed under section 7401(1) of this title to serve in the Administration in any direct patient-care capacity unless the Under Secretary for Health determines that the person possesses such basic proficiency in spoken and written English as will permit such degree of communication with patients and other health-care personnel as will enable the person to carry out the person's health-care responsibilities satisfactorily. Any determination by the Under Secretary for Health under this subsection shall be in accordance with regulations which the Secretary shall prescribe.

(e) A person may not serve as Chief of Staff of a Department health-care facility if the person is not serving on a full-time basis.

(f) A person may not be employed in a position under subsection (b) (other than under paragraph (4) of that subsection) if—

- (1) the person is or has been licensed, registered, or certified (as applicable to such position) in more than one State; and
- (2) either—

(A) any of those States has terminated such license, registration, or certification for cause; or

(B) the person has voluntarily relinquished such license, registration, or certification in any of those States after being notified in writing by that State of potential termination for cause.

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

- (1) peer specialist training to veterans; and
- (2) certification for veterans under subsection (b)(13)(B)(i).

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