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HOUSE OF REPRESENTATIVES
REPORT
118–284

ELIZABETH DOLE HOME- AND COMMUNITY-BASED SERVICES FOR VETERANS AND CAREGIVERS ACT OF 2023

NOVEMBER 29, 2023.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BOST, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 542]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 542) to amend title 38, United States Code, to improve certain programs of the Department of Veterans Affairs for home- and community-based services for veterans, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

49–006

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Elizabeth Dole Home- and Community-Based Services for Veterans and Caregivers Act of 2023" or the "Elizabeth Dole Home Care Act of 2023".

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

SEC. 2. INCREASE OF EXPENDITURE CAP FOR NONINSTITUTIONAL CARE ALTERNATIVES TO NURSING HOME CARE.

(a) INCREASE OF EXPENDITURE CAP.—Section 1720C(d) of title 38, United States Code, is amended—

(1) by striking "The total cost" and inserting "(1) Except as provided in paragraph (2), the total cost";

(2) by striking "65 percent" and inserting "100 percent"; and

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

"(2)(A) The total cost of providing services or in-kind assistance in the case of any veteran described in subparagraph (B) for any fiscal year under the program may exceed 100 percent of the cost that would otherwise have been incurred as specified in paragraph (1) if the Secretary determines, based on a consideration of clinical need, geographic market factors, and such other matters as the Secretary may prescribe through regulation, that such higher total cost is in the best interest of the veteran.

"(B) A veteran described in this subparagraph is a veteran with amyotrophic lateral sclerosis, a spinal cord injury, or a condition the Secretary determines to be similar to such conditions.".

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to fiscal years beginning on or after the date of the enactment of this Act.

SEC. 3. COORDINATION WITH PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.

Section 1720C of title 38, United States Code, as amended by section 2, is further amended by adding at the end the following new subsection:

"(f) In furnishing services to a veteran under the program conducted pursuant to subsection (a), if a medical center of the Department through which such program is administered is located in a geographic area in which services are available to the veteran under a PACE program (as such term is defined in sections 1894(a)(2) and 1934(a)(2) of the Social Security Act (42 U.S.C. 1395eee(a)(2); 1396u–4(a)(2))), the Secretary shall seek to enter into an agreement with the PACE program operating in that area for the furnishing of such services.".

SEC. 4. HOME- AND COMMUNITY-BASED SERVICES: PROGRAMS.

(a) PROGRAMS.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1720J the following new section (and conforming the table of sections at the beginning of such chapter accordingly):

"§ 1720K. Home- and community-based services: programs

"(a) IN GENERAL.—In furnishing noninstitutional alternatives to nursing home care pursuant to the authority of section 1720C of this title (or any other authority under this chapter or other provision of law administered by the Secretary of Veterans Affairs), the Secretary shall carry out each of the programs specified in this section in accordance with such relevant authorities except as otherwise provided in this section.

"(b) VETERAN-DIRECTED CARE PROGRAM.—(1) The Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall carry out a program to be known as the 'Veteran-Directed Care program'. Under such program, the Secretary of Veterans Affairs may enter into agreements with the providers described in paragraph (2) to provide to eligible veterans funds, to the extent practicable, to obtain such in-home care services and related items as may be determined appropriate by the Secretary of Veterans Affairs and selected by the veteran, including through the veteran hiring individuals to provide such services and items or directly purchasing such services and items.

"(2) The providers described in this paragraph are the following:

"(A) An Aging and Disability Resource Center, an area agency on aging, or a State agency.

"(B) A center for independent living.

"(C) An Indian tribe or tribal organization receiving assistance under title VI of the Older Americans Act of 1965 (42 U.S.C. 3057 et seq.).

"(3) In carrying out the Veteran-Directed Care program, the Secretary of Veterans Affairs shall—

"(A) administer such program through each medical center of the Department of Veterans Affairs;

"(B) seek to ensure the availability of such program in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, and any other territory or possession of the United States, to the extent practicable; and

"(C) seek to ensure the availability of such program for eligible veterans who are Native American veterans receiving care and services furnished by the Indian Health Service, a tribal health program, an Urban Indian organization, or (in the case of a Native Hawaiian veteran) a Native Hawaiian health care system, to the extent practicable.

"(4) If a veteran participating in the Veteran-Directed Care program is catastrophically disabled, the veteran may continue to use funds under the program during a period of hospitalization in the same manner that the veteran would be authorized to use such funds under the program if the veteran were not hospitalized.

"(c) HOMEMAKER AND HOME HEALTH AIDE PROGRAM.—(1) The Secretary shall carry out a program to be known as the 'Homemaker and Home Health Aide program' under which the Secretary may enter into agreements with home health agencies to provide to eligible veterans such home health aide services as may be determined appropriate by the Secretary.

"(2) In carrying out the Homemaker and Home Health Aide program, the Secretary shall, to the extent practicable, ensure the availability of such program—

"(A) in the locations specified in subparagraph (B) of subsection (b)(3); and

"(B) for the veteran populations specified in subparagraph (C) of such subsection.

"(d) HOME-BASED PRIMARY CARE PROGRAM.—The Secretary shall carry out a program to be known as the 'Home-Based Primary Care program' under which the Secretary may furnish to eligible veterans in-home health care, the provision of which is overseen by a provider of the Department.

"(e) PURCHASED SKILLED HOME CARE PROGRAM.—The Secretary shall carry out a program to be known as the 'Purchased Skilled Home Care program' under which the Secretary may furnish to eligible veterans such in-home care services as may be determined appropriate and selected by the Secretary for the veteran.

"(f) CAREGIVER SUPPORT.—(1) With respect to a resident eligible caregiver of a veteran participating in a program under this section, the Secretary shall—

"(A) if the veteran meets the requirements of a covered veteran under section 1720G(b) of this title, provide to such caregiver the option of enrolling in the program of general caregiver support services under such section;

"(B) provide to such caregiver covered respite care of not less than 30 days annually; and

"(C) conduct on an annual basis (and, to the extent practicable, in connection with in-person services provided under the program in which the veteran is participating), a wellness contact of such caregiver.

"(2) Covered respite care provided to a resident eligible caregiver of a veteran under paragraph (1) may exceed 30 days annually if such extension is requested by the resident eligible caregiver or veteran and determined medically appropriate by the Secretary.

"(g) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to limit the authority of the Secretary to carry out programs providing home- and community-based services under any other provision of law.

"(h) DEFINITIONS.—In this section:

"(1) The terms 'Aging and Disability Resource Center', 'area agency on aging', and 'State agency' have the meanings given those terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

"(2) The terms 'caregiver' and 'family caregiver', with respect to a veteran, have the meanings given those terms, respectively, under subsection (e) of section 1720G of this title with respect to an eligible veteran under subsection (a) of such section or a covered veteran under subsection (b) of such section, as the case may be.

"(3) The term 'center for independent living' has the meaning given that term in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a).

"(4) The term 'covered respite care' has the meaning given such term in section 1720G(d) of this title.

"(5) The term 'eligible veteran' means any veteran—

"(A) for whom the Secretary determines participation in a specific program under this section is medically necessary to promote, preserve, or restore the health of the veteran; and

"(B) who absent such participation would be at increased risk for hospitalization, placement in a nursing home, or emergency room care.

"(6) The term 'home health aide' means an individual employed by a home health agency to provide in-home care services.

"(7) The term 'in-home care service' means any service, including a personal care service, provided to enable the recipient of such service to live at home.

"(8) The terms 'Indian tribe' and 'tribal organization' have the meanings given those terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

"(9) The terms 'Native American' and 'Native American veteran' have the meanings given those terms in section 3765 of this title.

"(10) The terms 'Native Hawaiian' and 'Native Hawaiian health care system' have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

"(11) The terms 'tribal health programs' and 'Urban Indian organizations' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

"(12) The term 'resident eligible caregiver' means an individual who—

"(A) is a caregiver, or a family caregiver, of a veteran and resides with that veteran; and

"(B) has not entered into a contract, agreement, or other arrangement for such individual to act as a caregiver for that veteran unless such individual is a family member of the veteran or is furnishing caregiver services through a medical foster home.".

(b) DEADLINE FOR IMPROVED ADMINISTRATION.—The Secretary of Veterans Affairs shall ensure that the Veteran-Directed Care program and the Homemaker and Home Health Aide program are administered through each medical center of the Department of Veterans Affairs in accordance with section 1720K of title 38, United States Code (as added by subsection (a)), by not later than two years after the date of the enactment of this Act.

SEC. 5. COORDINATION WITH ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

(a) COORDINATION WITH PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.—

(1) COORDINATION.—Section 1720G(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(14)(A) In the case of a veteran or caregiver who seeks services under this subsection and is denied such services, or a veteran or the family caregiver of a veteran who is discharged from the program under this subsection, the Secretary shall—

"(i) if the veteran meets the requirements of a covered veteran under subsection (b), provide to such caregiver the option of enrolling in the program of general caregiver support services under such subsection;

"(ii) assess the veteran or caregiver for participation in any other available program of the Department for home- and community-based services (including the programs specified in section 1720K of this title) for which the veteran or caregiver may be eligible and, with respect to the veteran, store (and make accessible to the veteran) the results of such assessment in the electronic medical record of the veteran; and

"(iii) provide to the veteran or caregiver written information on any such program identified pursuant to the assessment under clause (ii), including information about facilities, eligibility requirements, and relevant contact information for each such program.

"(B) For each veteran or family caregiver who is discharged from the program under this subsection, a caregiver support coordinator shall provide for a smooth and personalized transition from such program to an appropriate program of the Department for home- and community-based services (including the programs specified in section 1720K of this title), including by integrating caregiver support across programs.".

(2) APPLICABILITY.—The amendments made by paragraph (1) shall apply with respect to denials and discharges occurring on or after the date that is 180 days after the date of the enactment of this Act.

(3) TECHNICAL AND CONFORMING AMENDMENTS.—Section 1720G(d) of such title is amended—

(A) by striking "or a covered veteran" each place it appears and inserting ", a veteran denied or discharged as specified in paragraph (14) of such subsection, or a covered veteran"; and

(B) by striking "under subsection (a), means" each place it appears and inserting "under subsection (a) or a veteran denied or discharged as specified in paragraph (14) of such subsection, means".

(b) CONFORMITY OF RESPITE CARE ACROSS PROGRAMS.—Section 1720G of title 38, United States Code, as amended by subsection (a)(3), is further amended—

(1) in subsection (a)(3)—

(A) by amending subparagraph (A)(ii)(III) to read as follows:

"(III) covered respite care of not less than 30 days annually;"; and

(B) by striking subparagraph (B) and redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively; and

(2) by amending subsection (b)(3)(A)(iii) to read as follows:

"(iii) Covered respite care of not less than 30 days annually."; and

(3) in subsection (d)—

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

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

"(2) The term 'covered respite care' means, with respect to a caregiver of a veteran, respite care under section 1720B of this title that—

"(A) is medically and age appropriate for the veteran (including 24-hour per day care of the veteran commensurate with the care provided by the caregiver); and

"(B) includes in-home care.".

(c) REVIEW RELATING TO CAREGIVER CONTACT.—The Secretary shall conduct a review of the capacity of the Department to establish a streamlined system for contacting all caregivers enrolled in the program of general caregiver support services under section 1720G(b) of title 38, United States Code, to provide to such caregivers program updates and alerts relating to emerging services for which such caregivers may be eligible.

SEC. 6. DEVELOPMENT OF CENTRALIZED WEBSITE FOR PROGRAM INFORMATION.

(a) CENTRALIZED WEBSITE.—The Secretary shall develop and maintain a centralized and publically accessible internet website of the Department as a clearinghouse for information and resources relating to covered programs.

(b) CONTENTS.—The website under subsection (a) shall contain the following:

(1) A description of each covered program.

(2) An informational assessment tool that—

(A) explains the administrative eligibility, if applicable, of a veteran, or a caregiver of a veteran, for any covered program; and

(B) provides information, as a result of such explanation, on any covered program for which the veteran or caregiver (as the case may be) may be eligible.

(3) A list of required procedures for the directors of the medical facilities of the Department to follow in determining the eligibility and suitability of veterans for participation in a covered program, including procedures applicable to instances in which the resource constraints of a facility (or of a community in which a facility is located) may result in the inability to address the health needs of a veteran under a covered program in a timely manner.

(c) UPDATES.—The Secretary shall ensure the website under subsection (a) is updated on a periodic basis.

SEC. 7. IMPROVEMENTS RELATING TO HOMEMAKER AND HOME HEALTH AIDE PROGRAM.

(a) PILOT PROGRAM FOR COMMUNITIES WITH SHORTAGE OF HOME HEALTH AIDES.—

(1) PROGRAM.—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary shall carry out a three-year pilot program under which the Secretary shall provide homemaker and home health aide services to veterans who reside in communities with a shortage of home health aides.

(2) LOCATIONS.—The Secretary shall select not fewer than five geographic locations in which the Secretary determines there is a shortage of home health aides at which to carry out the pilot program under paragraph (1).

(3) NURSING ASSISTANTS.—

(A) IN GENERAL.—In carrying out the pilot program under paragraph (1), the Secretary may hire nursing assistants as new employees of the Department of Veterans Affairs, or reassign nursing assistants who are existing employees of the Department, to provide to veterans in-home care services (including basic tasks authorized by the State certification of the nursing

assistant) under the pilot program, in lieu of or in addition to the provision of such services through non-Department home health aides.

(B) RELATIONSHIP TO HOME-BASED PRIMARY CARE PROGRAM.—Nursing assistants hired or reassigned under subparagraph (A) may provide services to a veteran under the pilot program under paragraph (1) while serving as part of a health care team for the veteran under the Home-Based Primary Care program.

(4) REPORT TO CONGRESS.—Not later than one year after the date on which the Secretary determines the pilot program under paragraph (1) has terminated, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the result of the pilot program.

(b) REPORT ON USE OF FUNDS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing, with respect to the period beginning in fiscal year 2012 and ending in fiscal year 2023, the following:

(1) An identification of the amount of funds that were included in a budget of the Department of Veterans Affairs during such period for the provision of in-home care to veterans under the Homemaker and Home Health Aide program but were not expended for such provision, disaggregated by medical center of the Department for which such unexpended funds were budgeted (if such disaggregation is possible).

(2) To the extent practicable, an identification of the number of veterans for whom, during such period, the hours during which a home health aide was authorized to provide services to the veteran under the Homemaker and Home Health Aide program were reduced for a reason other than a change in the health care needs of the veteran, and a detailed description of the reasons why any such reductions may have occurred.

(c) UPDATED GUIDANCE ON PROGRAM.—Not later than one year after the date of the enactment of this Act, the Secretary shall issue updated guidance for the Homemaker and Home Health Aide program. Such updated guidance shall include the following:

(1) A process for the transition of veterans from the Homemaker and Home Health Aide program to other covered programs.

(2) A requirement for the directors of the medical facilities of the Department to complete such process whenever a veteran with care needs has been denied services from home health agencies under the Homemaker and Home Health Aide program as a result of the clinical needs or behavioral issues of the veteran.

SEC. 8. REVIEWS AND OTHER IMPROVEMENTS RELATING TO HOME- AND COMMUNITY-BASED SERVICES.

(a) OFFICE OF GERIATRIC AND EXTENDED CARE.—

(1) REVIEW OF PROGRAMS.—The Under Secretary for Health of the Department of Veterans Affairs shall conduct a review of each program administered through the Office of Geriatric and Extended Care of the Department, or successor office, to—

(A) ensure consistency in program management;

(B) eliminate service gaps at the medical center level; and

(C) ensure the availability of, and the access by veterans to, home- and community-based services.

(2) ASSESSMENT OF STAFFING NEEDS.—The Secretary of Veterans Affairs shall conduct an assessment of the staffing needs of the Office of Geriatric and Extended Care of the Department of Veterans Affairs, or successor office.

(3) GOALS FOR GEOGRAPHIC ALIGNMENT OF CARE.—

(A) ESTABLISHMENT OF GOALS.—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to enable aging or disabled veterans who are not located near medical centers of the Department to access extended care services (including by improving access to home- and community-based services for such veterans).

(B) IMPLEMENTATION TIMELINE.—Each goal established under subparagraph (A) shall include a timeline for the implementation of the goal at each medical center of the Department.

(4) GOALS FOR IN-HOME SPECIALTY CARE.—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to address the specialty care needs of veterans through in-home care, including by ensuring the education of home health aides and caregivers of veterans in the following areas:

(A) Dementia care.

(B) Care for spinal cord injuries and diseases.
(C) Ventilator care.
(D) Other speciality care areas as determined by the Secretary.

(5) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the findings of the review under paragraph (1), the results of the assessment under paragraph (2), and the goals established under paragraphs (3) and (4).

(b) REVIEW OF INCENTIVES AND EFFORTS RELATING TO HOME- AND COMMUNITY-BASED SERVICES.—

(1) REVIEW.—The Secretary of Veterans Affairs shall conduct a review of the following:

(A) The financial and organizational incentives for the directors of medical centers of the Department to establish or expand covered programs at such medical centers.

(B) Any incentives for such directors to provide to veterans home- and community-based services in lieu of institutional care.

(C) The efforts taken by the Secretary to enhance spending of the Department for extended care by shifting the balance of such spending from institutional care to home- and community-based services.

(D) The plan of the Under Secretary for Health of the Department to accelerate efforts to enhance spending as specified in subparagraph (C), to match the progress of similar efforts taken by the Administrator of the Centers for Medicare & Medicaid Services with respect to spending of the Centers for Medicare & Medicaid Services for extended care.

(2) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the findings of the review under paragraph (1).

(c) REVIEW OF RESPITE CARE SERVICES.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a review of the use, availability, and effectiveness, of the respite care services furnished by the Secretary under chapter 17 of title 38, United States Code.

(d) COLLABORATION TO IMPROVE HOME- AND COMMUNITY-BASED SERVICES.—

(1) REPORT ON EXPANSION OF CERTAIN MENTAL HEALTH SERVICES.—

(A) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing recommendations for the expansion of mental health services and related support to the caregivers of veterans.

(B) MATTERS INCLUDED.—The report under subparagraph (A) shall include an assessment of the feasibility and advisability of authorizing access to Vet Centers by—

(i) family caregivers enrolled in a program under section 1720G of title 38, United States Code; and

(ii) family caregivers of veterans participating in a program specified in section 1720K of such title, as added by section 4.

(2) RECOMMENDATIONS.—

(A) DEVELOPMENT.—The Secretary of Veterans Affairs shall develop recommendations as follows:

(i) With respect to home- and community-based services for veterans, the Secretary of Veterans Affairs shall develop recommendations regarding new services (in addition to those furnished as of the date of the enactment of this Act) in collaboration with the Secretary of Health and Human Services.

(ii) With respect to the national shortage of home health aides, the Secretary of Veterans Affairs shall develop recommendations regarding methods to address such shortage in collaboration with the Secretary of Health and Human Services and the Secretary of Labor.

(B) SUBMISSION TO CONGRESS.—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the recommendations developed under subparagraph (A) and an identification of any changes in existing law or new statutory authority necessary to implement the recommendations, as determined by the Secretary.

(C) CONSULTATION WITH SECRETARY OF LABOR.—In carrying out this paragraph, the Secretary of Veterans Affairs shall consult with the Secretary of Labor.

(3) FEEDBACK AND RECOMMENDATIONS ON CAREGIVER SUPPORT.—

(A) FEEDBACK AND RECOMMENDATIONS.—The Secretary of Veterans Affairs shall solicit from the entities described in subparagraph (B) feedback and recommendations regarding opportunities for the Secretary to enhance home- and community-based services for veterans and the caregivers of veterans, including through the potential provision by the entity of care and respite services to veterans and caregivers who may not be eligible for any program under section 1720G of title 38, United States Code, or section 1720K of such title (as added by section 4), but have a need for assistance.

(B) COVERED ENTITIES.—The entities described in this subparagraph are veterans service organizations and nonprofit organizations with a focus on caregiver support (as determined by the Secretary).

(4) COLLABORATION FOR NATIVE AMERICAN VETERANS.—The Secretary of Veterans Affairs shall collaborate with the Director of the Indian Health Service and representatives from tribal health programs and Urban Indian organizations to ensure the availability of home- and community-based services for Native American veterans, including Native American veterans receiving health care and medical services under multiple health care systems.

SEC. 9. MODIFICATION OF CERTAIN HOUSING LOAN FEES.

The loan fee table in section 3729(b)(2) of title 38, United States Code, is amended by striking "November 14, 2031" each place it appears and inserting "January 26, 2032".

SEC. 10. DEFINITIONS.

In this Act:

(1) The terms "caregiver" and "family caregiver" have the meanings given those terms under section 1720K(h) of title 38, United States Code (as added by section 4).

(2) The term "covered program"—

(A) means any program of the Department of Veterans Affairs for home- and community-based services; and

(B) includes the programs specified in section 1720K of title 38, United States Code (as added by section 4).

(3) The term "home- and community-based services"—

(A) means the services referred to in section 1701(6)(E) of title 38, United States Code; and

(B) includes services furnished under a program specified in section 1720K of such title (as added by section 4).

(4) The terms "Home-Based Primary Care program", "Homemaker and Home Health Aide program", and "Veteran-Directed Care program" mean the programs of the Department of Veterans Affairs specified in subsection (d), (c), and (b) of such section 1720K, respectively.

(5) The terms "home health aide", "Native American", "Native American veteran", "tribal health programs", and "Urban Indian organizations" have the meanings given those terms in subsection (h) of such section 1720K.

(6) The term "Vet Center" has the meaning given that term in section 1712A(h) of title 38, United States Code.

(7) The term "veterans service organization" means any organization recognized by the Secretary under section 5902 of such title.

PURPOSE AND SUMMARY

H.R. 542, the "Elizabeth Dole Home and Community-Based Services for Veterans and Caregivers Act of 2023," or the "Elizabeth Dole Home Care Act of 2023," was introduced by Representative Julia Brownley of California on January 26, 2023.

H.R. 542, as amended, would modify the reimbursement for and the provision of noninstitutional alternatives to nursing home care for veterans. The bill would require the Department of Veterans Affairs (VA) to collaborate on specific programs, expand home and community-based services, support caregivers of disabled veterans, pilot homemaker services in underserved areas, and ensure Native American veterans' access to services. This legislation would also ensure that the Veterans Health Administration has consistent and

accessible geriatric and extended care programs through reviews and by eliminating service gaps.

BACKGROUND AND NEED FOR LEGISLATION

While America's healthcare systems continue to recover from the COVID–19 pandemic, they are also contending with one of the largest generations in history entering its later years. Americans now live longer than generations before, but have more complex needs. For VA, preparation for this influx is particularly crucial, as VA patients tend to be older, sicker, poorer, and more likely to live in rural areas than users of other healthcare systems.[1] As of fiscal year 2022, about 3.1 million veterans using VA healthcare services—approximately half of VA's entire active patient population—were 65 years of age or older. About 80 percent of VA healthcare users in fiscal year 2022 fell into priority groups one through five, which means they have service-connected disabilities, other catastrophically disabling conditions, or are low-income. Approximately one-third of VA healthcare users resided in rural areas.[2]

Roughly 90% of all aging adults would prefer to remain at home for care rather than be admitted to a long-term care facility.[3] Veterans are no different.[4] Even if institutional care was preferred, there are not enough beds to meet the needs of such a population—particularly in the wake of the COVID–19 pandemic. Since 2020, more than 400,000 staff of nursing homes and assisted living facilities have left the industry due to burnout and low wages. This exodus has left institutional long-term care providers no choice but to limit admissions, since they lack enough staff to safely serve as many residents as they did before. This trend has in turn contributed to longer hospital stays, which places patients at greater risk of hospital-acquired infections.[5] H.R. 542, as amended's expansion of VA's non-institutional long-term care services would enable aging and disabled veterans to remain in their homes as long as they can and preserve the availability of institutional care for those veterans who truly need it.

VA's Office of Geriatrics and Extended Care (GEC) administers numerous Long-Term Services & Supports (LTSS), which include both institutional and non-institutional long-term care programs. The non-institutional programs are called Home and Community Based Services (HCBS). Unlike institutional care, VA has not been statutorily required to provide HCBS to all veterans who need these services. The availability of such programs is largely at the discretion of each VA medical center. As a result, veterans are often referred to institutional care settings in instances where re-

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[1] https://www.ruralhealth.va.gov/aboutus/ruralvets.asp.

[2] U.S. Department of Veterans Affairs, *FY 2024 Budget Submission: Medical Programs, Volume 2 of 5* (Washington, D.C.: March 2023).

[3] See, for example, Associated Press-NORC Center for Public Affairs Research, *Long-Term Care in America: Americans Want to Age at Home* (Chicago, IL: May 2021); and AARP Public Policy Institute, *Beyond 50.05—A Report to the Nation on Livable Communities: Creating Environments for Successful Aging* (Washington, D.C.: May 2005).

[4] See testimony of Dr. Scotte Hartronft, Executive Director, Office of Geriatrics and Extended Care, Veterans Health Administration, Department of Veterans Affairs, before the House Committee on Veterans' Affairs, Subcommittee on Health, Hearing on Aging in Place: Examining Veterans' Access to Home and Community Based Services, 117th Cong. (July 27, 2021).

[5] *Nursing Home Staff Shortages Are Worsening Problems at Overwhelmed Hospitals,* Washington Post (January 7, 2022).

maining at home would have otherwise been clinically appropriate and more desirable for the veteran and their loved ones.

VA has not been moving as quickly as individual states have in terms of shifting its investments from institutional long-term care programs to HCBS. In 2008, VA noted that states found through their Medicaid expansion programs that they were able to reduce costly nursing home care by rebalancing their expenditures for long-term care between institutional or home and community-based settings. In the four years after that, VA made rebalancing resources from institutional care to HCBS a direct performance measure for Veterans Integrated Service Networks (VISN) Directors and medical center Directors, and HCBS began to take hold across VA. However, this measure has not been part of VISN and medical facility leaders' performance plans since 2012, so there has been less incentive to move staff and resources to expand programs that could keep veterans at home.

Since 2012, veterans and veterans service organizations have urged VA to focus its efforts on expanding veterans' access to HCBS. For example, in testimony before the House Veterans Affairs Subcommittee on Health in March of 2020, a witness from Disabled American Veterans stated:

> As younger veterans with acute disabilities and differing needs began to flood the VA in the wake of the Gulf Wars, VA's priorities shifted, and long-term care lost out to responding to post-traumatic care needs of a younger population. Creating or revitalizing its programs to respond to these needs shifted resources from Long Term Services and Supports programs (Geriatrics and Extended Care). Instituting new community-care programs has lately also consumed VA's resources and focus. VA had begun important end of life care initiatives and important innovations of its non-institutional long-term care portfolio that now languish.[6]

For seventeen years, the co-authors of the Independent Budget (IB)—Paralyzed Veterans of America, Disabled American Veterans, and Veterans of Foreign Wars—have commented on VA's long-term care programs and challenges. In their 2023 publication, the groups affirmed yet again their three legislative recommendations for VA Long Term Care. Specifically, they recommend that:

- Congress eliminate the annual cap on noninstitutional care;
- Congress expand the availability of institutional and non-institutional care, but grow HCBS at a faster rate than institution-based care; and
- Congress mandate that all HCBS, including Veteran Directed Care, be made available at all VA medical centers.[7]

Much of VA's focus on home-based care has been on implementing the Program of Comprehensive Assistance for Family Caregivers (PCAFC). While a necessary program, it is, by its de-

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[6] Adrian Atizado, Deputy National Legislative Director, Disabled American Veterans, before the House Committee on Veterans' Affairs, Subcommittee on Health, Hearing on The Silver Tsunami: is VA Ready?, 116th Cong. (March 3, 2020).

[7] Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars, *The Independent Budget Veterans Agenda for the 118th Congress: Budget for FY 2024–2025 and Critical Issues* (Washington, D.C.: Feb. 13, 2023).

sign, small, and intended to support the caregivers of catastrophically disabled veterans. It was not intended to function as a geriatrics program. Since implementation of PCAFC, VA's other HCBS programs have received far less attention from VA GEC and VA medical center officials.

In the absence of statutory mandates, local GEC programs at the facility level have often prioritized investments in institutional settings rather than HCBS programs, and VA is lagging behind state Medicaid programs in terms of the percentage of its LTSS budget that has been devoted to non-institutional programs. For example, in 2016, Medicaid expenditures for home and community-based services for the population most like VHA users (i.e., older adults and people with disabilities), accounted for about 45 percent of total spending for LTSS. In comparison, in fiscal year 2019, VA spending on comparable personal care services (i.e., for the Homemaker Home Health Aide, Respite Care, and Adult Day Health Care programs) accounted for only 31 percent of VA's long-term services and support obligations. Veterans have endured unnecessary hardships at home in addition to HCBS waitlists, and institutionalization as VA has maintained its focus on institutional care. The current annual per-veteran costs for nursing home care are 8.6 times the annual costs of home and community-based services within VA.[8]

VA GEC provides programmatic oversight for several successful, highly desired HCBS programs that enable veterans to remain safely at home while managing the impacts of aging, disability, or both. It is the Committee's expectation that VA make every effort to offer these programs to all veterans; in particular; the Veteran Directed Care and Homemaker Home Health Aide Programs. It is also Committee's intention that veterans be eligible for participation in these HCBS programs when such programs are determined to be clinically necessary to promote, preserve, or restore the health of a veteran and the veteran is at risk of hospitalization, nursing home placement, or emergency room care.

The United States is facing an enormous challenge, and VA is not immune to it. Caring for the largest and oldest cohort of Americans in this country's history will stress every part of the community and healthcare systems currently in place. VA has the means to enable its patients to remain safely at home. While the Department has made progress, the Committee believes it has not expanded HCBS programs fast enough. VA's HCBS programs and partnerships are world class, in the best clinical interest of most aging and disabled veterans, and what veterans want. This legislation would ensure that veterans are able to remain in their homes, a part of their communities, and connected to their families.

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[8] See Teresa Boyd, Assistant Deputy Under Secretary for Health for Clinical Operations, Veterans Health Administration, Department of Veterans Affairs, before the House Committee on Veterans' Affairs, Subcommittee on Health, Field Hearing on VA Long-term Care: What's Working, What's Not, and How to Best Serve Our Aging Veterans, 115th Cong. (July 30, 2018); and Teresa Boyd, Assistant Deputy Under Secretary for Health for Clinical Operations, Veterans Health Administration, Department of Veterans Affairs, before the House Committee on Veterans' Affairs, Subcommittee on Health, Hearing on The Silver Tsunami: is VA Ready?, 116th Cong. (March 3, 2020).

Section 1: Short title

This Act may be cited as the "Elizabeth Dole Home- and Community-Based Services for Veterans and Caregivers Act of 2023," or the "Elizabeth Dole Home Care Act of 2023."

Section 2: Increase of expenditure cap for noninstitutional care alternatives to nursing home care

This section would increase the amount VA may spend for a veteran receiving HCBS from 65 percent of the cost of nursing home care to 100 percent or more if the Secretary determines it to be in the best interest of the veteran. This determination would be based on a consideration of clinical need, geographic market factors, and other such matters that he Secretary may prescribe through regulation.

For a relatively small number of veterans, the 65 percent cap on spending for home-based care has had a devastating impact on their health and quality of life. The veterans who reach the cap in a given year have the greatest clinical needs, such as those with spinal cord injuries and diseases like amyotrophic lateral sclerosis (ALS), which can still safely be managed in non-institutional settings. However, when these veterans hit the 65 percent cap, they are forced into institutional care for the remainder of the year. This arbitrary cap has no clinical value and is certainly not a cost savings measure, as VA must cover short-term institutional stays for these veterans. The Committee views these unnecessary transitions in care settings as not only disruptive, but clinically risky for veterans.

Section 3: Coordination with program of all-inclusive care for the elderly

This section would require VA medical centers to enter into agreements with all Program of All-Inclusive Care for the Elderly (PACE) programs in locations where they do not already have partnerships. PACE programs cover services such as primary care, therapy, meals, recreation, and personal care services. To be eligible for participation, individuals must be 55 or older, live within the service area of a PACE organization, and be certified by their state as meeting the criteria for nursing home level of care, but still be able to live safely in the community with the help of PACE services. Currently, there are 134 PACE organizations operating in 32 states and the District of Columbia. Veterans often use both VA and PACE, and the care goes uncoordinated. This provision would improve coordination of care across all HCBS programs veterans may be using. The Committee believes that this coordination is critical for patient health.

Section 4: Home- and community-based services programs

This section would codify several existing HCBS programs and expand the availability of these programs to all VA medical centers. Specifically, VA would be required to offer the Veteran-Directed Care Program, the Homemaker Home Health Aide Program, the Home-Based Primary Program, and the Purchased Skilled Home Care Program at all VA medical centers. VA would further be required to expand the Veteran-Directed Care program and the Homemaker and Home Health Aide program to all of its medical

centers within two years of enactment. The section would also ensure that veterans can continue to use Veteran-Directed Care program funds during periods of hospitalization, in the same manner they would use such funds if they were not hospitalized.

Under this section, VA would collaborate with the U.S. Department of Health and Human Services to carry out the Veteran-Directed Care program. VA would be authorized to enter into agreements with Aging and Disability Resource Centers, area agencies on aging, state agencies, centers for independent living, and Indian tribes or tribal organizations. VA would be required to ensure—to the extent practicable—the availability of the Veteran-Directed Care Program in the U.S. territories and for veterans who receive services from the Indian Health Service, tribal health programs, Urban Indian organizations, and Native Hawaiian health care systems.

While the Veteran-Directed Care Program is similar to VA's PCAFC, it provides direct financial assistance to veterans, rather than their family caregivers. Veterans are empowered to hire their own caregivers to assist with activities of daily living, such as eating, getting dressed, bathing, using the bathroom, and grocery shopping. Veterans who do not meet the eligibility criteria for PCAFC may benefit from the Veteran-Directed Care Program, which has been an enormously successful program, born from thoughtful interagency collaboration, as it is managed by local and aging disability network providers. The Veteran-Directed Care program could serve three veterans for every one veteran residing in a community nursing home at VA's expense.[9] According to VA, only 71 of its medical centers were participating in the Veteran Directed Care program as of March 2023. All eligible veterans deserve access to this program, not just those who happen to use a VA medical center that has opted to offer it.

VA's Homemaker and Home Health Aide Program was established about 30 years ago and contracts with licensed and Medicare- and Medicaid-certified agencies that employ home health aides to care for veterans in their homes. It provides skilled services, case management, help with activities of daily living, and eases caregiver burden. Like the Veteran-Directed Care Program, VA would be required to ensure—to the extent practicable—the availability of the Homemaker and Home Health Aide Program in the U.S. territories and for veterans who receive services from the Indian Health Service, tribal health programs, Urban Indian organizations, and Native Hawaiian health care systems.

The Home-Based Primary Care Program provides in-home healthcare—supervised by a VA physician—to veterans who are isolated, have difficultly traveling, or whose caregivers are burdened. While this program is already available at every VA medical center, this section would prevent medical facilities from eliminating its use. Home-Based Primary Care has long been a popular and effective program and as such, demand for it is high. In 2020, the U.S. Government Accountability Office reported persistent wait lists for the program as facilities have struggled with staffing chal-

[9] Lori Gerhard, Director, Office of Interagency Innovation and U.S. Administration for Community Living, at National Prevention Science Coalition briefing for congressional staff (Oct. 19, 2021). Archived at https://www.youtube.com/watch?v=k9lyTSuIVjA.

lenges.[10] Ensuring the program remains a fixture of VA's HBCS would urge VA to make the necessary movements towards addressing their staffing challenges in HBCS.

The Purchased Skilled Home Health Care Program is for veterans who have higher levels of need such as wound care, catheter management, speech therapy, or skilled nursing. VA contracts with Medicare- and Medicaid-certified agencies to provide this care in veterans' homes. Veterans would be eligible for participation in this program if it is determined to be medically necessary to promote, preserve or restore the health of a veteran and the veteran is at risk of hospitalization, nursing home placement, or emergency room care.

Finally, this section would require VA to offer caregivers who live with veterans enrolled in these HCBS programs an opportunity to participate in the Program of General Caregiver Support Services. This program includes at least 30 days of respite care each year and wellness contacts for caregivers at least once annually. Additional respite care could be covered if requested by the caregiver and deemed medically appropriate by VA.

Section 5: Coordination with assistance and support services for caregivers

This section would improve coordination of care for veterans and caregivers who are found to be ineligible for PCAFC. Specifically, in the case of a veteran or caregiver who has applied and been denied or discharged from PCAFC, VA would be required to offer the caregiver the option of enrolling in its program of general caregiver support services and assess the veteran and caregiver for participation in other available HCBS programs administered by the Department.

To date, there has been little, if any, coordination between PCAFC, the program of general caregiver support, and other HCBS programs; particularly, in matters concerning veterans' ineligibility for PCAFC. Veterans who are found ineligible, or who are discharged from PCAFC, are often left with little guidance on how to access other home-based support covered by VA. This sense of "being left behind" after a rejected application or removal is an unnecessary experience and has caused great harm to veterans' satisfaction with, and the reputation of the PCAFC.[11] This section would require that such veterans be assessed for participation in other HCBS programs, and ensure that if deemed clinically appropriate, a "warm handoff" between PCAFC and the other programs occurs.

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[10] U.S. Government Accountability Office, *VA Health Care: Veterans' Use of Long-Term Care is Increasing, and VA Faces Challenges in Meeting the Demand*, GAO 20–284 (Washington, D.C.: Feb. 19, 2020).

[11] See Caira Benson, Military Caregiver and Dole Caregiver Fellow with the Elizabeth Dole Foundation, before the Senate Committee on Veterans' Affairs Hearing on Honoring Our Commitment: Improving VA's Program of Comprehensive Assistance for Family Caregivers, 117th Cong. (March 23, 2022); and Steve Schwab, Chief Executive Officer, the Elizabeth Dole Foundation, before the Senate Committee on Veterans' Affairs Hearing on Honoring Our Commitment: Improving VA's Program of Comprehensive Assistance for Family Caregivers, 117th Cong. (March 23, 2022).

Section 6: Development of centralized website for program information

This section would further address veterans' and caregivers' frustration with PCAFC and other VA HCBS programs by requiring VA to create a centralized and publicly accessible "one stop shop" website to serve as a clearinghouse of information on all HCBS programs covered by VA. The website would provide a description of each covered program and include an informational assessment tool that would explain the eligibility requirements for each program, and help veterans and caregivers determine the programs for which they may be eligible. While VA currently provides some high-level descriptive information about HCBS programs on its public-facing website, the website lacks sufficient detail about eligibility criteria and how veterans can go about enrolling in each program. The current website also includes broken and outdated links, which contribute to the frustration of veterans and caregivers who are trying to research available resources.

Section 7: Improvements relating to homemaker and home health aide program

This section would require VA to carry out a three-year pilot program in five locations to provide homemaker and home health aide services to veterans residing in communities with home health aide shortages. To do this, VA may hire nursing assistants as new VA employees or reassign nursing assistants who are existing VA employees to provide veterans with in-home care, in addition to providing services through home health agencies. This section would require VA to submit a report to Congress detailing the results of the pilot program. VA would also be required to submit a report to Congress on unexpended funds budgeted for the Homemaker Home Health Aide program, the number of veterans who experienced a reduction in hours for home health aide services for reasons other than a change in clinical need, and reasons why reductions in hours have occurred.

Home health aide shortages are felt nationwide, and VA must do what it can to ensure veterans are spared from the impact. In the aftermath of the pandemic, many home health aides have left the profession. The Committee believes that while VA may never be the market leader on salary, it is possible that VA could attract more employees to deliver homemaker and home health aide services via the benefits that come with federal employment—including health insurance, paid leave, and retirement benefits.

Section 8: Reviews and other improvements relating to home- and community-based services

This section would require the Under Secretary for Health to review the structure and goals of GEC, to ensure consistency in program management, eliminate service gaps at the VA medical center level, and ensure veterans' access to HCBS. VA would also be required to conduct an assessment of the staffing needs of GEC. This office is charged with caring for the largest and most clinically complex population of veterans in history, and administering more than a dozen critical programs. Despite this, it has a relatively small presence at VA Central Office in terms of the number of full-

time employees involved in long-term care program administration and oversight.

This section would also require the Director of GEC to establish quantitative goals to measure access to HCBS programs for veterans who are not located near VA medical centers. The Director of GEC would also be required to establish quantitative goals to address specialty care needs of veterans through home-based care, including by educating home health aides and veterans' caregivers in areas such as dementia care, care for spinal cord injuries and disorders, and ventilator care.

VA would be required to report to Congress, a year after enactment, the findings of the review, the results of the assessment of GEC, and the goals established. Additionally, VA would conduct a review of as to what incentive structures propelled some medical center directors to stand up HCBS programs for their veterans while others were slow in providing such services. The Secretary will conduct a review on the use, availability, and effectiveness of respite care services. The Secretary will also collaborate with the Secretary of Health and Human Services to submit a report to Congress containing recommendations for the expansion of mental health services to the caregivers of veterans, including the feasibility and advisability of providing caregivers access to services from Vet Centers.

The Secretary would, in collaboration with the Secretary of Health and Human Services and Secretary of Labor, develop recommendations regarding any potential new services and recommendations regarding methods to address the national shortage of home health aides.

Lastly, the Secretary would collaborate with the Director of the Indian Health Service, Tribal Health Programs, and Urban Indian Health Organizations to ensure the availability of HCBS for native veterans, including and particularly those veterans who receive their health care from both VA and tribal systems. VA, to date, has not collaborated with IHS or tribal health systems to ensure that aging veterans have the support and services necessary to age safely at home.

Section 9: Modification of certain housing loan fees

This section would provide funding to offset the cost of implementing the bill, as amended, by extending VA's home loan fees for about two-and-a-half months.

Section 10: Definitions

This section would define various terms used throughout H.R. 542, as amended.

HEARINGS

On March 29, 2023, the Subcommittee on Health held a legislative hearing on H.R. 542, and other bills pending before the subcommittee. The following witnesses testified:

The Honorable Mark Takano, U.S. House of Representatives, 39th Congressional District, California; The Honorable Frank Mrvan, U.S. House of Representatives, 1st Congressional District, Indiana; The Honorable Brian Mast, U.S. House of Representatives, 21st Congressional District, Florida; The Honor-

able Jim Baird, U.S. House of Representatives, 4th Congressional District, Indiana; The Honorable John Moolenaar, U.S. House of Representatives, 2nd Congressional District, Michigan; The Honorable Steve Womack, U.S. House of Representatives, 3rd Congressional District, Arkansas; The Honorable Debbie Lesko, U.S. House of Representatives, 8th Congressional District, Arizona; Mr. Alfred Montoya, Deputy Assistant Under Secretary for Health for Operations, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Scotte Hartronft, Executive Director, Office of Geriatrics and Extended Care, Veterans Health Administration, U.S. Department of Veterans Affairs; Mr. David Perry, Chief Officer Workforce Management, Veterans Health Administration, U.S. Department of Veterans Affairs; Mr. Jon Retzer, Assistant National Legislative Director, Disabled American Veterans; Ms. Tiffany Ellett, Deputy Director of Health Policy, The American Legion; Mr. Morgan Brown, National Legislative Director, Paralyzed Veterans of America.

The following individuals and organizations submitted statements for the record:

Veterans of Foreign Wars of the United States; Student Veterans of America; Elizabeth Dole Foundation.

SUBCOMMITTEE CONSIDERATION

There was no Subcommittee consideration of H.R. 542, as amended.

COMMITTEE CONSIDERATION

On July 26, 2023, the full Committee met in open markup session, a quorum being present, and ordered H.R. 542, as amended, be reported favorably to the House of Representatives by voice vote. During consideration of the bill, the following amendment was considered:

An amendment in the nature of a substitute was offered by Representative Brownley of California that included the text of H.R. 542, and amended the authorization to spend on Home and Community Based Services (HCBS) to 100% from 65%, and under discretion of the Secretary, to go beyond that if needed for certain high need veterans (ALS, SCI). The amendment would also extend current rates for VA home loan funding fees to pay for programs in the bill. The amendment in the nature of substitute was approved by voice vote.

A motion by Ranking Member Takano of California to report H.R. 542, as amended, favorably 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, no recorded votes were taken on amendments or in connection with ordering H.R. 542, 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 of H.R. 542, as amended, are to provide improvements to healthcare benefits provided to veterans.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 542, 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. 542, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

BUDGET AUTHORITY AND 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. 542, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

At a Glance

H.R. 542, Elizabeth Dole Home Care Act

As ordered reported by the House Committee on Veterans' Affairs on July 26, 2023

By Fiscal Year, Millions of Dollars	2023	2023-2028	2023-2033
Direct Spending (Outlays)	0	27	-94
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	27	-94
Spending Subject to Appropriation (Outlays)	0	51	120

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2034?	< $2.5 billion	Statutory pay-as-you-go procedures apply?	Yes
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2034?	< $5 billion	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

The bill would

- Require the Department of Veterans Affairs (VA) to expand access to health care teams outside of the department

that would furnish all-inclusive care to elderly veterans living in the community

- Require VA to update information technology capabilities to assist veterans and caregivers using long-term health care and support services
- Require VA to carry out a pilot program for homemaker and health aide services to veterans
- Increase the limit on amounts that VA would pay for long-term care provided outside of VA facilities
- Require reports and studies on related programs
- Extend the higher rates for fees that VA charges borrowers for home loan guarantees

Estimated budgetary effects would mainly stem from

- Increasing payments for veterans' health care
- Increasing the number of veterans receiving care in the community
- Updating technological capabilities to assist veterans and caregivers
- Extending the higher rates for fees charged by VA for home loan guarantees

Areas of significant uncertainty include

- Estimating the number of veterans who would enroll in the Program of All-Inclusive Care for the Elderly

Bill summary: H.R. 542 would require the Department of Veterans Affairs (VA) to establish agreements with outside providers to furnish medical and social services to veterans who are not in VA nursing homes. The bill also would require VA to improve in-home assistance and support for caregivers of veterans and raise the limit on expenses for nursing home care provided outside of VA facilities. In addition, the bill would require VA to conduct several studies related to medical and health services for elderly veterans and report on those topics. Finally, the bill also would make changes to VA's home loan guarantee program.

Estimated federal cost: The estimated budgetary effects of H.R. 542 are shown in Table 1. The costs of the legislation fall within budget function 700 (veterans benefits and services).

TABLE 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 542

	By fiscal year, millions of dollars—												
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2023–2028	2023–2033
Increases in Spending Subject to Appropriation													
Estimated Authorization	0	6	8	13	12	12	13	13	14	14	15	51	120
Estimated Outlays	0	6	8	13	12	12	13	13	14	14	15	51	120
Increases or Decreases (−) in Direct Spending													
Estimated Budget Authority	0	2	3	7	7	8	9	10	11	−164	13	27	−94
Estimated Outlays	0	2	3	7	7	8	9	10	11	−164	13	27	−94

Basis of estimate: For this estimate, CBO assumes that the legislation will be enacted at the beginning of fiscal year 2024 and that the estimated amounts will be appropriated each year. Estimated outlays are based on historical spending patterns for the affected programs.

Provisions that affect both spending subject to appropriation and direct spending: H.R. 542 would increase costs for health care pro-

grams that have typically been paid from discretionary appropriations. Some of the beneficiaries of those programs would be veterans who have been exposed to environmental hazards; thus, CBO expects that some of the costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF) established by Public Law 117–168, the Honoring our PACT Act.[1] The TEF is a mandatory appropriation that VA uses to pay for health care, disability claims processing, medical research, and information technology modernization that benefit veterans who were exposed to environmental hazards.

Additional spending from the TEF occurs if legislation increases the costs of similar activities that benefit veterans with such exposure. Therefore, in addition to increasing spending subject to appropriation, the bill would increase amounts paid from the TEF, which are classified as direct spending.

In CBO's projections, the percentage of costs paid by the TEF is estimated to grow over time based on the amount of formerly discretionary appropriations that CBO estimated will be provided through the mandatory appropriation as specified in the Honoring our PACT Act. For purposes of this estimate, those growing percentages are applied to the estimated increase in costs under H.R. 542. Accordingly, CBO estimates that 24 percent of the costs of the changes from this bill would be paid from the TEF in 2024, increasing to 47 percent in 2033. All told, CBO estimates, implementing the health care provisions of H.R. 542 (all-inclusive care for elderly veterans, caregiver support, in-home assistance, and alternative nursing home care, discussed below) would increase spending subject to appropriation by $119 million and direct spending by $82 million over the 2023 2033 period.

All-Inclusive Care for Elderly Veterans. Section 3 would require VA to partner with the Program of All-Inclusive Care for the Elderly (PACE) to provide care for veterans who are served by VA medical centers in areas also served by PACE. Through the Centers for Medicare & Medicaid Services, PACE provides health care to elderly people who do not live in nursing homes. In addition to coordinated care from visiting health care providers, beneficiaries receive transportation, home care, prescription filling, and hospital visits. Recipients must be eligible either for Medicare or for Medicaid, they must require nursing-home-level care, and they must be able to safely live in the community with the help of PACE services.

There are 10 regions where PACE organizations operate near VA medical centers. VA has active agreements with PACE organizations in 4 of them. Those organizations currently serve about 70 veterans annually, and VA pays for the long-term-care portion of the PACE benefit for Medicare-eligible veterans who are not also eligible for Medicaid. CBO expects that VA would establish agreements with PACE organizations at the remaining 6 locations, increasing the number of veterans who use PACE. Using historical information on PACE enrollment and accounting for the projected growth in the number of Medicare-eligible veterans who enroll with VA health care, CBO estimates that VA would pay for an average

[1] For additional information about spending from the TEF, see Congressional Budget Office, "Statement for the Record Regarding How CBO Would Estimate the Effects of Future Authorizing Legislation on Spending From the Toxic Exposures Fund" (December 2022), www.cbo.gov/publication/58843.

of 350 veterans to use the PACE benefit each year at an average annual cost of $48,000.

In total, CBO estimates, implementing section 3 would cost $189 million over the 2023–2033 period, of which $110 million would be spending subject to appropriation and $79 million would be direct spending.

Caregiver Support. Sections 5 and 6 would require VA to provide information about programs that support caregivers.

Section 5 would require VA to determine whether a caregiver who is not eligible for the department's support programs is eligible for other in-home and community-based programs. It also would require that a VA support coordinator help caregivers move from one program to another. In addition, section 5 would require VA to regularly inform caregivers about new services. Using information from VA, CBO expects that the department would hire one full-time administrative employee and would develop a system to provide caregivers with updates about new services.

Section 6 would require VA to establish and regularly update a website detailing information and resources related to all VA programs that benefit caregivers. That website would include an assessment tool providing extensive information on eligibility and participation.

Using information on average salaries and costs for similar information technology efforts, CBO estimates that, in total, satisfying the requirements of sections 5 and 6 would cost $5 million over the 2023–2033 period, of which $4 million would be spending subject to appropriation and $1 million would be direct spending.

In-Home Assistance. Section 7 would require VA to establish a three-year pilot program for providing homemaker and home health aide services to veterans who reside in areas with shortages of home health aides. The program would take place in at least 10 locations, and VA could hire new nursing assistants or reassign current assistants to provide care to veterans. In 2022, the department initiated a similar program at 3 locations. CBO expects that the program would partially satisfy the requirement of section 7.

VA reports that it has had difficulty hiring and recruiting home health aides. CBO expects that the department would expand the program to 7 additional locations and offer premium pay to new nursing aides. CBO estimates that VA would hire five new nursing assistants for each location at an average cost of $69,000 for salaries, benefits, and travel expenses.

In total, CBO estimates that implementing the program at those additional locations would cost $7 million over the 2023–2033 period, of which $5 million would be spending subject to appropriation and $2 million direct spending.

Alternative Nursing Home Care. Section 2 would increase the limit on amounts that VA pays for long-term care provided outside of its facilities. Under current law, VA may pay providers for long-term health care and services delivered to veterans outside of VA nursing homes until those payments reach 65 percent of what the annual cost to the department would be if it had provided care to the veteran in a VA nursing home that serves the region where the veteran resides. The average cost of care for veterans who reached that cap in 2022 was $840,000. When the cost of a veteran's care exceeds that amount, that veteran must move to a VA nursing

home to have their care paid for by VA. Section 2 would increase the amount VA would pay to 100 percent of the cost of providing care at a VA facility. VA could pay more than 100 percent of its in-house cost to care for veterans with amyotrophic lateral sclerosis (ALS), a spinal cord injury, or a similar condition. According to VA, on average, 40 veterans reach the current limit each year. Implementing the section could reduce overall costs to VA in cases where the cost of a veteran's care outside of VA facilities exceeds the current limit but is less than VA's cost of providing care directly. Conversely, CBO expects that VA would pay more for some veterans with ALS, a spinal cord injury, or a similar condition. Because of the small number of people affected and the offsetting effects on costs, CBO estimates that implementing section 2 would have an insignificant net effect on the budget over the 2023–2033 period.

Spending subject to appropriation: Spending subject to appropriation would increase by $119 million as a result of implementing the provisions described above. In addition, H.R. 542 would require VA to conduct five studies and deliver six reports to the Congress on program management, staffing, and the availability of services provided in homes and in the community. Based on the costs of similar studies and reports, CBO estimates that satisfying those requirements would cost $1 million over the 2023–2033 period.

In total, implementing H.R. 542 would increase costs paid for by discretionary appropriations by $120 million over the 2023–2033 period, CBO estimates (see Table 2).

TABLE 2.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 542

	By fiscal year, millions of dollars—												
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2023–2028	2023–2033
All-Inclusive Care for Elderly Veterans:													
Estimated Authorization	0	2	5	10	12	12	13	13	14	14	15	41	110
Estimated Outlays	0	2	5	10	12	12	13	13	14	14	15	41	110
Caregiver Support:													
Estimated Authorization	0	2	1	1	*	*	*	*	*	*	*	4	4
Estimated Outlays	0	2	1	1	*	*	*	*	*	*	*	4	4
In-Home Assistance:													
Estimated Authorization	0	1	2	2	*	*	*	*	0	0	0	5	5
Estimated Outlays	0	1	2	2	*	*	*	*	0	0	0	5	5
Studies and Reports:													
Estimated Authorization	0	1	*	*	0	0	0	0	0	0	0	1	1
Estimated Outlays	0	1	*	*	0	0	0	0	0	0	0	1	1
Total Changes:													
Estimated Authorization	0	6	8	13	12	12	13	13	14	14	15	51	120
Estimated Outlays	0	6	8	13	12	12	13	13	14	14	15	51	120

* = between zero and $500,000.

Direct spending: The provisions that would change long-term support and service programs (described above in "Provisions Affecting Both Spending Subject to Appropriation and Direct Spending") would increase direct spending by $82 million over the 2023–2033 period. In addition, the bill would increase the fees paid by borrowers for VA home loan guarantees, which would be reflected in the budget as negative outlays. CBO estimates that enacting the bill would decrease net direct spending by $94 million over the 2023–2033 period (see Table 3).

Loan Fees. The bill would extend—for about two months—the higher fees that VA charges borrowers for its loan guarantees. VA provides loan guarantees to lenders that allow eligible borrowers to obtain better loan terms—such as lower interest rates or smaller down payments—to purchase, build, improve, or refinance a home. VA typically pays lenders up to 25 percent of the outstanding mortgage balance if a borrower's home is foreclosed upon. Those payments, net of fees paid by borrowers and recoveries by lenders, constitute the subsidy cost for the loan guarantees.[2]

Under current law, the rates for most fees that borrowers pay to VA for loans guaranteed on or after November 14, 2031, will drop from a weighted average of about 2.4 percent to about 1.2 percent of the loan amount. Section 9 of the bill would extend the higher rates through January 26, 2032, thereby reducing the subsidy cost of loans guaranteed during that four-month period. Using information from VA, CBO estimates that extending the higher rates would decrease direct spending by $176 million over the 2023–2033 period.

TABLE 3.—ESTIMATED CHANGES IN DIRECT SPENDING UNDER H.R. 542

	By fiscal year, millions of dollars—												
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2023–2028	2023–2033
Loan Fees:													
Estimated Budget Authority	0	0	0	0	0	0	0	0	0	−176	0	0	−176
Estimated Outlays	0	0	0	0	0	0	0	0	0	−176	0	0	−176
All-Inclusive Care For Elderly Veterans:													
Estimated Authorization	0	1	2	6	7	8	9	10	11	12	13	24	79
Estimated Outlays	0	1	2	6	7	8	9	10	11	12	13	24	79
Caregiver Support:													
Estimated Authorization	0	1	*	*	*	*	*	*	*	*	*	1	1
Estimated Outlays	0	1	*	*	*	*	*	*	*	*	*	1	1
In-Home Assistance:													
Estimated Authorization	0	*	1	1	0	0	0	0	0	0	0	2	2
Estimated Outlays	0	*	1	1	0	0	0	0	0	0	0	2	2
Total Changes:													
Estimated Authorization	0	2	3	7	7	8	9	10	11	−164	13	27	−94
Estimated Outlays	0	2	3	7	7	8	9	10	11	−164	13	27	−94

* = between zero and $500,000.

Uncertainty: CBO's estimate of the costs of implementing changes to PACE is subject to uncertainty largely because of the difficulty in projecting the number of veterans who would enroll in that program. Costs would differ if that factor is higher or lower than CBO estimates.

Pay-as-you-go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 3.

[2] Under the Federal Credit Reform Act of 1990, the subsidy cost of a loan guarantee is the net present value of estimated payments by the government to cover defaults and delinquencies, interest subsidies, or other expenses offset by any payments to the government, including origination or other fees, penalties, and recoveries on defaulted loans. Such subsidy costs are calculated by discounting those expected cash flows using the rate on Treasury securities of comparable maturity. The resulting estimated subsidy costs are recorded in the budget when the loans are disbursed or modified. A positive subsidy indicates that the loan results in net outlays from the Treasury; a negative subsidy indicates that the loan results in net receipts to the Treasury.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 542 would increase net direct spending by less than $2.5 billion in any of the four consecutive 10-year periods beginning in 2034.

CBO estimates that enacting H.R. 542 would increase on-budget deficits by less than $5 billion in any of the four consecutive 10-year periods beginning in 2034.

Mandates: None.

Previous CBO estimate: On March 10, 2023, CBO transmitted a cost estimate for S. 141, the Elizabeth Dole Home Care Act, as ordered reported by the Senate Committee on Veterans' Affairs on February 16, 2023. Most of the provisions of the bills related to health care are similar and the estimated costs are the same. H.R. 542 includes an additional provision that would increase the reimbursement cap for veterans using alternative nursing home options; CBO estimates that the budgetary effects of that provision would be insignificant. H.R. 542 also would extend the higher fees that VA charges borrowers for its loan guarantees, reducing direct spending. S. 141 does not include a similar provision and the estimated effects on direct spending of that bill are higher as a result.

Estimate Prepared By: Federal Costs: Etaf Khan (veterans' health care); Paul B.A. Holland (veterans' education and housing benefits); Mandates: Grace Watson.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs, and Veterans' Affairs Cost Estimates Unit; Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Christina Hawley Anthony, Deputy Director of Budget Analysis.

Estimate approved by: Phillip L. Swagel, Director, Congressional Budget Office.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 542, 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. 542, as amended.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 542, 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 clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 542, 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 Govern-

ment 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.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1: Short title

Section 1(a) would establish the short title as the "Elizabeth Dole Home- and Community-Based Services for Veterans and Caregivers Act of 2023" or the "Elizabeth Dole Home Care Act of 2023."

Section 1(b) would create the table of contents for this Act.

Section 2: Increase of expenditure cap for noninstitutional care alternatives to nursing home care

Section 2(a) would amend Section 1720C(d) of title 38 U.S.C.: by striking "the total cost" and inserting "(1) Except as provided in paragraph (2), the total cost; by striking "65 percent" and inserting "100 percent"; and by adding at the end the following new paragraph:

"(2)(A) The total cost of providing services or in-kind assistance in the case of any veteran described in subparagraph (B) for any fiscal year under the program may exceed 100 percent of the cost that would otherwise have been incurred as specified in paragraph (1) if the Secretary determines, based on a consideration of clinical need, geographic market factors, and such other matters as the Secretary may prescribe through regulation, that such higher total cost is in the best interest of the veteran.

(B) A veteran described in this subparagraph is a veteran with amyotrophic lateral sclerosis, a spinal cord injury, or a condition the Secretary determines to be similar to such conditions."

Section 2(b) would apply amendments made by subsection (a) to fiscal years beginning on or after the date of enactment.

Section 3: Coordination with program of all-inclusive care for the elderly

Section 3 would amend Section 1720C of title 38 U.S.C., as amended by section 2, and would require the Secretary to enter into agreements with PACE programs operated in geographic areas located near medical center.

Section 4: Home and community-based services: programs

Section 4(a) would amend Chapter 17 of title 38 U.S.C., by inserting after section 1720J the following new section, "1720K. Home and Community-Based Services: Programs."

Section (a) would require the Secretary to carry out each of the programs specified in this section in accordance with such relevant authorities except as otherwise provided in this section.

Section (b)(1) would require the Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services to carry out a program to be known as the 'Veteran-Directed Care Program.' The program would allow the Secretary to enter into agreements with select providers to provide

veterans funds to obtain in-home care and related items, to include the veterans hiring individuals to provide such services or being able to directly purchase such care or items directly. Section (b)(2) would identify select providers as; an Aging and Disability Resource Center, an area agency on aging, or a state agency; a center for independent living; or an Indian tribe or tribal organization receiving assistance under Title VI of the Older Americans Act of 1965. Section (b)(3) would require the Secretary to carry out the Veteran-Directed Care program through each VA medical center, while seeking to extend its availability across the U.S. territories. Additionally, special efforts would be made to offer the program to eligible Native American veterans receiving care through Indian Health Service, tribal health programs, Urban Indian organizations, or Native Hawaiian health care systems. Section (b)(4) would allow catastrophically disabled veterans continue using program funds during hospitalization, as they would if not hospitalized.

Section (c)(1) would require the Secretary to implement a 'Homemaker and Home Health Aide program,' where VA may enter into agreements with home health agencies to provide eligible veterans with appropriate home health aide services. Section (c)(2) would require the availability of the program in specified locations and for specified veteran populations.

Section (d) would require the Secretary to carry out a program to be known as the 'Home-Based Primary Care program' under which eligible veterans may be furnished in-home health care, overseen by a Department provider.

Section (e) would require the Secretary to carry out a program to be known as the 'Purchased Skilled Home Care program' under which eligible veterans may be furnished in-home healthcare, as determined appropriate and selected by the Secretary.

Section (f)(1) would require the Secretary to provide certain resident eligible caregivers the option to enroll in the program of general caregiver support services; provide at least 30 days of covered respite care annually; and conduct annual wellness check on the caregiver. Section (f)(2) would allow covered respite care to exceed 30 days per year if the caregiver or veteran requests an extension and the Secretary determines it medically appropriate.

Section (g) would require that nothing in this section should limit the authority of the Secretary to carry out programs providing home and community-based services under any provision of law.

Section (h) would define terms in this section.

Section 4(b) would ensure that the Veteran-Directed Care program and the Homemaker and Home Health Aide Program are administered through each medical center of VA no later than two years after date the date of enactment.

Section 5: Coordination with assistance and support services for caregivers

Section 5(a)(1) would amend Section 1720G(a) of title 38 U.S.C., by adding a new paragraph that would require in the case of a veteran or caregiver who seeks services under this subsection and is

denied or discharged from the program, that the Secretary provide the option, if eligible, of enrolling in the program for general caregiver support services, assess the possibility of another available program for home- and community-based services, and provide written information on any such programs identified. Section 5(a)(2) would make the amendments made by paragraph (1) apply to denials and discharges occurring on or after the date that is 180 days after enactment. Section 5(a)(3) would make technical and conforming changes.

Section 5(b)(1) would further amend Section 1720G of title 38, to conform the provision of respite care across programs. Section 5(b)(2) would define 'covered respite care' as medically and age appropriate and to include in-home care. Section 5(c) would require the Secretary to conduct a review of the capacity of the VA to establish a streamlined system for contacting all caregivers enrolled in the program of caregiver support services, to provide caregivers program updates and alerts relating to emerging services.

Section 6: Development of centralized website for program information

Section 6(a) would require the Secretary to develop and maintain a centralized and publicly accessible website to provide information and resources relating to covered programs.

Section 6(b) would provide the required contents that the website must contain.

Section 6(c) would require that the website be updated on a periodic basis.

Section 7: Improvements Relating to homemaker and home health aide program

Section 7(a)(1) would establish a three-year pilot program under which the Secretary would provide homemaker and home health aide services to veterans who reside in communities with a shortage of home health aides. Section 7(a)(2) would require the Secretary to select not fewer than five geographic locations for the pilot. Section 7(a)(3) would authorize the Secretary to hire nursing assistants as new employees or reassign existing nursing assistants to provide veteran in-home care. These nursing assistants would serve as part of the health care team as part of the Home-Based Primary Care program. Section 7(a)(4) would require the Secretary to submit a report no later than one year after the date of enactment to the Committees on Veterans' Affairs of the House of Representatives and the Senate on the result of the pilot program.

Section 7(b) would require the Secretary, not later than one year after the date of enactment, to submit a report on use of funds to the Committees on Veterans' Affairs of the House of Representatives and the Senate.

Section 7(c) would require the Secretary, no later than one year after enactment, to issue updated guidance for the Homemaker and Home Health Aide program.

Section 8: Reviews and other improvements relating to home and community-based services

Section 8(a)(1) would require the Under Secretary for Health of the VA to conduct a review of each program administered through

the Office of Geriatric and Extended Care to ensure consistency in program management, eliminate medical service gaps, and to ensure availability and access to home and community-based services. Section 8(a)(2) would require the Secretary to conduct an assessment of staffing needs for the Office of Geriatric and Extended Care. Section (8)(a)(3) would require the Director of the Office of Geriatric and Extended Care to establish quantitative goals, and timelines to implement such goals, to enable greater access to extended care services for veterans not located near medical centers. Section 8(a)(4) would require the Director of the Office of Geriatric and Extended Care to establish quantitative goals to address specialty care needs through in-home care. Section 8(a)(5) would require the Secretary to report on the findings, assessments, and goal of this section.

Section 8(b)(1) would require the Secretary to review the incentives and efforts relating to home and community-based services. Section 8(b)(2) would require the Secretary, no later than one year after the date of enactment, to submit a report to the Committees on Veterans' Affairs of the House of Representatives and Senate of the findings of the review.

Section 8(c) would require the Secretary, no later than two years after enactment, to conduct a review of the use, availability, and effectiveness, of the respite care services.

Section 8(d)(1) would require the Secretary of Veterans Affairs in collaboration with the Secretary of Health and Human Services, no later than two years after enactment, to submit a report to the Committees on Veterans' Affairs of the House of Representatives and the Senate on the expansion of certain mental health services and support to caregivers. The report would include an assessment of the feasibility and advisability of authorizing access to Vet Centers by family caregivers. Section 8(d)(2) would require the Secretary of Veterans Affairs to develop recommendations in consultation with the Secretary of Labor with respect to the development of new home- and community-based services and methods to address the national shortage of home health aides. The Secretary would be required to report to Congress on any recommendations. Section 8(d)(3) would require the Secretary to solicit feedback and recommendations regarding opportunities to enhance home-and community-based services for veterans and caregivers. Section 8(d)(4) would require the Secretary to collaborate with the Director of the Indian Health Service, representatives from tribal health programs, and Urban Indian programs to ensure the availability of home-and community-based services.

Section 9: Modification of certain housing loan fees

Section 9 would provide funding for the programs included in the bill by extending current rates for VA home loan funding fees as established in section 3729(b)(2) of title 38, from November 14, 2031, to January 26, 2032.

Section 10: Definitions

Section 10 would define terms used in this Act.

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 italics, 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 italics, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

* * * * * * *

§ 1720C. Noninstitutional alternatives to nursing home care

(a) The Secretary may furnish medical, rehabilitative, and health-related services in noninstitutional settings for veterans who are eligible under this chapter for, and are in need of, nursing home care. The Secretary shall give priority for participation in such program to veterans who—

(1) are in receipt of, or are in need of, nursing home care primarily for the treatment of a service-connected disability; or

(2) have a service-connected disability rated at 50 percent or more.

(b)(1) Under the program conducted pursuant to subsection (a), the Secretary shall (A) furnish appropriate health-related services solely through contracts with appropriate public and private agencies that provide such services, and (B) designate Department health-care employees to furnish case management services to veteran furnished services under the program.

(2) For the purposes of paragraph (1), the term "case management services" includes the coordination and facilitation of all services furnished to a veteran by the Department of Veterans Affairs, either directly or through contract, including assessment of needs, planning, referral (including referral for services to be furnished by the Department, either directly or through a contract, or by an en-

tity other than the Department), monitoring, reassessment, and followup.

(c) The Secretary may provide in-kind assistance (through the services of Department of Veterans Affairs employees and the sharing of other Department resources) to a facility furnishing services to veterans under subsection (b)(1)(A). Any such in-kind assistance shall be provided under a contract between the Department and the facility concerned. The Secretary may provide such assistance only for use solely in the furnishing of appropriate services under this section and only if, under such contract, the Department receives reimbursement for the full cost of such assistance (including the cost of services and supplies and normal depreciation and amortization of equipment). Such reimbursement may be made by reduction in the charges to the United States or by payment to the United States. Any funds received through such reimbursement shall be credited to funds allotted to the Department facility that provided the assistance.

(d) ⟦The total cost⟧ *(1) Except as provided in paragraph (2), the total cost* of providing services or in-kind assistance in the case of any veteran for any fiscal year under the program may not exceed ⟦65 percent⟧ *100 percent* of the cost that would have been incurred by the Department during that fiscal year if the veteran had been furnished, instead, nursing home care under section 1710 of this title during that fiscal year.

(2)(A) The total cost of providing services or in-kind assistance in the case of any veteran described in subparagraph (B) for any fiscal year under the program may exceed 100 percent of the cost that would otherwise have been incurred as specified in paragraph (1) if the Secretary determines, based on a consideration of clinical need, geographic market factors, and such other matters as the Secretary may prescribe through regulation, that such higher total cost is in the best interest of the veteran.

(B) A veteran described in this subparagraph is a veteran with amyotrophic lateral sclerosis, a spinal cord injury, or a condition the Secretary determines to be similar to such conditions.

(e) The authority of the Secretary to enter into contracts under this section shall be effective for any fiscal year only to the extent that appropriations are available.

(f) In furnishing services to a veteran under the program conducted pursuant to subsection (a), if a medical center of the Department through which such program is administered is located in a geographic area in which services are available to the veteran under a PACE program (as such term is defined in sections 1894(a)(2) and 1934(a)(2) of the Social Security Act (42 U.S.C. 1395eee(a)(2); 1396u–4(a)(2))), the Secretary shall seek to enter into an agreement with the PACE program operating in that area for the furnishing of such services.

* * * * * * *

§ 1720G. Assistance and support services for caregivers

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

(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible

veteran if the Secretary determines it is in the best interest of the eligible veteran to do so.

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

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

(B) for assistance provided under this subsection—

(i) before the date on which the Secretary submits to Congress a certification that the Department has fully implemented the information technology system required by section 162(a) of the Caring for Our Veterans Act of 2018, has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service on or after September 11, 2001;

(ii) during the 2-year period beginning on the date on which the Secretary submitted to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service—

(I) on or before May 7, 1975; or

(II) on or after September 11, 2001; or

(iii) after the date that is 2 years after the date on which the Secretary submits to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service; and

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

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

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

(iii) a need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired; or

(iv) such other matters as the Secretary considers appropriate.

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

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

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

(II) ongoing technical support consisting of information and assistance to address, in a timely manner, the routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible veteran;

(III) counseling; and

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

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

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

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

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

(III) covered respite care of not less than 30 days annually;

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

(V) a monthly personal caregiver stipend; and

(VI) through the use of contracts with, or the provision of grants to, public or private entities—

(aa) financial planning services relating to the needs of injured veterans and their caregivers; and

(bb) legal services, including legal advice and consultation, relating to the needs of injured veterans and their caregivers.

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

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

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

(iii) In determining the amount and degree of personal care services provided under clause (i) with respect to an eligible veteran whose need for personal care services is based in whole or in part on a need for supervision or protection under paragraph (2)(C)(ii) or regular instruction or supervision under paragraph (2)(C)(iii), the Secretary shall take into account the following:

(I) The assessment by the family caregiver of the needs and limitations of the veteran.

(II) The extent to which the veteran can function safely and independently in the absence of such supervision, protection, or instruction.

(III) The amount of time required for the family caregiver to provide such supervision, protection, or instruction to the veteran.

(iv) If personal care services are not available from a commercial home health entity in the geographic area of an eligible veteran, the amount of the monthly personal caregiver stipend payable

under the schedule required by clause (i) with respect to the eligible veteran shall be determined by taking into consideration the costs of commercial providers of personal care services in providing personal care services in geographic areas other than the geographic area of the eligible veteran with similar costs of living.

[(D)] *(C)* In providing instruction, preparation, and training under subparagraph (A)(i)(I) and technical support under subparagraph (A)(i)(II) to each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6), the Secretary shall periodically evaluate the needs of the eligible veteran and the skills of the family caregiver of such veteran to determine if additional instruction, preparation, training, or technical support under those subparagraphs is necessary.

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

(5) For each application submitted jointly by an eligible veteran and family member, the Secretary shall evaluate (in collaboration with the primary care team for the eligible veteran to the maximum extent practicable)—

(A) the eligible veteran—

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

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

(B) the family member to determine the amount of instruction, preparation, and training, if any, the family member requires to provide the personal care services required by the eligible veteran—

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

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

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

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

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

(D) If the participation of a family member of an eligible veteran in instruction, preparation, and training under subparagraph (A) would interfere with the provision of personal care services to the eligible veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the veteran, provide respite care to the eligible veteran during the provision of such

instruction, preparation, and training to the family member so that the family member can participate in such instruction, preparation, and training without interfering with the provision of such services to the eligible veteran.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(11)(A) In providing assistance under this subsection to family caregivers of eligible veterans, the Secretary may enter into contracts, provider agreements, and memoranda of understanding with Federal agencies, States, and private, nonprofit, and other entities to provide such assistance to such family caregivers.

(B) The Secretary may provide assistance under this paragraph only if such assistance is reasonably accessible to the family caregiver and is substantially equivalent or better in quality to similar services provided by the Department.

(C) The Secretary may provide fair compensation to Federal agencies, States, and other entities that provide assistance under this paragraph.

(12)(A) The Secretary shall notify the individuals described in subparagraph (C) regarding decisions affecting the furnishing of assistance under this subsection using standardized letters, as the Secretary determines such notifications and letters to be appropriate.

(B) A notification provided under subparagraph (A) shall include the elements required for notices of decisions under section 5104(b) of this title to the extent that those elements apply to such notification, unless, not later than 60 days after the date of the enactment of the Transparency and Effective Accountability Measures for Veteran Caregivers Act, the Secretary determines that it would not be feasible to include such elements in such notifications and submits to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth the reasons for such determination.

(C) The individuals described in this subparagraph shall include—

(i) an individual who submits an application for the program established under paragraph (1);

(ii) an individual determined by the Secretary to be an eligible veteran pursuant to such an application; and

(iii) a family caregiver of an eligible veteran who is—

(I) approved as a provider of personal care services under paragraph (6)(B); or

(II) designated as a primary provider of personal care services under paragraph (7)(A).

(13)(A) If the Secretary determines that a veteran receiving services under the program established under paragraph (1) is no longer eligible for such program solely because of improvement in the condition of the veteran—

(i) the effective date of discharge of the veteran from the program shall be not earlier than the date that is 60 days after the date on which the Secretary provides notice of such lack of eligibility under paragraph (12)(A) to the relevant individuals described in paragraph (12)(C); and

(ii) the Secretary shall extend benefits under the program established under paragraph (1) for a family caregiver of the veteran described in paragraph (12)(C)(iii), including stipends under paragraph (3)(A)(ii)(V), if such an extension is determined appropriate by the Secretary, for a 90-day period following discharge of the veteran from the program.

(B) This paragraph shall not be construed to limit the authority of the Secretary—

(i) to prescribe regulations addressing other bases for—

(I) the discharge of a veteran from the program established under paragraph (1); or

(II) the revocation of the designation of a family caregiver of a veteran as a primary provider of personal care services under paragraph (7)(A); or

(ii) to provide advance notice and extended benefits under the program, as appropriate, if another basis for discharge of a veteran described in subclause (I) of clause (i) or revocation of a designation described in subclause (II) of such clause applies.

(14)(A) In the case of a veteran or caregiver who seeks services under this subsection and is denied such services, or a veteran or the family caregiver of a veteran who is discharged from the program under this subsection, the Secretary shall—

(i) if the veteran meets the requirements of a covered veteran under subsection (b), provide to such caregiver the option of enrolling in the program of general caregiver support services under such subsection;

(ii) assess the veteran or caregiver for participation in any other available program of the Department for home- and community-based services (including the programs specified in section 1720K of this title) for which the veteran or caregiver may be eligible and, with respect to the veteran, store (and make accessible to the veteran) the results of such assessment in the electronic medical record of the veteran; and

(iii) provide to the veteran or caregiver written information on any such program identified pursuant to the assessment under clause (ii), including information about facilities, eligibility requirements, and relevant contact information for each such program.

(B) For each veteran or family caregiver who is discharged from the program under this subsection, a caregiver support coordinator shall provide for a smooth and personalized transition from such program to an appropriate program of the Department for home- and community-based services (including the programs specified in

section 1720K of this title), including by integrating caregiver support across programs.

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

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

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

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

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

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

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

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

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

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

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

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

(iii) Covered respite care of not less than 30 days annually.

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

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

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

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

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

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

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

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

(d) DEFINITIONS.—In this section:

(1) The term "caregiver", with respect to an eligible veteran under subsection (a) [or a covered veteran], *a veteran denied or discharged as specified in paragraph (14) of such subsection, or a covered veteran* under subsection (b), means an individual who provides personal care services to the veteran.

(2) The term "covered respite care" means, with respect to a caregiver of a veteran, respite care under section 1720B of this title that—

(A) is medically and age appropriate for the veteran (including 24-hour per day care of the veteran commensurate with the care provided by the caregiver); and

(B) includes in-home care.

[(2)] *(3)* The term "family caregiver", with respect to an eligible veteran [under subsection (a), means] *under subsection (a) or a veteran denied or discharged as specified in paragraph (14) of such subsection, means* a family member who is a caregiver of the veteran.

[(3)] *(4)* The term "family member", with respect to an eligible veteran [under subsection (a), means] *under subsection (a) or a veteran denied or discharged as specified in paragraph (14) of such subsection, means* an individual who—

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

(i) a parent;

(ii) a spouse;

(iii) a child;

(iv) a step-family member; and

(v) an extended family member; or

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

[(4)] *(5)* The term "personal care services", with respect to an eligible veteran under subsection (a) [or a covered veteran], *a veteran denied or discharged as specified in paragraph (14) of such subsection, or a covered veteran* under subsection (b), means services that provide the veteran the following:

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

(B) Supervision or protection based on symptoms or residuals of neurological or other impairment or injury.

(C) Regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired.

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

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SEC. 1720K. Home- and community-based services: programs

(a) IN GENERAL.—In furnishing noninstitutional alternatives to nursing home care pursuant to the authority of section 1720C of this title (or any other authority under this chapter or other provision of law administered by the Secretary of Veterans Affairs), the Secretary shall carry out each of the programs specified in this section in accordance with such relevant authorities except as otherwise provided in this section.

(b) VETERAN-DIRECTED CARE PROGRAM.—(1) The Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall carry out a program to be known as the "Veteran-Directed Care program". Under such program, the Secretary of Veterans Affairs may enter into agreements with the providers described in paragraph (2) to provide to eligible veterans funds, to the extent practicable, to obtain such in-home care services and related items as may be determined appropriate by the Secretary of Veterans Affairs and selected by the veteran, including through the veteran hiring individuals to provide such services and items or directly purchasing such services and items.

(2) The providers described in this paragraph are the following:

(A) An Aging and Disability Resource Center, an area agency on aging, or a State agency.

(B) A center for independent living.

(C) An Indian tribe or tribal organization receiving assistance under title VI of the Older Americans Act of 1965 (42 U.S.C. 3057 et seq.).

(3) In carrying out the Veteran-Directed Care program, the Secretary of Veterans Affairs shall—

(A) administer such program through each medical center of the Department of Veterans Affairs;

(B) seek to ensure the availability of such program in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, and any other territory or possession of the United States, to the extent practicable; and

(C) seek to ensure the availability of such program for eligible veterans who are Native American veterans receiving care and services furnished by the Indian Health Service, a tribal health program, an Urban Indian organization, or (in the case of a Native Hawaiian veteran) a Native Hawaiian health care system, to the extent practicable.

(4) If a veteran participating in the Veteran-Directed Care program is catastrophically disabled, the veteran may continue to use funds under the program during a period of hospitalization in the same manner that the veteran would be authorized to use such funds under the program if the veteran were not hospitalized.

(c) HOMEMAKER AND HOME HEALTH AIDE PROGRAM.—(1) The Secretary shall carry out a program to be known as the "Homemaker and Home Health Aide program" under which the Secretary may enter into agreements with home health agencies to provide to eligible veterans such home health aide services as may be determined appropriate by the Secretary.

(2) In carrying out the Homemaker and Home Health Aide program, the Secretary shall, to the extent practicable, ensure the availability of such program—

(A) in the locations specified in subparagraph (B) of subsection (b)(3); and

(B) for the veteran populations specified in subparagraph (C) of such subsection.

(d) HOME-BASED PRIMARY CARE PROGRAM.—The Secretary shall carry out a program to be known as the "Home-Based Primary Care program" under which the Secretary may furnish to eligible veterans in-home health care, the provision of which is overseen by a provider of the Department.

(e) PURCHASED SKILLED HOME CARE PROGRAM.—The Secretary shall carry out a program to be known as the "Purchased Skilled Home Care program" under which the Secretary may furnish to eligible veterans such in-home care services as may be determined appropriate and selected by the Secretary for the veteran.

(f) CAREGIVER SUPPORT.—(1) With respect to a resident eligible caregiver of a veteran participating in a program under this section, the Secretary shall—

(A) if the veteran meets the requirements of a covered veteran under section 1720G(b) of this title, provide to such caregiver the option of enrolling in the program of general caregiver support services under such section;

(B) provide to such caregiver covered respite care of not less than 30 days annually; and

(C) conduct on an annual basis (and, to the extent practicable, in connection with in-person services provided under the program in which the veteran is participating), a wellness contact of such caregiver.

(2) Covered respite care provided to a resident eligible caregiver of a veteran under paragraph (1) may exceed 30 days annually if such extension is requested by the resident eligible caregiver or veteran and determined medically appropriate by the Secretary.

(g) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to limit the authority of the Secretary to carry out programs providing home- and community-based services under any other provision of law.

(h) DEFINITIONS.—In this section:

(1) The terms "Aging and Disability Resource Center", "area agency on aging", and "State agency" have the meanings given those terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(2) The terms "caregiver" and "family caregiver", with respect to a veteran, have the meanings given those terms, respectively, under subsection (e) of section 1720G of this title with respect to an eligible veteran under subsection (a) of such section or a covered veteran under subsection (b) of such section, as the case may be.

(3) The term "center for independent living" has the meaning given that term in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a).

(4) The term "covered respite care" has the meaning given such term in section 1720G(d) of this title.

(5) The term "eligible veteran" means any veteran—

(A) for whom the Secretary determines participation in a specific program under this section is medically necessary

to promote, preserve, or restore the health of the veteran; and

(B) who absent such participation would be at increased risk for hospitalization, placement in a nursing home, or emergency room care.

(6) The term "home health aide" means an individual employed by a home health agency to provide in-home care services.

(7) The term "in-home care service" means any service, including a personal care service, provided to enable the recipient of such service to live at home.

(8) The terms "Indian tribe" and "tribal organization" have the meanings given those terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(9) The terms "Native American" and "Native American veteran" have the meanings given those terms in section 3765 of this title.

(10) The terms "Native Hawaiian" and "Native Hawaiian health care system" have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

(11) The terms "tribal health programs" and "Urban Indian organizations" have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(12) The term "resident eligible caregiver" means an individual who—

(A) is a caregiver, or a family caregiver, of a veteran and resides with that veteran; and

(B) has not entered into a contract, agreement, or other arrangement for such individual to act as a caregiver for that veteran unless such individual is a family member of the veteran or is furnishing caregiver services through a medical foster home.

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PART III—READJUSTMENT AND RELATED BENEFITS

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CHAPTER 37—HOUSING AND SMALL BUSINESS LOANS

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SUBCHAPTER III—ADMINISTRATIVE PROVISIONS

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§ 3729. Loan fee

(a) REQUIREMENT OF FEE.—(1) Except as provided in subsection (c), a fee shall be collected from each person obtaining a housing loan guaranteed, insured, or made under this chapter, and each person assuming a loan to which section 3714 of this title applies. No such loan may be guaranteed, insured, made, or assumed until

the fee payable under this section has been remitted to the Secretary.

(2) The fee may be included in the loan and paid from the proceeds thereof.

(b) DETERMINATION OF FEE.—(1) The amount of the fee shall be determined from the loan fee table in paragraph (2). The fee is expressed as a percentage of the total amount of the loan guaranteed, insured, or made, or, in the case of a loan assumption, the unpaid principal balance of the loan on the date of the transfer of the property.

(2) The loan fee table referred to in paragraph (1) is as follows:

Type of loan	Active duty veteran	Reservist	Other obligor
(A)(i) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after October 1, 2004, and before January 1, 2020).	2.15	2.40	NA
(A)(ii) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after January 1, 2020, and before April 7, 2023).	2.30	2.30	NA
(A)(iii) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after April 7, 2023, and before [November 14, 2031] *January 26, 2032*).	2.15	2.15	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(A)(iv) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after [November 14, 2031] *January 26, 2032*).	1.40	1.40	NA
(B)(i) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after October 1, 2004, and before January 1, 2020).	3.30	3.30	NA
(B)(ii) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after January 1, 2020, and before April 7, 2023).	3.60	3.60	NA
(B)(iii) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after April 7, 2023, and before [November 14, 2031] *January 26, 2032*).	3.30	3.30	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(B)(iv) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after [November 14, 2031] *January 26, 2032*).	1.25	1.25	NA
(C)(i) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed before January 1, 2020).	1.50	1.75	NA
(C)(ii) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed on or after January 1, 2020, and before April 7, 2023).	1.65	1.65	NA
(C)(iii) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed on or after April 7, 2023, and before [November 14, 2031] *January 26, 2032*).	1.50	1.50	NA
(C)(iv) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed on or after [November 14, 2031] *January 26, 2032*).	0.75	0.75	NA
(D)(i) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed before January 1, 2020).	1.25	1.50	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(D)(ii) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed on or after January 1, 2020, and before April 7, 2023).	1.40	1.40	NA
(D)(iii) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed on or after April 7, 2023, and before [November 14, 2031] *January 26, 2032*).	1.25	1.25	NA
(D)(iv) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed on or after [November 14, 2031] *January 26, 2032*).	0.50	0.50	NA
(E) Interest rate reduction refinancing loan.	0.50	0.50	NA
(F) Direct loan under section 3711.	1.00	1.00	NA
(G) Manufactured home loan under section 3712 (other than an interest rate reduction refinancing loan).	1.00	1.00	NA
(H) Loan to Native American veteran under section 3762 (other than an interest rate reduction refinancing loan).	1.25	1.25	NA
(I) Loan assumption under section 3714.	0.50	0.50	0.50
(J) Loan under section 3733(a).	2.25	2.25	2.25.

(3) Any reference to a section in the "Type of loan" column in the loan fee table in paragraph (2) refers to a section of this title.

(4) For the purposes of paragraph (2):

(A) The term "active duty veteran" means any veteran eligible for the benefits of this chapter other than a Reservist.

(B) The term "Reservist" means a veteran described in section 3701(b)(5)(A) of this title who is eligible under section 3702(a)(2)(E) of this title.

(C) The term "other obligor" means a person who is not a veteran, as defined in section 101 of this title or other provision of this chapter.

(D)(i) The term "initial loan" means a loan to a veteran guaranteed under section 3710 or made under section 3711 of this title if the veteran has never obtained a loan guaranteed under section 3710 or made under section 3711 of this title.

(ii) If a veteran has obtained a loan guaranteed under section 3710 or made under section 3711 of this title and the dwelling securing such loan was substantially damaged or destroyed by a major disaster declared by the President under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170), the Secretary shall treat as an initial loan, as defined in clause (i), the next loan the Secretary guarantees or makes to such veteran under section 3710 or 3711, respectively, if—

(I) such loan is guaranteed or made before the date that is three years after the date on which the dwelling was substantially damaged or destroyed; and

(II) such loan is only for repairs or construction of the dwelling, as determined by the Secretary.

(E) The term "subsequent loan" means a loan to a veteran, other than an interest rate reduction refinancing loan, guaranteed under section 3710 or made under section 3711 of this title that is not an initial loan.

(F) The term "interest rate reduction refinancing loan" means a loan described in section 3710(a)(8), 3710(a)(9)(B)(i), 3710(a)(11), 3712(a)(1)(F), or 3762(h) of this title.

(G) The term "0-down" means a downpayment, if any, of less than 5 percent of the total purchase price or construction cost of the dwelling.

(H) The term "5-down" means a downpayment of at least 5 percent or more, but less than 10 percent, of the total purchase price or construction cost of the dwelling.

(I) The term "10-down" means a downpayment of 10 percent or more of the total purchase price or construction cost of the dwelling.

(c) WAIVER OF FEE.—(1) A fee may not be collected under this section from a veteran who is receiving compensation (or who, but for the receipt of retirement pay or active service pay, would be entitled to receive compensation), from a surviving spouse of any veteran (including a person who died in the active military, naval, air, or space service) who died from a service-connected disability, or from a member of the Armed Forces who is serving on active duty and who provides, on or before the date of loan closing, evidence of having been awarded the Purple Heart.

(2)(A) A veteran described in subparagraph (B) shall be treated as receiving compensation for purposes of this subsection as of the date of the rating described in such subparagraph without regard to whether an effective date of the award of compensation is established as of that date.

(B) A veteran described in this subparagraph is a veteran who is rated eligible to receive compensation—

(i) as the result of a pre-discharge disability examination and rating; or

(ii) based on a pre-discharge review of existing medical evidence (including service medical and treatment records) that results in the issuance of a memorandum rating.

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