the proper dosages of vaccines and antidotes for children; and The inclusion of pediatric supplies and equipment in the National Pharmaceutical Stockpile Program.

These provisions are crucial to ensure that our nation is prepared to care for children in the event of any type of public health emergency. The events of September 11 revealed to us the gaps in our systems for dealing with such an emergency; it is our duty to address those needs before we are called upon to respond again.

Mr. Speaker, I fully support the Public Health Security and Bioterrorism Response Act and urge my colleagues to do the same.

Mr. UPTON. Mr. Speaker, I rise in strong support of the Public Health Security and Bioterrorism Response Act. Just as the horrendous terrorist attacks of September 11th brought home to Americans the cruel face of hate, fanaticism, and outright evil and the need to wage war on international terrorism, so the anthrax attacks have brought home to us our vulnerability to bioterrorism attacks on our homefront.

What was perhaps an abstract concern has become very, very real. I have traveled home to my district every week since September 11th, and I have heard the real fear in mothers' and fathers' voices and in the questions children ask me when I visit with them in their schools. Will we be ready should our communities suffer anthrax or smallpox attacks? Will we have the vaccines and antibiotics we need? Will emergency response teams and emergency medical services be ready to swing quickly into action? Will our health professionals be trained to recognize symptoms and quickly communicate suspicious outbreaks?

While home in Michigan, I have also met with emergency response teams at the local and state levels. While they are doing their best to prepare coordinated responses to worst-case scenarios, they need better tools—better weapons in their armories—to meet the threat of bioterrorist attacks.

Enacting the comprehensive, bipartisan bill before us today will go a long way in giving my local communities, my state, and this nation the tools and infrastructure needed to assure individuals and families and communities across the nation that we will have the strongest possible defense against potential acts and the ability to respond quickly and effectively should an attack nevertheless succeed.

Specifically, this bill will provide the funds necessary to substantially upgrade the Centers for Disease Control and Prevention's laboratories, facilities and communications capacities, as well as our state and local public health department's capabilities. It will create a national stockpile of vaccines, biologics, drugs, and medical devices to meet the health security needs of our people. The bill recognizes the enormous challenges that not only the CDC, but also the Food and Drug Administration must meet if we are to be prepared with sufficient vaccines and effective antibiotics. It provides the FDA with the authorities needed to meet those challenges without compromising public health. This bill will also slam shut some gaping loopholes in our regulation of the possession of chemical and biological agents that could be used to launch attacks. And it provides comprehensive protection for our drinking water and food supplies.

I am proud, not only as a Member of Congress, but also as a husband and father and community leader to be an original cosponsor of the Public Health Security and Bioterrorism Response Act of 2001. With the passage and enactment of this bill, we can say ''YES'' when a parent, a student, or a local community leader asks us if we are prepared for bioterrorism.

Ms. HARMAN. Mr. Speaker, I rise in strong support of the Public Health Security and Bioterrorism Response Act of 2001, and I commend Chairman TAUZIN and Ranking Member DINGELL for their leadership in fashioning this bipartisan measure. This important piece of legislation will take the first step toward ensuring that we will be able to prevent—and better respond to—any future bioterrorist attack.

The National Commission on Terrorism, on which I served last year, concluded that it is not a matter of if a bioterrorist attack will occur, but only a question of when. We saw that expectation realized in October and November, when anthrax-laden letters caused the death of six Americans. And we will likely see it happen again.

Substantial evidence exists that al Qaeda and rogue states like Iraq have attempted to acquire biological agents, and they have certainly proven their ability to inflict mass death on the United States. the treat of bioterrorism is real, and our nation must be prepared to respond to any eventuality.

Our Government's response to the bioterrorist attacks of October was deeply flawed. We have talented people and good plans, but we have been lacking the resources and coordination to make our response effective. We must act now to improve our terrorism response, before another tragedy occurs.

This legislation improves the coordination and capacity of bioterrorism response, the security of biological agents, and the safety of our food and water supplies. It makes a substantial investment in programs that fund communications systems, laboratory improvements, and training programs across the nation.

Most important, the bill directs this investment to the state and local governments that need it most. All terrorism response is local, but in the past far too much of our counterterrorism funding has remained at the federal level. This bill will begin to correct this deficiency.

I am particularly glad that this bill includes funds to speed up the renovation of CDC's buildings and facilities. I have visited to the Centers for Disease Control and Prevention in Atlanta and seen talented people working in shabby conditions. This legislation will invest $300 million in each of the next two years to improve the security of CDC facilities and construct much-needed research facilities. Improving our bioterrorism response must begin with the basics—and that means investing in critical infrastructure and facilities.

I am proud to cosponsor this legislation, and encourage all of my colleagues to support these needed measures.

Mr. TAUZIN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 3448.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. TAUZIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROGRAMS ENHANCEMENT ACT OF 2001

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3447) to amend title 38, United States Code, to enhance the authority of the Secretary of Veterans Affairs to recruit and retain qualified nurses for the Veterans Health Administration, to provide an additional basis for establishing the inability of veterans to defray expenses of necessary medical care, to enhance certain health care programs of the Department of Veterans Affairs, and for other purposes.

The Clerk read as follows:

H.R. 3447

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Department of Veterans Affairs Health Care Programs Enhancement Act of 2001''.

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

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—ENHANCEMENT OF NURSE RECRUITMENT AND RETENTION AUTHORITIES

Subtitle A—Recruitment Authorities

SEC. 101. ENHANCEMENT OF EMPLOYEE INCENTIVE SCHOLARSHIP PROGRAM.

(a) PERMANENT AUTHORITY.—(1) Section 7676 is repealed.

(2) The table of sections at the beginning of chapter 76 is amended by striking the item relating to section 7676.

(b) MINIMUM PERIOD OF DEPARTMENT EMPLOYMENT FOR ELIGIBILITY.—Section 7672(b) is amended by striking ''2 years'' and inserting ''one year''.

(c) SCHOLARSHIP AMOUNT.—Subsection (b) of section 7673 is amended—

(1) in paragraph (1), by striking ''for any 1 year'' and inserting ''for the equivalent of one year of full-time coursework''; and

(2) by striking paragraph (2) and inserting the following new paragraph (2):

''(2) in the case of a participant in the Program who is a part-time student, shall bear the same ratio to the amount that would be paid under paragraph (1) if the participant were a full-time student in the course of education or training being pursued by the participant as the coursework carried by the participant to full-time coursework in that course of education or training.''.

(d) LIMITATION ON PAYMENT.—Subsection (c) of section 7673 is amended to read as follows:

''(c) LIMITATIONS ON PERIOD OF PAYMENT.—(1) The maximum number of school years for which a scholarship may be paid under subsection (a) to a participant in the Program shall be six school years.

''(2) A participant in the Program may not receive a scholarship under subsection (a) for more than the equivalent of three years of full-time coursework.''.

(e) FULL-TIME COURSEWORK.—Section 7673 is further amended by adding at the end the following new subsection:

''(e) FULL-TIME COURSEWORK.—For purposes of this section, full-time coursework shall consist of the following:

''(1) In the case of undergraduate coursework, 30 semester hours per undergraduate school year.

''(2) In the case of graduate coursework, 18 semester hours per graduate school year.''.

(f) ANNUAL ADJUSTMENT OF MAXIMUM SCHOLARSHIP AMOUNT.—Section 7631 is amended—

(1) in subsection (a)(1), by striking ''and the maximum Selected Reserve member stipend amount'' and inserting ''the maximum Selected Reserve member stipend amount, the maximum employee incentive scholarship amount,''; and

(2) in subsection (b)—

(A) by redesignating paragraph (4) as paragraph (6); and

(B) by inserting after paragraph (3) the following new paragraph (4):

''(4) The term 'maximum employee incentive scholarship amount' means the maximum amount of the scholarship payable to a participant in the Department of Veterans Affairs Employee Incentive Scholarship Program under subchapter VI of this chapter, as specified in section 7673(b)(1) of this title and as previously adjusted (if at all) in accordance with this section.''.

(g) TECHNICAL AMENDMENTS.—Section 7631(b) is further amended by striking ''this subsection'' each place it appears and inserting ''this section''.

SEC. 102. ENHANCEMENT OF EDUCATION DEBT REDUCTION PROGRAM.

(a) PERMANENT AUTHORITY.—(1) Section 7684 is repealed.

(2) The table of sections at the beginning of chapter 76 is amended by striking the item relating to section 7684.

(b) ELIGIBLE INDIVIDUALS.—Subsection (a)(1) of section 7682 is amended—

(1) by striking ''under an appointment under section 7402(b) of this title in a position'' and inserting ''in a position (as determined by the Secretary) providing direct-patient care services or services incident to direct-patient care services''; and

(2) by striking ''(as determined by the Secretary)'' and inserting ''(as so determined)''.

(c) MAXIMUM DEBT REDUCTION AMOUNT.—Section 7683(d)(1) is amended—

(1) by striking ''for a year''; and

(2) by striking ''exceed—'' and all that follows through the end of the paragraph and inserting ''exceed $44,000 over a total of five years of participation in the Program, of which not more than $10,000 of such payments may be made in each of the fourth and fifth years of participation in the Program.''.

(d) ANNUAL ADJUSTMENT OF MAXIMUM DEBT REDUCTION PAYMENTS AMOUNT.—(1) Section 7631, as amended by section 101(f) of this Act, is further amended—

(A) in subsection (a)(1), by inserting before the period at the end of the first sentence the following: ''and the maximum education debt reduction payments amount''; and

(B) in subsection (b), by inserting after paragraph (4) the following new paragraph (5):

''(5) The term 'maximum education debt reduction payments amount' means the maximum amount of education debt reduction payments payable to a participant in the Department of Veterans Affairs Education Debt Reduction Program under subchapter VII of this chapter, as specified in section 7683(d)(1) of this title and as previously adjusted (if at all) in accordance with this section.''.

(2) Notwithstanding section 7631(a)(1) of title 38, United States Code, as amended by paragraph (1), the Secretary of Veterans Affairs shall not increase the maximum education debt reduction payments amount under that section in calendar year 2002.

(e) TEMPORARY EXPANSION OF INDIVIDUALS ELIGIBLE FOR PARTICIPATION IN PROGRAM.—(1) Notwithstanding section 7682(c) of title 38, United States Code, the Secretary of Veterans Affairs may treat a covered individual as being a recently appointed employee in the Veterans Health Administration under section 7682(a) of that title for purposes of eligibility in the Education Debt Reduction Program if the Secretary determines that the participation of the individual in the Program under this subsection would further the purposes of the Program.

(2) For purposes of this subsection, a covered individual is any individual otherwise described by section 7682(a) of title 38, United States Code, as in effect on the day before the date of the enactment of this Act, who—

(A) was appointed as an employee in a position described in paragraph (1) of that section, as so in effect, between January 1, 1999, and December 31, 2001; and

(B) is an employee in such position, or in another position described in paragraph (1) of that section, as so in effect, at the time of application for treatment as a covered individual under this subsection.

(3) The Secretary shall make determinations regarding the exercise of the authority in this subsection on a case-by-case basis.

(4) The Secretary may not exercise the authority in this subsection after June 30, 2002. The expiration of the authority in this subsection shall not affect the treatment of an individual under this subsection before that date as a covered individual for purposes of eligibility in the Education Debt Reduction Program.

(5) In this subsection, the term ''Education Debt Reduction Program'' means the Department of Veterans Affairs Education Debt Reduction Program under subchapter VII of chapter 76 of title 38, United States Code.

SEC. 103. REPORT ON REQUESTS FOR WAIVERS OF PAY REDUCTIONS FOR REEMPLOYED ANNUITANTS TO FILL NURSE POSITIONS.

(a) REPORT.—Not later than March 28 of each of 2002 and 2003, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and to the National Commission on VA Nursing established under subtitle D a report describing each request of the Secretary, during the fiscal year preceding such report, to the Director of the Office of Personnel Management for the following:

(1) A waiver under subsection (i)(1)(A) of section 8344 of title 5, United States Code, of the provisions of such section in order to meet requirements of the Department of Veterans Affairs for appointments to nurse positions in the Veterans Health Administration.

(2) A waiver under subsection (f)(1)(A) of section 8468 of title 5, United States Code, of the provisions of such section in order to meet requirements of the Department for appointments to such positions.

(3) A grant of authority under subsection (i)(1)(B) of section 8344 of title 5, United States Code, for the waiver of the provisions of such section in order to meet requirements of the Department for appointments to such positions.

(4) A grant of authority under subsection (f)(1)(B) of section 8468 of title 5, United States Code, for the waiver of the provisions of such section in order to meet requirements of the Department for appointments to such positions.

(b) INFORMATION ON RESPONSES TO REQUESTS.—The report under subsection (a) shall specify for each request covered by the report—

(1) the response of the Director to such request; and

(2) if such request was granted, whether or not the waiver or authority, as the case may be, assisted the Secretary in meeting requirements of the Department for appointments to nurse positions in the Veterans Health Administration.

Subtitle B—Retention Authorities

SEC. 121. ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY FOR ADDITIONAL HEALTH CARE PROFESSIONALS IN THE VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—Section 7454(b) is amended—

(1) by inserting ''(1)'' after ''(b)''; and

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

''(2) Health care professionals employed in positions referred to in paragraph (1) shall be entitled to additional pay on the same basis as provided for nurses in section 7453(c) of this title.''.

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

SEC. 122. UNUSED SICK LEAVE INCLUDED IN ANNUITY COMPUTATION OF REGISTERED NURSES WITHIN THE VETERANS HEALTH ADMINISTRATION.

(a) ANNUITY COMPUTATION.—Section 8415 of title 5, United States Code, is amended by adding at the end the following new subsection:

''(i) In computing an annuity under this subchapter, the total service of an employee who retires from the position of a registered nurse with the Veterans Health Administration on an immediate annuity, or dies while employed in that position leaving any survivor entitled to an annuity, includes the days of unused sick leave to the credit of that employee under a formal leave system, except that such days shall not be counted in determining average pay or annuity eligibility under this subchapter.''.

(b) DEPOSIT NOT REQUIRED.—Section 8422(d) of such title is amended—

(1) by inserting ''(1)'' before ''Under such regulations''; and

(2) by adding at the end the following:

''(2) Deposit may not be required for days of unused sick leave credited under section 8415(i).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect 60 days after the date of the enactment of this Act and shall apply to individuals who separate from service on or after that effective date.

SEC. 123. EVALUATION OF DEPARTMENT OF VETERANS AFFAIRS NURSE MANAGED CLINICS.

(a) EVALUATION.—The Secretary of Veterans Affairs shall carry out an evaluation of the efficacy of the nurse managed health care clinics of the Department of Veterans Affairs. The Secretary shall complete the evaluation not later than 18 months after the date of the enactment of this Act.

(b) CLINICS TO BE EVALUATED.—(1) In carrying out the evaluation under subsection (a), the Secretary shall consider nurse managed health care clinics, including primary care clinics and geriatric care clinics, located in three different geographic service areas of the Department.

(2) If there are not nurse managed health care clinics located in three different geographic service areas as of the commencement of the evaluation, the Secretary shall—

(A) establish nurse managed health care clinics in additional geographic service areas such that there are nurse managed health care clinics in three different geographic service areas for purposes of the evaluation; and

(B) include such clinics, as so established, in the evaluation.

(c) MATTERS TO BE EVALUATED.—In carrying out the evaluation under subsection (a), the Secretary shall address the following:

(1) Patient satisfaction.

(2) Provider experiences.

(3) Cost of care.

(4) Access to care, including waiting time for care.

(5) The functional status of patients receiving care.

(6) Any other matters the Secretary considers appropriate.

(d) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the evaluation carried out under subsection (a). The report shall address the matters specified in subsection (c) and include any other information, and any recommendations, that the Secretary considers appropriate. The Secretary shall provide a copy of the report to the National Commission on VA Nursing established under subtitle D.

SEC. 124. STAFFING LEVELS FOR OPERATIONS OF MEDICAL FACILITIES.

(a) IN GENERAL.—Section 8110(a) is amended—

(1) in paragraph (1), by inserting after ''complete care of patients,'' in the fifth sentence the following: ''and in a manner consistent with the policies of the Secretary on overtime,''; and

(2) in paragraph (2)—

(A) by inserting '', including the staffing required to maintain such capacities,'' after ''all Department medical facilities'';

(B) by striking ''and to minimize'' and inserting '', to minimize''; and

(C) by inserting before the period the following: '', and to ensure that eligible veterans are provided such care and services in an appropriate manner''.

(b) NATIONWIDE POLICY ON STAFFING.—Paragraph (3) of that section is amended—

(1) in subparagraph (A), by inserting ''the adequacy of staff levels for compliance with the policy established under subparagraph (C),'' after ''regarding''; and

(2) by inserting after subparagraph (B) the following new subparagraph:

''(C) The Secretary shall, in consultation with the Under Secretary for Health, establish a nationwide policy on the staffing of Department medical facilities in order to ensure that such facilities have adequate staff for the provision to veterans of appropriate, high-quality care and services. The policy shall take into account the staffing levels and mixture of staff skills required for the range of care and services provided veterans in Department facilities.''.

SEC. 125. ANNUAL REPORT ON USE OF AUTHORITIES TO ENHANCE RETENTION OF EXPERIENCED NURSES.

(a) ANNUAL REPORT.—(1) Subchapter II of chapter 73 is amended by adding at the end the following new section:

''§ 7324. Annual report on use of authorities to enhance retention of experienced nurses

''(a) ANNUAL REPORT.—Not later than January 31 each year, the Secretary, acting through the Under Secretary for Health, shall submit to Congress a report on the use during the preceding year of authorities for purposes of retaining experienced nurses in the Veterans Health Administration, as follows:

''(1) The authorities under chapter 76 of this title.

''(2) The authority under VA Directive 5102.1, relating to the Department of Veterans Affairs nurse qualification standard, dated November 10, 1999, or any successor directive.

''(3) Any other authorities available to the Secretary for those purposes.

''(b) REPORT ELEMENTS.—Each report under subsection (a) shall specify for the period covered by such report, for each Department medical facility and for each geographic service area of the Department, the following:

''(1) The number of waivers requested under the authority referred to in subsection (a)(2), and the number of waivers granted under that authority, to promote to the Nurse II grade or Nurse III grade under the Nurse Schedule under section 7404(b)(1) of this title any nurse who has not completed a baccalaureate degree in nursing in a recognized school of nursing, set forth by age, race, and years of experience of the individuals subject to such waiver requests and waivers, as the case may be.

''(2) The programs carried out to facilitate the use of nursing education programs by experienced nurses, including programs for flexible scheduling, scholarships, salary replacement pay, and on-site classes.''.

(2) The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7323 the following new item:

''7324. Annual report on use of authorities to enhance retention of experienced nurses.''.

(b) INITIAL REPORT.—The initial report required under section 7324 of title 38, United States Code, as added by subsection (a), shall be submitted to the National Commission on VA Nursing established under subtitle D as well as to Congress.

SEC. 126. REPORT ON MANDATORY OVERTIME FOR NURSES AND NURSING ASSISTANTS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and to the National Commission on VA Nursing established under subtitle D a report on the mandatory overtime required of licensed nurses and nursing assistants providing direct patient care at Department of Veterans Affairs medical facilities during 2001.

(b) MANDATORY OVERTIME.—For purposes of the report under subsection (a), mandatory overtime shall consist of any period in which a nurse or nursing assistant is mandated or otherwise required, whether directly or indirectly, to work or be in on-duty status in excess of—

(1) a scheduled workshift or duty period;

(2) 12 hours in any 24-hour period; or

(3) 80 hours in any period of 14 consecutive days.

(c) ELEMENTS.—The report under subsection (a) shall include the following:

(1) A description of the amount of mandatory overtime described in that subsection at each Department medical facility during the period covered by the report.

(2) A description of the mechanisms employed by the Secretary to monitor overtime of the nurses and nursing assistants referred to in that subsection.

(3) An assessment of the effects of the mandatory overtime of such nurses and nursing

assistants on patient care, including any reported association with medical errors.

(4) Recommendations regarding mechanisms for preventing mandatory overtime in other than emergency situations by such nurses and nursing assistants.

(5) Any other matters that the Secretary considers appropriate.

Subtitle C—Other Authorities

SEC. 131. ORGANIZATIONAL RESPONSIBILITY OF THE DIRECTOR OF THE NURSING SERVICE.

Section 7306(a)(5) is amended by inserting '', and report directly to,'' after ''responsible to''.

SEC. 132. COMPUTATION OF ANNUITY FOR PART-TIME SERVICE PERFORMED BY CERTAIN HEALTH-CARE PROFESSIONALS BEFORE APRIL 7, 1986.

Section 7426 is amended by adding at the end the following new subsection:

''(c) The provisions of subsection (b) shall not apply to the part-time service before April 7, 1986, of a registered nurse, physician assistant, or expanded-function dental auxiliary. In computing the annuity under the applicable provision of law specified in that subsection of an individual covered by the preceding sentence, the service described in that sentence shall be credited as full-time service.''.

SEC. 133. MODIFICATION OF NURSE LOCALITY PAY AUTHORITIES.

Section 7451 is amended—

(1) in subsection (d)(3)—

(A) in subparagraph (A), by striking ''beginning rates of'' each place it appears;

(B) in subparagraph (B), by striking ''beginning rates of'' the first place it appears; and

(C) in subparagraph (C)(i), by striking ''beginning rates of'' each place it appears;

(2) in subsection (d)(4)—

(A) by striking ''or at any other time that an adjustment in rates of pay is scheduled to take place under this subsection'' in the first sentence; and

(B) by striking the second sentence; and

(3) in subsection (e)(4)—

(A) in subparagraph (A), by striking ''grade in a'';

(B) in subparagraph (B)—

(i) by striking ''grade of a''; and

(ii) by striking ''that grade'' and inserting ''that position''; and

(C) in subparagraph (D), by striking ''grade of a''.

Subtitle D—National Commission on VA Nursing

SEC. 141. ESTABLISHMENT OF COMMISSION.

(a) ESTABLISHMENT.—There is hereby established in the Department of Veterans Affairs a commission to be known as the ''National Commission on VA Nursing'' (hereinafter in this subtitle referred to as the ''Commission'').

(b) COMPOSITION.—The Commission shall be composed of 12 members appointed by the Secretary of Veterans Affairs as follows:

(1) At least two shall be recognized representatives of employees (including nurses) of the Department of Veterans Affairs.

(2) At least one shall be a representative of professional associations of nurses of the Department or similar organizations affiliated with the Department's health care practitioners.

(3) At least one shall be a nurse from a nursing school affiliated with the Department of Veterans Affairs.

(4) At least two shall be representatives of veterans.

(5) At least one shall be an economist.

(6) The remainder shall be appointed in such manner as the Secretary considers appropriate.

(c) CHAIR OF COMMISSION.—The Secretary of Veterans Affairs shall designate one of the members of the Commission to chair the Commission.

(d) PERIOD OF APPOINTMENT; VACANCIES.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall be filled in the same manner as the original appointment.

(e) INITIAL ORGANIZATION REQUIREMENTS.—All appointments to the Commission shall be made not later than 60 days after the date of the enactment of this Act. The Commission shall convene its first meeting not later than 60 days after the date as of which all members of the Commission have been appointed.

SEC. 142. DUTIES OF COMMISSION.

(a) ASSESSMENT.—The Commission shall—

(1) consider legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel by the Department of Veterans Affairs; and

(2) assess the future of the nursing profession within the Department.

(b) RECOMMENDATIONS.—The Commission shall recommend legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel in the Department.

SEC. 143. REPORTS.

(a) COMMISSION REPORT.—The Commission shall, not later than two years after the date of its first meeting, submit to Congress and the Secretary of Veterans Affairs a report on the Commission's findings and recommendations.

(b) SECRETARY OF VETERANS AFFAIRS REPORT.—Not later than 60 days after the date of the Commission's report under subsection (a), the Secretary shall submit to Congress a report—

(1) providing the Secretary's views on the Commission's findings and recommendations; and

(2) explaining what actions, if any, the Secretary intends to take to implement the recommendations of the Commission and the Secretary's reasons for doing so.

SEC. 144. POWERS.

(a) HEARINGS.—The Commission or, at its direction, any panel or member of the Commission, may, for the purpose of carrying out the provisions of this subtitle, hold hearings and take testimony to the extent that the Commission or any member considers advisable.

(b) INFORMATION.—The Commission may secure directly from any Federal department or agency information that the Commission considers necessary to enable the Commission to carry out its responsibilities under this subtitle.

SEC. 145. PERSONNEL MATTERS.

(a) PAY OF MEMBERS.—Members of the Commission shall serve without pay by reason of their work on the Commission.

(b) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(c) STAFF.—(1) The Secretary may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, appoint a staff director and such additional personnel as may be necessary to enable the Commission to perform its duties.

(2) The Secretary may fix the pay of the staff director and other personnel appointed under paragraph (1) without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay fixed under this paragraph for the staff director may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title and the rate of pay for other personnel may not exceed the maximum rate payable for grade GS–15 of the General Schedule.

(d) DETAIL OF GOVERNMENT EMPLOYEES.—Upon request of the Secretary, the head of any Federal department or agency may detail, on a nonreimbursable basis, any personnel of that department or agency to the Commission to assist it in carrying out its duties.

SEC. 146. TERMINATION OF COMMISSION.

The Commission shall terminate 90 days after the date of the submission of its report under section 143(a).

TITLE II—OTHER MATTERS

SEC. 201. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO PROVIDE SERVICE DOGS FOR VETERANS WITH CERTAIN DISABILITIES.

(a) AUTHORITY.—Section 1714 is amended—

(1) in subsection (b)—

(A) by striking ''seeing-eye or'' the first place it appears;

(B) by striking ''who are entitled to disability compensation'' and inserting ''who are enrolled under section 1705 of this title'';

(C) by striking '', and may pay'' and all that follows through ''such seeing-eye or guide dogs''; and

(D) by striking ''handicap'' and inserting ''disability''; and

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

''(c) The Secretary may, in accordance with the priority specified in section 1705 of this title, provide—

''(1) service dogs trained for the aid of the hearing impaired to veterans who are hearing impaired and are enrolled under section 1705 of this title; and

''(2) service dogs trained for the aid of persons with spinal cord injury or dysfunction or other chronic impairment that substantially limits mobility to veterans with such injury, dysfunction, or impairment who are enrolled under section 1705 of this title.

''(d) In the case of a veteran provided a dog under subsection (b) or (c), the Secretary may pay travel and incidental expenses for that veteran under the terms and conditions set forth in section 111 of this title to and from the veteran's home for expenses incurred in becoming adjusted to the dog.''.

(b) CLERICAL AMENDMENTS.—(1) The heading for such section is amended to read as follows:

''§ 1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs''.

(2) The item relating to such section in the table of sections at the beginning of chapter 17 is amended to read as follows:

''1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs.''.

SEC. 202. MANAGEMENT OF HEALTH CARE FOR CERTAIN LOW-INCOME VETERANS.

(a) PRIORITY OF ENROLLMENT IN PATIENT ENROLLMENT SYSTEM.—Section 1705(a) is amended by striking paragraph (7) and inserting the following new paragraphs:

''(7) Veterans described in section 1710(a)(3) of this title who are eligible for treatment as a low-income family under section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)) for the area in which such veterans reside, regardless of whether such veterans are treated as single person families under paragraph (3)(A) of such section 3(b) or as families under paragraph (3)(B) of such section 3(b).

''(8) Veterans described in section 1710(a)(3) of this title who are not covered by paragraph (7).''.

(b) REDUCED COPAYMENTS FOR CARE.—Subsection (f) of section 1710 is amended—

(1) in paragraph (1), by inserting ''or (4)'' after ''paragraph (2)'';

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

(3) by inserting after paragraph (3) the following new paragraph (4):

''(4) In the case of a veteran covered by this subsection who is also described by section 1705(a)(7) of this title, the amount for which the veteran shall be liable to the United States for hospital care under this subsection shall be an amount equal to 20 percent of the total amount for which the veteran would otherwise be liable for such care under subparagraphs (2)(B) and (3)(A) but for this paragraph.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2002.

SEC. 203. MAINTENANCE OF CAPACITY FOR SPECIALIZED TREATMENT AND REHABILITATIVE NEEDS OF DISABLED VETERANS.

(a) MAINTENANCE OF CAPACITY ON A GEOGRAPHIC SERVICE AREA BASIS.—Section 1706(b) is amended—

(1) in paragraph (1)—

(A) in the first sentence, by inserting ''(and each geographic service area of the Veterans Health Administration)'' after ''ensure that the Department''; and

(B) in clause (B), by inserting ''(and each geographic service area of the Veterans Health Administration)'' after ''overall capacity of the Department'';

(2) by redesignating paragraphs (2) and (3) as paragraphs (5) and (6), respectively; and

(3) by inserting after paragraph (1) the following new paragraphs;

''(2) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

''(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

''(B) For opioid substitution programs, the number of patients treated annually and the amounts expended.

''(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

''(D) For substance-use disorder programs—

''(i) the number of beds (whether hospital, nursing home, or other designated beds) employed and the average bed occupancy of such beds;

''(ii) the percentage of unique patients admitted directly to outpatient care during the fiscal year who had two or more additional visits to specialized outpatient care within 30 days of their first visit, with a comparison from 1996 until the date of the report;

''(iii) the percentage of unique inpatients with substance-use disorder diagnoses treated during the fiscal year who had one or more specialized clinic visits within three days of their index discharge, with a comparison from 1996 until the date of the report;

''(iv) the percentage of unique outpatients seen in a facility or geographic service area during the fiscal year who had one or more specialized clinic visits, with a comparison from 1996 until the date of the report; and

''(v) the rate of recidivism of patients at each specialized clinic in each geographic service area of the Veterans Health Administration.

''(E) For mental health programs, the number and type of staff that are available at each facility to provide specialized mental health treatment, including satellite clinics, outpatient programs, and community-based outpatient clinics, with a comparison from 1996 to the date of the report.

''(F) The number of such clinics providing mental health care, the number and type of mental health staff at each such clinic, and the type of mental health programs at each such clinic.

''(G) The total amounts expended for mental health during the fiscal year.

''(3) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities shall be measured for veterans with spinal cord dysfunction, traumatic brain injury, blindness, or prosthetics and sensory aids as follows (with all such data to be provided by geographic service area and totaled nationally):

''(A) For spinal cord injury and dysfunction specialized centers and for blind rehabilitation specialized centers, the number of staffed beds and the number of full-time equivalent employees assigned to provide care at such centers.

''(B) For prosthetics and sensory aids, the annual amount expended.

''(C) For traumatic brain injury, the number of patients treated annually and the amounts expended.

''(4) In carrying out paragraph (1), the Secretary may not use patient outcome data as a substitute for, or the equivalent of, compliance with the requirement under that paragraph for maintenance of capacity.''.

(b) EXTENSION OF ANNUAL REPORT REQUIREMENT.—Paragraph (5) of such section, as so redesignated, is amended—

(1) by inserting ''(A)'' before ''Not later than'';

(2) by striking ''April 1, 1999, April 1, 2000, and April 1, 2001'' and inserting ''April 1 of each year through 2004'';

(3) by adding at the end of subparagraph (A), as designated by paragraph (1), the following new sentence: ''Each such report shall include information on recidivism rates associated with substance-use disorder treatment.''; and

(4) by adding at the end of such paragraph the following new subparagraphs:

''(B) In preparing each report under subparagraph (A), the Secretary shall use standardized data and data definitions.

''(C) Each report under subparagraph (A) shall be audited by the Inspector General of the Department, who shall submit to Congress a certification as to the accuracy of each such report.''.

SEC. 204. PROGRAM FOR PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS.

(a) REQUIREMENT FOR PROGRAM.—Subject to the provisions of this section, the Secretary of Veterans Affairs shall carry out a program to provide chiropractic care and services to veterans through Department of Veterans Affairs medical centers and clinics.

(b) ELIGIBLE VETERANS.—Veterans eligible to receive chiropractic care and services under the program are veterans who are enrolled in the system of patient enrollment under section 1705 of title 38, United States Code.

(c) LOCATION OF PROGRAM.—The program shall be carried out at sites designated by the Secretary for purposes of the program. The Secretary shall designate at least one site for such program in each geographic service area of the Veterans Health Administration. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas.

(d) CARE AND SERVICES AVAILABLE.—The chiropractic care and services available under the program shall include a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex.

(e) OTHER ADMINISTRATIVE MATTERS.—(1) The Secretary shall carry out the program through personal service contracts and by appointment of licensed chiropractors in Department medical centers and clinics.

(2) As part of the program, the Secretary shall provide training and materials relating to chiropractic care and services to Department health care providers assigned to primary care teams for the purpose of familiarizing such providers with the benefits of chiropractic care and services.

(f) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.

(g) CHIROPRACTIC ADVISORY COMMITTEE.—(1) The Secretary shall establish an advisory committee to provide direct assistance and advice to the Secretary in the development and implementation of the chiropractic health program.

(2) The membership of the advisory committee shall include members of the chiropractic care profession and such other members as the Secretary considers appropriate.

(3) Matters on which the advisory committee shall assist and advise the Secretary shall include the following:

(A) Protocols governing referral to chiropractors.

(B) Protocols governing direct access to chiropractic care.

(C) Protocols governing scope of practice of chiropractic practitioners.

(D) Definition of services to be provided.

(E) Such other matters the Secretary determines to be appropriate.

(4) The advisory committee shall cease to exist on December 31, 2004.

SEC. 205. FUNDS FOR FIELD OFFICES OF THE OFFICE OF RESEARCH COMPLIANCE AND ASSURANCE.

(a) IN GENERAL.—Section 7303 is amended by adding at the end the following new subsection:

''(e) Amounts for the activities of the field offices of the Office of Research Compliance and Assurance of the Department shall be derived from amounts appropriated for the Veterans Health Administration for Medical Care (rather than from amounts appropriated for the Veterans Health Administration for Medical and Prosthetic Research).''.

(b) APPLICABILITY TO FISCAL YEAR 2002.—In order to carry out subsection (e) of section 7303 of title 38, United States Code, as added by subsection (a), for fiscal year 2002, the Secretary of Veterans Affairs shall transfer such sums as necessary for that purpose from amounts appropriated for the Veterans Health Administration for Medical and Prosthetic Research for fiscal year 2002 to amounts appropriated for the Veterans Health Administration for Medical Care for that fiscal year.

SEC. 206. MAJOR MEDICAL FACILITY CONSTRUCTION.

(a) PROJECT AUTHORIZED.—The Secretary of Veterans Affairs may carry out a major medical facility project for the renovation from electrical fire of the Department of Veterans Affairs Medical Center, Miami, Florida, in an amount not to exceed $28,300,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the

Secretary of Veterans Affairs for the Construction, Major Projects Account, for fiscal year 2002, $28,300,000 for the project authorized by subsection (a).

(c) LIMITATION.—The project authorized by subsection (a) may only be carried out using—

(1) funds appropriated for fiscal year 2002 pursuant to the authorization of appropriations in subsection (b);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2002 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2002 for a category of activity not specific to a project.

SEC. 207. SENSE OF CONGRESS ON SPECIAL TELEPHONE SERVICES FOR VETERANS.

It is the sense of Congress that the Secretary of Veterans Affairs should conduct an assessment of all special telephone services for veterans (such as help lines and hotlines) that are provided by the Department of Veterans Affairs and that any such assessment, if conducted, should include assessment of the geographical coverage, availability, utilization, effectiveness, management, coordination, staffing, and cost of those services and should include a survey of veterans to measure their satisfaction with current special telephone services and the demand for additional services.

SEC. 208. RECODIFICATION OF BEREAVEMENT COUNSELING AUTHORITY AND CERTAIN OTHER HEALTH-RELATED AUTHORITIES.

(a) STATUTORY REORGANIZATION.—Subchapter I of chapter 17 is amended—

(1) in section 1701(6)—

(A) by striking subparagraph (B) and the sentence following that subparagraph;

(B) by striking ''services—'' in the matter preceding subparagraph (A) and inserting ''services, the following:''; and

(C) by striking subparagraph (A) and inserting the following:

''(A) Surgical services.

''(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

''(C) Optometric and podiatric services.

''(D) Preventive health services.

''(E) In the case of a person otherwise receiving care or services under this chapter—

''(i) wheelchairs, artificial limbs, trusses, and similar appliances;

''(ii) special clothing made necessary by the wearing of prosthetic appliances; and

''(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

''(F) Travel and incidental expenses pursuant to section 111 of this title.''; and

(2) in section 1707—

(A) by inserting ''(a)'' at the beginning of the text of the section; and

(B) by adding at the end the following:

''(b) The Secretary may furnish sensorineural aids only in accordance with guidelines prescribed by the Secretary.''.

(b) CONSOLIDATION OF PROVISIONS RELATING TO PERSONS OTHER THAN VETERANS.—Such chapter is further amended by adding at the end the following new subchapter:

''SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

''§ 1782. Counseling, training, and mental health services for immediate family members

''(a) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is receiving treatment for a service-connected disability pursuant to paragraph (1) or (2) of section 1710(a) of this title, the Secretary shall provide to individuals described in subsection (c) such consultation, professional counseling, training, and mental health services as are necessary in connection with that treatment.

''(b) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING NON-SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is eligible to receive treatment for a non-service-connected disability under the conditions described in paragraph (1), (2), or (3) of section 1710(a) of this title, the Secretary may, in the discretion of the Secretary, provide to individuals described in subsection (c) such consultation, professional counseling, training, and mental health services as are necessary in connection with that treatment if—

''(1) those services were initiated during the veteran's hospitalization; and

''(2) the continued provision of those services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

''(c) ELIGIBLE INDIVIDUALS.—Individuals who may be provided services under this subsection are—

''(1) the members of the immediate family or the legal guardian of a veteran; or

''(2) the individual in whose household such veteran certifies an intention to live.

''(d) TRAVEL AND TRANSPORTATION AUTHORIZED.—Services provided under subsections (a) and (b) may include, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of individuals described in subsection (c) in the case of any of the following:

''(1) A veteran who is receiving care for a service-connected disability.

''(2) A dependent or survivor receiving care under the last sentence of section 1783(b) of this title.

''§ 1783. Bereavement counseling

''(a) DEATHS OF VETERANS.—In the case of an individual who was a recipient of services under section 1782 of this title at the time of the death of the veteran, the Secretary may provide bereavement counseling to that individual in the case of a death—

''(1) that was unexpected; or

''(2) that occurred while the veteran was participating in a hospice program (or a similar program) conducted by the Secretary.

''(b) DEATHS IN ACTIVE SERVICE.—The Secretary may provide bereavement counseling to an individual who is a member of the immediate family of a member of the Armed Forces who dies in the active military, naval, or air service in the line of duty and under circumstances not due to the person's own misconduct.

''(c) BEREAVEMENT COUNSELING DEFINED.—For purposes of this section, the term 'bereavement counseling' means such counseling services, for a limited period, as the Secretary determines to be reasonable and necessary to assist an individual with the emotional and psychological stress accompanying the death of another individual.

''§ 1784. Humanitarian care

''The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary.''.

(c) TRANSFER OF CHAMPVA SECTION.—Section 1713 is—

(1) transferred to subchapter VIII of chapter 17 of title 38, United States Code, as added by subsection (b), and inserted after the subchapter heading;

(2) redesignated as section 1781; and

(3) amended by adding at the end of subsection (b) the following new sentence: ''A dependent or survivor receiving care under the preceding sentence shall be eligible for the same medical services as a veteran, including services under sections 1782 and 1783 of this title.''.

(d) REPEAL OF RECODIFIED AUTHORITY.—Section 1711 is amended by striking subsection (b).

(e) CROSS REFERENCE AMENDMENTS.—Title 38, United States Code, is further amended as follows:

(1) Section 103(d)(5)(B) is amended by striking ''1713'' and inserting ''1781''.

(2) Sections 1701(5) is amended by striking ''1713(b)'' in subparagraphs (B) and (C)(i) and inserting ''1781(b)''.

(3) Section 1712A(b) is amended—

(A) in the last sentence of paragraph (1), by striking ''section 1711(b)'' and inserting ''section 1784''; and

(A) in paragraph (2), by striking ''section 1701(6)(B)'' and inserting ''sections 1782 and 1783''.

(4) Section 1729(f) is amended by striking ''section 1711(b)'' and inserting ''section 1784''.

(5) Section 1729A(b) is amended—

(A) by redesignating paragraph (7) as paragraph (8); and

(B) by inserting after paragraph (6) the following new paragraph (7):

''(7) Section 1784 of this title.''.

(6) Section 8111(g) is amended—

(A) in paragraph (4), by inserting ''services under sections 1782 and 1783 of this title'' after ''of this title,''; and

(B) in paragraph (5), by striking ''section 1711(b) or 1713'' and inserting ''section 1782, 1783, or 1784''.

(7) Section 8111A(a)(2) is amended by inserting '', and the term 'medical services' includes services under sections 1782 and 1783 of this title'' before the period at the end.

(8) Section 8152(1) is amended by inserting ''services under sections 1782 and 1783 of this title,'' after ''of this title),''.

(9) Sections 8502(b), 8520(a), and 8521 are amended by striking ''the last sentence of section 1713(b)'' and inserting ''the penultimate sentence of section 1781(b)''.

(f) CLERICAL AMENDMENTS.—

(1) The table of sections at the beginning of such chapter is amended—

(A) by striking the item relating to section 1707 and inserting the following:

''1707. Limitations.'';

(B) by striking the item relating to section 1713; and

(C) by adding at the end the following:

''SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

''1781. Medical care for survivors and dependents of certain veterans.

''1782. Counseling, training, and mental health services for immediate family members.

''1783. Bereavement counseling.

''1784. Humanitarian care.''.

(2) The heading for section 1707 is amended to read as follows:

''§ 1707. Limitations''.

SEC. 209. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.

(a) HEALTH CARE COPAYMENTS.—Section 1710(f)(2)(B) is amended by striking ''September 30, 2002'' and inserting ''September 30, 2007''.

(b) MEDICAL CARE COST RECOVERY.—Section 1729(a)(2)(E) is amended by striking ''October 1, 2002'' and inserting ''October 1, 2007''.

SEC. 210. PERSONAL EMERGENCY RESPONSE SYSTEM FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES.

(a) EVALUATION AND STUDY.—The Secretary of Veterans Affairs shall carry out an evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-

connected disabilities. The evaluation and study shall be commenced not later than 60 days after the date of the enactment of this Act.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the evaluation and study under subsection (a). The Secretary shall include in the report the Secretary's findings resulting from the evaluation and study and the Secretary's conclusion as to whether the Department of Veterans Affairs should provide a personal emergency response system to veterans with service-connected disabilities.

(c) AUTHORITY TO PROVIDE SYSTEM.—If the Secretary concludes in the report under subsection (b) that a personal emergency response system should be provided by the Department of Veterans Affairs to veterans with service-connected disabilities—

(1) the Secretary may provide such a system, without charge, to any veteran with a service-connected disability who is enrolled under section 1705 of title 38, United States Code, and who submits an application for such a system under subsection (d); and

(2) the Secretary may contract with one or more vendors to furnish such a system.

(d) APPLICATION.—A personal emergency response system may be provided to a veteran under subsection (c)(1) only upon the submission by the veteran of an application for the system. Any such application shall be in such form and manner as the Secretary may require.

(e) DEFINITION.—For purposes of this section, the term ''personal emergency response system'' means a device—

(1) that can be activated by an individual who is experiencing a medical emergency to notify appropriate emergency medical personnel that the individual is experiencing a medical emergency; and

(2) that provides the individual's location through a Global Positioning System indicator.

SEC. 211. ONE-YEAR EXTENSION OF ELIGIBILITY FOR HEALTH CARE OF VETERANS WHO SERVED IN SOUTHWEST ASIA DURING THE PERSIAN GULF WAR.

Section 1710(e)(3)(B) is amended by striking ''December 31, 2001'' and inserting ''December 31, 2002''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. Evans) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 3447, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001. Although this bill was only recently introduced, it is the product of many months of work by both bodies. It is derived from the following bills: H.R. 2792 which passed the House on October 23; S. 1160; S. 1188; and S. 1221. The bill would accomplish improvements in health care and related services for our Nation's veterans.

The distinguished chairman of the Subcommittee on Health the gentleman from Kansas (Mr. MORAN) deserves special recognition for his original authorship of major components of this bill. I salute his leadership in formulating it for final House consideration in the first session of the 107th Congress. I also appreciate the hard work of our colleagues on the Senate Committee on Veterans' Affairs who have contributed major portions of this legislation as well.

Mr. Speaker, this bill would enhance nurse recruitment and staffing in the Department of Veterans Affairs health care system and improve VA health care for veterans. The bill would also authorize significant new veterans health care benefits, including VA chiropractic care for disabled veterans on a nationwide basis. This legislation would provide greater accountability in the conduct of VA health care programs and would give substantial relief from copayments now required of poor veterans in urban areas.

Mr. Speaker, all of these changes are good for veterans and they are good for the Nation. I anticipate that, after House passage, this bill will be taken up immediately by the Senate and passed without further amendment. It represents an agreement between the two Committees on Veterans' Affairs on these matters; and while it is a compromise on several House-authored provisions, we recommend it as sound, progressive policy.

Mr. Speaker, I want to thank our full committee ranking member the gentleman from Illinois (Mr. EVANS) for his close cooperation on this bipartisan bill. He is a valued partner as we work together to keep our great country's commitments to those men and women who have defended our precious freedoms. The gentleman from California (Mr. FILNER), the ranking member of our Subcommittee on Health, has also worked hard on this bill, in particular for the new chiropractic care services for our veterans. I thank him for his contributions as well.

The leadership on both sides of the aisle have facilitated the clearance for consideration of this bill, which the committee also deeply appreciates. I want to especially thank the majority leader, the gentleman from Texas (Mr. ARMEY), for facilitating that as well. We were able to work through this process in remarkably short order because our House leadership continues to make veterans issues a priority.

Mr. Speaker, I urge all of my colleagues to support this measure. It has broad backing and sends the right message: Congress will be attentive to the people's business and stand by those courageous men and women who have answered the call to arms.

Mr. Speaker, I reserve the balance of my time.

Mr. EVANS. Mr. Speaker, I yield myself such time as I may consume.

(Mr. EVANS asked and was given permission to revise and extend his remarks, and include extraneous material.)

Mr. EVANS. Mr. Speaker, I rise in support of this legislation. I want to thank the chairman again, the gentleman from New Jersey, who has been a long and undeterred advocate for this legislation. I want to thank the gentleman from Kansas (Mr. MORAN) and the gentleman from California (Mr. FILNER), the chairman and ranking member of the Subcommittee on Health, for their continuing work on the complex issues in this bill. I want to particularly recognize the abiding interest of the gentlewoman from California (Mrs. CAPPS) in ensuring better access to health care services for our veterans. At her urging, we have included a comprehensive study of telephone services available through the Department.

I also want to express my appreciation to members of the committee staff on both sides of the aisle for their persistence in reaching a good compromise on this bill.

For many years, I have strongly advocated the provision of chiropractic care as an alternative source of health care for veterans. Medicare, most State Medicaid programs, and the Department of Defense have developed means of reimbursing or even, in the latter case, hiring chiropractors to meet their beneficiaries' needs. VA, unfortunately, has been slower to adopt chiropractic care. As a result, the legislation requires VA to have a permanent, national chiropractic program; and I trust VA will now ensure that veterans are better able to access these important services.

The chairman mentioned the nurses that are the backbone of any health care system. We also listed them. I want to thank the gentleman from New Mexico (Mr. UDALL) for introducing H.R. 3017, which contains many of the nurse recruitment and retention provisions that have been included in this bill.

This bill recognizes that income alone is not a fair measure of a veteran's standard of living because of geographic cost-of-living differences, which can be significant. Veterans in the Chicago area, for example, may not be able to stretch their dollars as far as veterans in lower-cost areas. I am pleased that, in recognition of these differing costs of living, this bill will reduce the burden of acute hospital inpatient copayments for some veterans.

In a report I requested from the GAO last year, they said that VA could not confirm that these important but expensive programs for veterans with longer term service-connected conditions were not being eroded under fiscal pressure to treat more veterans at a lower cost per patient. I am pleased that this bill also provides a strong reporting requirement for specialized programs for disabled veterans.

Following the trend to place care in community and outpatient settings, the committee has been greatly concerned with the availability of VA health care services for seriously mentally ill veterans. Veterans' advocates, advocates of mentally ill people and even internal working groups have continually validated these concerns. The

legislation will allow the Congress to monitor these important programs and intervene if measures indicate that would be necessary.

Mr. Speaker, I am proud to support this legislation. I believe in the long run we will be able to ensure an improved health care system for our Nation's veterans.

This important measure provides a number of changes in current law that will allow VA to remain competitive in recruiting and retaining its nurse workforce. Critically, this measure retains and strengthens reporting requirements on the specialized programs for veterans with disabilities, many of which VA has perfected since the days following World War II. It will provide some relief in meeting VA copayment requirements for acute hospital inpatient care to veterans with marginal incomes. It will also address a significant deficit in the VA's care continuum by developing a permanent program for chiropractic care within the Department of Veterans Affairs.

I believe this bill moves VA in the right direction to meet new and evolving challenges and I am proud to have participated in its development. I want to thank my Committee Chairman, the gentleman from New Jersey, CHRIS SMITH, who has been a strong and undeterred advocate of this legislation. I want to thank JERRY MORAN and BOB FILNER, the Chairman and Ranking Member of the Health Subcommittee, for continuing to work on the complex range of issues this bill addresses. I also want to thank Congresswoman LOIS CAPPS for her abiding interest in ensuring better access to health care services for veterans. At her urging, we have included a comprehensive study of telephone services available through the Department. I also want to express my appreciation to members of the Committee staff from both sides of the aisle for their persistence in reaching a good compromise on this bill.

For many years, I have strongly advocated the provision of chiropractic as an alternative source of health care for veterans. Chiropractors are capable of promoting wellness and preventing illness without relying upon pharmaceutical drugs or surgical interventions. For the millions of Americans who choose to use chiropractors—often paying for their services ''out-of-pocket''—the benefits of chiropractic care are clear. Gradually, the federal government has recognized the importance of the care chiropractors provide in the health care continuum—Medicare, most state Medicaid programs, and the Department of Defense have developed means or reimbursing or even, in the latter case, hiring chiropractors to meet their beneficiaries' needs. Many private insurers also reimburse care from chiropractors.

VA has been much slower to adopt chiropractic. Under the Veterans Millennium Health Care and Benefits Act, VA was directed to develop a policy on chiropractic care. Unfortunately, it appeared that the VA circled the wagons and resorted to practices that have actually reduced veterans' use of chiropractic in the last year. I called on VA and representatives of chiropractic providers to discuss opportunities for VA to develop a policy on chiropractic care as the Millennium Act had directed it to do. After several interactions with chiropractor representatives this summer, VA ultimately told me that if I and the other Members that participated in this dialogue wanted VA to increase or enhance its use of chiropractors in VA, we would have to mandate VA to do it. We have now developed an approach that requires VA to have a permanent, national chiropractic program, and I trust VA will now ensure that veterans are better able to access these important services.

This bill adjusts copayments for veterans with marginal incomes. In so doing, it recognizes that income alone is not a fair measure of a veteran's standard of living because of the often significant differences in geographic costs-of-living. Veterans in the Chicago area, for example, may not be able to stretch their dollars as far as veterans in lower cost areas. I am pleased that, in recognition of these differing ''costs of living'', this bill will reduce the burden of acute hospital inpatient copayments for some veterans.

The Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 will allow VA to remain a competitive employer during the current scarcity of nurses in the labor market. I want to thank my friend TOM UDALL for introducing H.R. 3017, which contains many of the nurse recruitment and retention provisions that have been included in this bill.

Nurses are the backbone of any health care system and their role is no less critical within VA. Yet, it is easy to see why this profession is once again facing a crisis in developing and maintaining its workforce. My mother was a nurse so I well understand the demands and pressures of this vocation—hours are long and often unpredictable. The work takes a psychic and physical toll. In recent years, nurses complain of having more of their time devoted to administrative activities than to working with their patients—often the most satisfying part of their job. H.R. 3447 will help address some of the reasons this profession is facing its current challenges by having experts offer solutions to some of the issues that confront the profession, by providing more flexible educational tools as incentives for its current and future workforce, and by ensuring that the Department is reviewing safe staffing patterns and practices to support its dedicated workforce.

I am pleased that this bill also provides a strong reporting requirement for specialized programs for disabled veterans. Some of these programs were developed in direct response to the needs of veterans returning from war with combat-incurred disabilities, such as spinal cord injuries, blindness, or post-traumatic stress disorder, and have become unique chronic care programs in a health care world that generally seems to prefer dealing with acute illnesses. In a report I requested from the General Accounting Office last year, GAO said that VA could not assure that these important, but expensive, programs for veterans with longer-term service-connected conditions were not being eroded under fiscal pressure to treat more veterans at a lower cost per patient.

Following a new trend to place care in community and outpatient settings, this Committee has also been greatly concerned with the availability of VA services for seriously mentally ill veterans—veterans' advocates, advocates of mentally ill people and even internal working groups have continually validated these concerns. This legislation will allow Congress to monitor these important programs and intervene if measures indicate that would be necessary.

Mr. Speaker, I am proud to support this legislation. I believe that in so doing we will ensure an improved health care system for our nation's veterans.

SUMMARY—H.R. 3447—DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROGRAMS ENHANCEMENT ACT OF 2001

H.R. 3447 would:

1. Enhance eligibility and benefits for the Employee Incentive Scholarship and Education Debt Reduction Programs by enabling VA nurses to pursue advanced degrees while continuing to care for veterans, in order to improve recruitment and retention of nurses within the VA health care system.

2. Mandate that VA provide Saturday premium pay to title 5/title 38 hybrid employees. Such hybrid-authority employees include licensed vocational nurses, pharmacists, certified or registered respiratory therapists, physical therapists, and occupational therapists.

3. Require VA to develop a nationwide policy on staffing standards to ensure that veterans are provided with safe and high quality care, taking into consideration the numbers and skill mix required of staff in specific health care settings. Require a report on the use of mandatory overtime by licensed nursing staff and nursing assistants in each VA health care facility; include in report a description of the amount of mandatory overtime used by facilities.

4. Change reporting responsibility of the Director of the Nursing Service to report to the Under Secretary for Health.

5. Recompute annuities for part-time service performed by certain health care professionals before April 7, 1986.

6. Establish a 12-member National Commission on VA Nursing that would assess legislative and organizational policy changes to enhance the recruitment and retention of nurses by the Department and the future of the nursing profession within the Department, and recommend legislative and organizational policy changes to enhance the recruitment and retention of nursing personnel in the Department.

7. Authorize service dogs to be provided by VA to a veteran suffering from spinal cord injuries or dysfunction, other diseases causing physical immobility, hearing loss or other types of disabilities susceptible to improvement or enhanced functioning in activities of daily living through employment of a service dog.

8. Modify VA's system of determining non-service-connected veterans' ''ability to pay'' for VA health care services by introducing (as an upper income bound contrasted with current income limits) the ''Low Income Housing Limits'' employed by the Department of Housing and Urban Development (HUD), used by HUD to determine family income thresholds for housing assistance. This index is adjusted for all Standard Metropolitan Statistical Areas (SMSAs), and is updated periodically by HUD to reflect economic changes within the SMSAs. Would retain current-law means test national income threshold, but reduce co-payments by 80 percent for near-poor veterans who require acute VA hospital inpatient care.

9. Strengthen the mandate for VA to maintain capacity in specialized medical programs for veterans by requiring VA and each of its Veterans Integrated Service Networks to maintain the national capacity in certain specialized health care programs for veterans (those with serious mental illness, including substance use disorders, and spinal cord, brain injured and blinded veterans; veterans who need prosthetics and sensory aids); and extend capacity reporting requirement for 3 years.

10. Establish a program of chiropractic services in each Veterans Integrated Service

Network and require VA to provide training and educational materials on chiropractic services to VA health care providers. Authorize VA to employ chiropractors as federal employees and obtain chiropractic services through contracts; create a VA advisory committee on chiropractic health care.

11. Require the Office of Research Compliance and Assurance, which conducts oversight and compliance reviews of VA research and development, be funded by the Medical Care appropriation, rather than the Medical and Prosthetic Research appropriation.

12. Authorize $28,300,000 for major medical facility construction project at the Miami, Florida VA Medical Center.

13. Require Secretary of Veterans Affairs to assess all special telephone services made available to veterans, such as ''help lines'' and ''hotlines.'' Assessment would include geographical coverage, availability, utilization, effectiveness, management, coordination, staffing, cost, and a survey of veterans to measure effectiveness of these telephone services and future needs. A report to Congress would be required within 1 year of enactment.

14. Extend expiring authorities for VA to collect proceeds from veterans' health insurance policies for care provided for non-service connected care.

15. Provide authority for the Secretary to study, and then if determined feasible, obtain personal emergency-notification and response systems for service-disabled veterans.

16. Extend VA's authority to provide health care for those who served in the Persian Gulf until December 31, 2002.

Mr. FILNER. Mr. Speaker, I rise in support of the ''Department of Veterans Affairs Health Care Programs Enhancement Act of 2001''. I want to thank Chairman CHRISTOPHER SMITH, Ranking Member LANE EVANS and Chairman JERRY MORAN of the Health Subcommittee for addressing some of the concerns I raised about earlier versions of the bill. We now have a bill to which I am pleased to lend my support.

Mr. Speaker, as a long-time advocate of chiropractic and a user of its services, I am, perhaps, most gratified that we have agreed to a comprehensive proposal to create a permanent chiropractic program within the Department of Veterans Affairs. This legislation will require VA to establish a national chiropractic program that will make chiropractic services available in each geographic service area. VA has rebuffed Congress and the chiropractic profession time and time again in an attempt to bring better access to chiropractic services under the VA's umbrella. We asked VA to develop a policy under the Veterans Millennium Health Care and Benefits Act, but leaving the policy development in VA's hands, veterans' access to chiropractic services has worsened. We simply cannot allow VA to keep barring the door to chiropractic care.

Today is a fresh start for chiropractic care in VA. While I prefer the chiropractic care version this House approved in H.R. 2792, as amended, the provision in the bill before us today ensures that chiropractic care will be available in every VA network. To ensure that this program's implementation is smooth, the conference agreement establishes a chiropractic advisory committee that will provide VA the expertise and advocacy needed to address the issues involved in hiring chiropractors and ensuring that chiropractors are able to participate in its workforce using their skills and training to their fullest potential. I believe that this bill offers the fundamentals from which VA can begin to develop a sound chiropractic program. Eventually, I believe it will be necessary for VA to establish a director of chiropractic service and for Congress to specify, in law, an established number of sites for chiropractic care. Still, for the first time, this law will ensure that veterans have a real opportunity to access this important part of the health care continuum.

In our Subcommittee hearing this Fall, we heard from many of the veterans' service organizations and animal trainers on the invaluable assistance provided by service dogs to severely disabled people. I am pleased that this bill retains this provision.

We have strengthened the requirements for VA to report to Congress on programs that serve some of our most vulnerable veterans. We have focused these reporting requirements on VA's mental health programs. I believe this will give Congress a much clearer idea about what types of valuable specialized services are eroding. I am also pleased that these reports will make geographic service areas accountable for maintaining programs under their authority. For too long, we have heard VA's central office indicate that they are helpless over controlling the activities of their field managers. Making the networks accountable for the maintenance of specialized programs to serve disabled veterans puts the responsibility where the authority lies.

Mr. Speaker, I believe thousands of veterans will benefit from a provision in this bill, strongly advocated by Chairman SMITH, that adjusts VA copayments for acute hospital inpatient care to the cost-of-living veterans experience in different areas of the country. Salaries, food, and housing costs vary greatly across this Nation. This legislation permits VA to use a widely employed index of geographic variances in cost of living—one already used by the Department of Housing and Urban Development to assess a family's ability to afford housing—to gauge veterans' ability to pay for health care services. This legislation ensures that veterans, who are eligible for low-income housing in a given geographic location, but who are not considered medically indigent under the national Department of Veterans Affairs means-test, are given a break on the acute inpatient hospital copayments they would otherwise have to make.

I want to extend a special thanks to Congresswoman LOIS CAPPS for introducing H.R. 1435. This bill raised the Committee's awareness of the need for a round-the-clock telephone crisis and referral service. We intend to have the VA investigate its current resources and recommend a strategy for enhancing its current capabilities.

This measure contains a charter for a new Commission on VA Nursing. As we know, the nursing profession, inside and outside of VA has changed and VA must be prepared to be an ''employer of choice'' in the future. This Commission can give expert advise on where VA must position itself now and in the future to attract the best nurses available to treat our veterans. In addition, it contains provisions from S. 1188, and its companion introduced in the House by TOM UDALL, H.R. 3017. These provisions will provide additional opportunities for VA to recruit and retain nurses—an invaluable component of its health care staff.

The Health Care Programs Enhancement Act is a strong measure and I urge my colleagues to support the bill.

Mr. EVANS. Mr. Speaker, I yield back the balance of my time.

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Mr. SMITH of New Jersey. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 3447.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3447.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

SUPPORT H.R. 3443, FAIRNESS TO ALL VIETNAM VETERANS ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. HORN) is recognized for 5 minutes.

Mr. HORN. Mr. Speaker, I rise to introduce the Fairness to All Vietnam Veterans Act, H.R. 3443. This legislation directs the Secretary of Defense to report to Congress an appropriate way to recognize and honor Vietnam veterans who died in service of our Nation, but whose names are not listed on the Vietnam Veterans Memorial Wall.

Constituents began contacting my District Office regarding 74 members who died on the destroyer USS *Frank E. Evans* who are not listed on the Vietnam Veterans Memorial Wall. The names of these 74 brave Americans, and many others who have lost their lives serving the United States during the Vietnam conflict, deserve proper recognition. Some have been excluded due to technicalities. We should honor all the men and women of the Vietnam conflict who gave their lives serving our country.

The destroyer *Evans* was first launched near the end of the Second World War and was recommissioned for Korea and again for Vietnam. The *Evans* sailed from the Port of Long