

111TH CONGRESS
1ST SESSION

H. R. 2879

To amend title 38, United States Code, to improve health care for veterans who live in rural areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2009

Mrs. KIRKPATRICK of Arizona (for herself and Mr. PERRIELLO) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to improve health care for veterans who live in rural areas, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Rural Veterans Health
5 Care Improvement Act of 2009”.

6 **SEC. 2. TRAVEL REIMBURSEMENT FOR VETERANS RECEIV-**
7 **ING TREATMENT AT FACILITIES OF THE DE-**
8 **PARTMENT OF VETERANS AFFAIRS.**

9 (a) IN GENERAL.—Section 111 of title 38, United
10 States Code, is amended—

1 (1) in subsection (a), by striking “traveled,”
2 and inserting “(at a rate of 41.5 cents per mile),”;
3 (2) by striking subsection (g); and
4 (3) by redesignating subsection (h) as sub-
5 section (g).

6 (b) CLARIFICATION OF RELATION TO PUBLIC
7 TRANSPORTATION IN VETERANS HEALTH ADMINISTRA-
8 TION HANDBOOK.—Not later than 30 days after the date
9 of the enactment of this Act, the Secretary of Veterans
10 Affairs shall revise the Veterans Health Administration
11 Handbook to clarify that an allowance for travel based on
12 mileage paid under section 111(a) of title 38, United
13 States Code, may exceed the cost of such travel by public
14 transportation regardless of medical necessity.

15 **SEC. 3. CENTERS OF EXCELLENCE FOR RURAL HEALTH RE-**
16 **SEARCH, EDUCATION, AND CLINICAL ACTIVI-**
17 **TIES.**

18 (a) IN GENERAL.—Subchapter II of chapter 73 of
19 title 38, United States Code, is amended by adding at the
20 end the following new section:

21 **“§ 7330B. Centers of excellence for rural health re-**
22 **search, education, and clinical activities**

23 “(a) ESTABLISHMENT OF CENTERS.—The Secretary,
24 through the Director of the Office of Rural Health, shall
25 establish and operate not less than one and not more than

1 five centers of excellence for rural health research, edu-
2 cation, and clinical activities, which shall—

3 “(1) conduct research on the provision of health
4 services in rural areas;

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

8 “(3) provide education and training for health
9 care professionals of the Department on the fur-
10 nishing of health services to veterans in rural areas;
11 and

12 “(4) develop and implement innovative clinical
13 activities and systems of care for the Department
14 for the furnishing of health services to veterans in
15 rural areas.

16 “(b) GEOGRAPHIC DISPERSION.—The Secretary shall
17 ensure that the centers established under this section are
18 located at health care facilities that are geographically dis-
19 persed throughout the United States.

20 “(c) SELECTION CRITERIA.—The Secretary may not
21 designate a health care facility as a location for a center
22 under this section unless—

23 “(1) the peer review panel established under
24 subsection (d) determines that the proposal sub-

1 mitted by such facility meets the highest competitive
2 standards of scientific and clinical merit; and

3 “(2) the Secretary determines that such facility
4 has, or may reasonably be anticipated to develop, the
5 following:

6 “(A) An arrangement with an accredited
7 medical school to provide residents with edu-
8 cation and training in health services for vet-
9 erans in rural areas.

10 “(B) The ability to attract the participa-
11 tion of scientists who are capable of ingenuity
12 and creativity in health care research efforts.

13 “(C) A policymaking advisory committee,
14 composed of appropriate health care and re-
15 search representatives of the facility and of the
16 affiliated school or schools, to advise the direc-
17 tors of such facility and such center on policy
18 matters pertaining to the activities of such cen-
19 ter during the period of the operation of such
20 center.

21 “(D) The capability to conduct effectively
22 evaluations of the activities of such center.

23 “(d) PANEL TO EVALUATE PROPOSALS.—(1) The
24 Director of the Office of Rural Health shall establish a
25 panel—

1 “(A) to evaluate the scientific and clinical merit
2 of proposals submitted to establish centers under
3 this section; and

4 “(B) to provide advice to the Director regarding
5 the implementation of this section.

6 “(2) The panel shall review each proposal received
7 from the Secretary and shall submit its views on the rel-
8 ative scientific and clinical merit of each such proposal to
9 the Secretary.

10 “(3) The panel established under paragraph (1) shall
11 be comprised of experts in the fields of public health re-
12 search, education, and clinical care.

13 “(4) Members of the panel shall serve as consultants
14 to the Department for a period not to exceed two years.

15 “(5) The panel shall not be subject to the Federal
16 Advisory Committee Act (5 U.S.C. App.).

17 “(e) FUNDING.—(1) There are authorized to be ap-
18 propriated to the Medical Care Account and the Medical
19 and Prosthetics Research Account of the Department of
20 Veterans Affairs such sums as may be necessary for the
21 support of the research and education activities of the cen-
22 ters operated under this section.

23 “(2) There shall be allocated to the centers operated
24 under this section, from amounts authorized to be appro-
25 priated to the Medical Care Account and the Medical and

1 Prosthetics Research Account by paragraph (1), such
2 amounts as the Under Secretary of health considers ap-
3 propriate for such centers. Such amounts shall be allo-
4 cated through the Director of the Office of Rural Health.

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

7 “(A) shall be eligible to compete for the award
8 of funding from funds appropriated for the Medical
9 and Prosthetics Research Account; and

10 “(B) shall receive priority in the award of fund-
11 ing from such account to the extent that funds are
12 awarded to projects for research in the care of rural
13 veterans.”.

14 (b) CLERICAL AMENDMENT.—The table of sections
15 at the beginning of chapter 73 of such title is amended
16 by inserting after the item relating to section 7330A the
17 following new item:

“7330B. Centers of excellence for rural health research, education, and clinical
activities.”.

18 **SEC. 4. TRANSPORTATION GRANTS FOR RURAL VETERANS**
19 **SERVICE ORGANIZATIONS.**

20 (a) GRANTS AUTHORIZED.—

21 (1) IN GENERAL.—The Secretary of Veterans
22 Affairs shall establish a grant program to provide in-
23 novative transportation options to veterans in highly
24 rural areas.

1 (2) USE OF FUNDS.—Grants awarded under
2 this section may be used by State veterans’ service
3 agencies and veterans service organizations to—

4 (A) assist veterans in highly rural areas to
5 travel to Department of Veterans Affairs med-
6 ical centers; and

7 (B) otherwise assist in providing medical
8 care to veterans in highly rural areas.

9 (3) MAXIMUM AMOUNT.—The amount of a
10 grant under this section may not exceed \$50,000.

11 (4) NO MATCHING REQUIREMENT.—The recipi-
12 ent of a grant under this section shall not be re-
13 quired to provide matching funds as a condition for
14 receiving such grant.

15 (b) REGULATIONS.—The Secretary shall prescribe
16 regulations for—

17 (1) evaluating grant applications under this sec-
18 tion; and

19 (2) otherwise administering the program estab-
20 lished by this section.

21 (c) VETERANS SERVICE ORGANIZATION DEFINI-
22 TION.—In this section, the term “veterans service organi-
23 zation” means any organization recognized by the Sec-
24 retary of Veterans Affairs for the representation of vet-
25 erans under section 5902 of title 38, United States Code.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated \$3,000,000 for each of
3 fiscal years 2009 through 2013 to carry out this section.

4 **SEC. 5. DEMONSTRATION PROJECTS ON ALTERNATIVES**
5 **FOR EXPANDING CARE FOR VETERANS IN**
6 **RURAL AREAS.**

7 (a) IN GENERAL.—The Secretary of Veterans Af-
8 fairs, through the Director of the Office of Rural Health,
9 shall carry out demonstration projects to examine the fea-
10 sibility and advisability of alternatives for expanding care
11 for veterans in rural areas, including the following:

12 (1) Establishing a partnership between the De-
13 partment of Veterans Affairs and the Centers for
14 Medicare and Medicaid Services of the Department
15 of Health and Human Services to coordinate care
16 for veterans in rural areas at critical access hospitals
17 (as designated or certified under section 1820 of the
18 Social Security Act (42 U.S.C. 1395i-4)).

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

23 (3) Expanding coordination between the De-
24 partment of Veterans Affairs and the Indian Health
25 Service to expand care for Indian veterans.

1 (b) GEOGRAPHIC DISTRIBUTION.—The Secretary of
2 Veterans Affairs shall ensure that the demonstration
3 projects carried out under subsection (a) are located at
4 facilities that are geographically distributed throughout
5 the United States.

6 (c) REPORT.—Not later than two years after the date
7 of the enactment of this Act, the Secretary of Veterans
8 Affairs shall submit a report on the results of the dem-
9 onstration projects conducted under subsection (a) to—

10 (1) the Committee on Veterans' Affairs and the
11 Committee on Appropriations of the Senate; and

12 (2) the Committee on Veterans' Affairs and the
13 Committee on Appropriations of the House of Rep-
14 resentatives.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated \$350,000,000 for each
17 of fiscal years 2009 through 2011 to carry out this sec-
18 tion.

1 **SEC. 6. PROGRAM ON PROVISION OF READJUSTMENT AND**
2 **MENTAL HEALTH CARE SERVICES TO VET-**
3 **ERANS WHO SERVED IN OPERATION IRAQI**
4 **FREEDOM AND OPERATION ENDURING FREE-**
5 **DOM.**

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

9 (1) to veterans of Operation Iraqi Freedom and
10 Operation Enduring Freedom, particularly veterans
11 who served in such operations while in the National
12 Guard and the Reserves—

13 (A) peer outreach services;

14 (B) peer support services;

15 (C) readjustment counseling and services
16 described in section 1712A of title 38, United
17 States Code; and

18 (D) mental health services; and

19 (2) to members of the immediate family of such
20 a veteran, during the three-year period beginning on
21 the date of the return of such veteran from deploy-
22 ment in Operation Iraqi Freedom and Operation
23 Enduring Freedom, education, support, counseling,
24 and mental health services to assist in—

25 (A) the readjustment of such veteran to ci-
26 vilian life;

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

4 (C) the readjustment of the family fol-
5 lowing the return of such veteran.

6 (b) CONTRACTS WITH COMMUNITY MENTAL
7 HEALTH CENTERS AND QUALIFIED ENTITIES FOR PRO-
8 VISION OF SERVICES.—In carrying out the program re-
9 quired by subsection (a), the Secretary shall contract with
10 community mental health centers and other qualified enti-
11 ties to provide the services required by such subsection
12 only in areas the Secretary determines are not adequately
13 served by other health care facilities of the Department
14 of Veterans Affairs. Such contracts shall require each con-
15 tracting community health center or entity—

16 (1) to the extent practicable, to employ veterans
17 trained under subsection (c);

18 (2) to the extent practicable, to use telehealth
19 services for the delivery of services required by sub-
20 section (a);

21 (3) to participate in the training program con-
22 ducted in accordance with subsection (d);

23 (4) to comply with applicable protocols of the
24 Department of Veterans Affairs before incurring any

1 liability on behalf of the Department for the provi-
2 sion of the services required by subsection (a);

3 (5) to submit annual reports to the Secretary
4 containing, with respect to the program required by
5 subsection (a) and for the last full calendar year
6 ending before the submission of such report—

7 (A) the number of the veterans served, vet-
8 erans diagnosed, and courses of treatment pro-
9 vided to veterans as part of the program re-
10 quired by subsection (a); and

11 (B) demographic information for such
12 services, diagnoses, and courses of treatment;

13 (6) for each veteran for whom a community
14 mental health center or other qualified entity pro-
15 vides mental health services under such contract, to
16 provide the Department of Veterans Affairs with
17 such clinical summary information as the Secretary
18 shall require; and

19 (7) to meet such other requirements as the Sec-
20 retary shall require.

21 (c) TRAINING OF VETERANS FOR THE PROVISION OF
22 PEER-OUTREACH AND PEER-SUPPORT SERVICES.—In
23 carrying out the program required by subsection (a), the
24 Secretary shall contract with a national not-for-profit
25 mental health organization to carry out a national pro-

1 gram of training for veterans described in subsection (a)
2 to provide the services described in subparagraphs (A) and
3 (B) of paragraph (1) of such subsection.

4 (d) TRAINING OF CLINICIANS FOR PROVISION OF
5 SERVICES.—The Secretary shall conduct a training pro-
6 gram for clinicians of community mental health centers
7 or entities that have contracts with the Secretary under
8 subsection (b) to ensure that such clinicians can provide
9 the services required by subsection (a) in a manner that—

10 (1) recognizes factors that are unique to the ex-
11 perience of veterans who served on active duty in
12 Operation Iraqi Freedom or Operation Enduring
13 Freedom (including their combat and military train-
14 ing experiences); and

15 (2) utilizes best practices and technologies.

16 (e) REPORTS REQUIRED.—

17 (1) INITIAL REPORT ON PLAN FOR IMPLEMEN-
18 TATION.—Not later than 45 days after the date of
19 the enactment of this Act, the Secretary shall submit
20 to the Committee on Veterans' Affairs of the Senate
21 and the Committee on Veterans' Affairs of the
22 House of Representatives a report containing the
23 plans of the Secretary to implement the program re-
24 quired by subsection (a).

1 (2) STATUS REPORT.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary shall submit to the Committee on Veterans'
4 Affairs of the Senate and the Committee on Vet-
5 erans' Affairs of the House of Representatives a re-
6 port on the implementation of the program. Such re-
7 port shall include the following:

8 (A) Information on the number of veterans
9 who received services as part of the program
10 and the type of services received during the last
11 full calendar year completed before the submis-
12 sion of such report.

13 (B) An evaluation of the provision of serv-
14 ices under paragraph (2) of subsection (a) and
15 a recommendation as to whether the period de-
16 scribed in such paragraph should be extended
17 to a five-year period.

18 **SEC. 7. IMPROVEMENT OF CARE OF AMERICAN INDIAN**
19 **VETERANS.**

20 (a) INDIAN HEALTH COORDINATORS.—

21 (1) IN GENERAL.—Subchapter II of chapter 73
22 of title 38, United States Code, as amended by sec-
23 tion 3, is further amended by adding at the end the
24 following new section:

1 **“§ 7330C. Indian Veterans Health Care Coordinators**

2 “(a) IN GENERAL.—(1) The Secretary shall assign
3 at each of the 10 Department Medical Centers that serve
4 communities with the greatest number of Indian veterans
5 per capita an official or employee of the Department to
6 act as the coordinator of health care for Indian veterans
7 at such Medical Center. The official or employee so as-
8 signed at a Department Medical Center shall be known
9 as the ‘Indian Veterans Health Care Coordinator’ for the
10 Medical Center.

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

12 “(A) survey the Department Medical Centers
13 for purposes of identifying the 10 Department Med-
14 ical Centers that currently serve communities with
15 the greatest number of Indian veterans per capita;
16 and

17 “(B) utilizing the results of the most recent
18 survey conducted under subparagraph (A), revise the
19 assignment of Indian Veterans Health Care Coordi-
20 nators in order to assure the assignment of such co-
21 ordinators to appropriate Department Medical Cen-
22 ters as required by paragraph (1).

23 “(b) DUTIES.—The duties of a Indian Veterans
24 Health Care Coordinator shall include the following:

25 “(1) Improving outreach to tribal communities.

1 “(2) Coordinating the medical needs of Indian
2 veterans on Indian reservations with the Veterans
3 Health Administration and the Indian Health Serv-
4 ice.

5 “(3) Expanding the access and participation of
6 Department of Veterans Affairs, Indian Health
7 Service, and tribal members in the Department of
8 Veterans Affairs Tribal Veterans Representative pro-
9 gram.

10 “(4) Acting as an ombudsman for Indian vet-
11 erans enrolled in the health care system of the Vet-
12 erans Health Administration.

13 “(5) Advocating for the incorporation of tradi-
14 tional medicine and healing in Department treat-
15 ment plans for Indian veterans in need of care and
16 services provided by the Department.

17 “(c) NATIVE AMERICAN DEFINED.—In this section,
18 the term ‘Indian’ has the meaning given the term in sec-
19 tion 4 of the Indian Self-Determination and Education As-
20 sistance Act (25 U.S.C. 450b).”.

21 (2) CLERICAL AMENDMENT.—The table of sec-
22 tions at the beginning of chapter 73 of such title, as
23 amended by section 3, is further amended by insert-
24 ing after the item relating to section 7330B the fol-
25 lowing new item:

“7330C. Indian Veterans Health Coordinators.”.

1 (b) INTEGRATION OF ELECTRONIC HEALTH
2 RECORDS WITH INDIAN HEALTH SERVICE.—Not later
3 than one year after the date of the enactment of this Act,
4 the Secretary of Veterans Affairs and Secretary of the In-
5 terior shall enter into a memorandum of understanding
6 to ensure that the health records of Indian veterans may
7 be transferred electronically between facilities of the In-
8 dian Health Service and the Department of Veterans Af-
9 fairs.

10 (c) TRANSFER OF MEDICAL EQUIPMENT TO THE IN-
11 DIAN HEALTH SERVICE.—

12 (1) IN GENERAL.—The Secretary of Veterans
13 Affairs may transfer to the Indian Health Service
14 such surplus Department of Veterans Affairs med-
15 ical and information technology equipment as the
16 Secretary of Veterans Affairs and the Secretary of
17 Health and Human Services jointly consider appro-
18 priate for purposes of the Indian Health Service.

19 (2) TRANSPORTATION AND INSTALLATION.—In
20 transferring medical or information technology
21 equipment under this subsection, the Secretary of
22 Veterans Affairs may transport and install such
23 equipment in facilities of the Indian Health Service.

24 (d) REPORT ON JOINT HEALTH CLINICS WITH IN-
25 DIAN HEALTH SERVICE.—Not later than one year after

1 the date of the enactment of this Act, the Secretary of
2 Veterans Affairs and the Secretary of Health and Human
3 Services shall jointly submit to Congress a report on the
4 feasibility and advisability of the joint establishment and
5 operation by the Veterans Health Administration and the
6 Indian Health Service of health clinics on Indian reserva-
7 tions to serve the populations of such reservations, includ-
8 ing Indian veterans.

9 **SEC. 8. ANNUAL REPORT TO CONGRESS ON MATTERS RE-**
10 **LATED TO CARE FOR VETERANS WHO LIVE IN**
11 **RURAL AREAS.**

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

20 (1) The implementation of the provisions of this
21 Act, including the amendments made by this Act.

22 (2) The establishment and function of the Of-
23 fice of Rural Health under section 7308 of title 38,
24 United States Code.

1 (b) ADDITIONAL REQUIREMENTS FOR INITIAL RE-
2 PORT.—The first report submitted under subsection (a)
3 shall also include the following:

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

8 (2) An assessment of the outreach program re-
9 quired by section 213 of such Act (120 Stat. 3422;
10 38 U.S.C. 6303 note).

○