

applicant's noncompliance is due to circumstances beyond his or her control or it is in the best interest of the United States.

Mr. Speaker, I should point out that an obligation to repay the Secretary under this section is a debt owed the United States. Thus, a discharge in bankruptcy does not discharge a person from a debt under this legislation if the discharge order is entered less than 5 years after the date of the termination of the agreement or contract.

Mr. Speaker, every morning when I arrive at my office, I am reminded of how fortunate I am to live in a Nation as great as the United States. Outside of my office there is a poster-board with the names and faces of those heroes from Houston, Texas, who have lost their lives wearing the uniform of our country. We live in a Nation where so many brave young men and women volunteer to the ultimate sacrifice so that their countrymen can enjoy the blessings of liberty. Now is the time to let our heroes know they have not been, and will never be, forgotten. They deserve honor, they deserve dignity, and they deserve the best care. After all, this is the least we can do for those who have done so much for all of us.

In closing, Mr. Speaker, let me also thank the Staff of the Veterans Affairs Committee and the Subcommittee on Economic Opportunity for their hard work. I also wish to pay special tribute to several members of my staff without whose valuable contributions this significant legislative achievement would not have been possible: Maggie Mitchell, Shelle Gordon, Mona Floyd, Yohannes Tsehai, and Gregory Berry.

Mr. Speaker, nothing brings greater honor to this body and the persons we are proud to represent than keeping faith with the men and women who have worn the uniform in service to our country. H.R. 1315 keeps and extends our commitment to those who have risked their lives to defend our country. I urge all members to support this legislation.

Mr. BOOZMAN. Mr. Speaker, if the gentleman has no further speakers, in closing, I can't tell you how privileged I am in serving on the Economic Opportunity Subcommittee. We are charged with putting veterans to work and providing educational benefits. As the son of an old master sergeant in the Air Force who did 20 years and retired, I understand the importance of this.

This bill is an excellent bill. I want to thank the chairman for his hard work and also thank the ranking member, Mr. BUYER, for his hard work. I thank Chairwoman HERSETH SANDLIN, and again our staffs who do so much work.

This bill is an excellent product of bipartisan work on behalf of veterans, and I urge all of my colleagues to support the legislation.

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

Mr. FILNER. Mr. Speaker, I need to yield 1 further minute to the gentlewoman from Texas (Ms. JACKSON-LEE) for some thank-you words.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I want to add the staff director of the full committee to the list of appreciation I would like to offer, along with Maggie Mitchell, Shelle

Gordon, Mona Floyd, Yohannes Tsehai, Greg Berry, and all of the Veterans' Affairs Committee.

Also, let me acknowledge, I think there was a deletion of section 5, and I want to correct that for the record.

Mr. FILNER. Mr. Speaker, I just wanted to conclude by referring to the section that the gentlewoman from Texas (Ms. JACKSON-LEE) referred to.

Unfortunately, because of scoring rules, we had to remove at the last minute a section that would have given protection from foreclosure, extend the protection from foreclosure on homes from 3 months to 6 months for those who are fighting abroad, whether in the active duty or in the Guard and Reserve units.

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It's a very important section, very important protection I think that we have to extend to our men and women in active duty. We will take that up at a later time and try to make sure that that protection is granted.

Mr. WALZ of Minnesota. Mr. Speaker, I rise today in support of H.R. 1315. I applaud my colleague, Congresswoman HERSETH SANDLIN, for her tireless work as Chair of the Economic Opportunity Subcommittee of the Veterans' Affairs Committee. She has put together an impressive package of benefits in this bill and as a veteran myself, I have to say I am incredibly proud to serve with the Congresswoman and am grateful for her unwavering support of veterans.

I am also proud that this bill includes the language from H.R. 1632, the Improving Veterans' Reemployment Act. Congressman DAVE REICHERT and I introduced this legislation to enact a small, technical fix that will improve the way the Federal Government deals with National Guard and Reserve reemployment complaints.

This legislation acts on the GAO's recommendations by requiring the federal agencies and departments that are involved with veterans' reemployment complaints to fully share their data. The bill also mandates that Congress receive all of this data in an aggregate report. This legislation offers a simple fix to a problem that has a negative effect on thousands of veterans returning home to their civilian jobs.

As a retired Command Sergeant Major in the Army National Guard, I have an intimate understanding of the veterans' reemployment issue. I deployed in support of Operation Enduring Freedom from 2003 to 2004 and was fortunate to have my job as a high school teacher waiting for me when I returned home. Unfortunately, the process was not as simple for every member of my unit and I have heard plenty of horror stories from both Guard members and Reservists who came home to a radically different job situation. Local businesses back home in Minnesota have done a tremendous job supporting the Guard and Reserves and bearing the financial burden of long deployments, but service members can still face problems when they return. Our bill goes a long way to improving the way the Federal Government deals with reemployment problems.

I urge my colleagues to support our legislation and the larger bill, H.R. 1315. Aside from

the provisions of the legislation Congressman REICHERT and I authored, the Improving Veterans' Reemployment Act, H.R. 1315 includes many important provisions that improve benefits for veterans nationwide.

Mr. FILNER. Mr. Speaker, I urge support of H.R. 1315, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1315, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A Bill to amend title 38, United States Code, to make certain improvements in the benefits provided to veterans under laws administered by the Secretary of Veterans Affairs, and for other purposes."

A motion to reconsider was laid on the table.

VETERANS' HEALTH CARE IMPROVEMENT ACT OF 2007

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2874) to amend title 38, United States Code, to make certain improvements in the provision of health care to veterans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2874

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 "Veterans' Health Care Improvement Act of 2007".

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

Sec. 1. Short title; table of contents.

Sec. 2. Grants for support of therapeutic readjustment programs for veterans.

Sec. 3. Transportation grants for rural veterans service organizations.

Sec. 4. Permanent treatment authority for participants in Department of Defense chemical and biological testing conducted by Deseret Test Center (including Project Shipboard Hazard and Defense).

Sec. 5. Extension of expiring collections authorities.

Sec. 6. Readjustment and mental health services for Operation Enduring Freedom and Operation Iraqi Freedom Veterans.

Sec. 7. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions.

Sec. 8. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans.

Sec. 9. Financial assistance for supportive services for very low-income veteran families in permanent housing.

Sec. 10. Expansion of eligibility for dental care.

Sec. 11. Technical amendments.

SEC. 2. GRANTS FOR SUPPORT OF THERAPEUTIC READJUSTMENT PROGRAMS FOR VETERANS.

(a) GRANT PROGRAM.—Subchapter II of chapter 5 of title 38, United States Code, is amended by inserting after section 521 the following new section:

“§ 521A. Assistance to therapeutic readjustment programs

“(a) GRANT PROGRAM.—The Secretary of Veterans Affairs may make grants to qualified entities described in subsection (b) to conduct workshop programs that have been shown to assist in the therapeutic readjustment and rehabilitation of participants to assist in the therapeutic readjustment of covered veterans.

“(b) QUALIFIED ENTITIES.—In order to qualify for grant assistance under subsection (a), a private nonprofit entity must have, as determined by the Secretary, experience and expertise in offering programs to assist in the therapeutic readjustment of participants and that such programs will likely assist covered veterans.

“(c) AMOUNT OF GRANT; USE OF FUNDS.—A grant under this section shall not exceed \$100,000 for any calendar year and shall be used by the recipient exclusively for the benefit of covered veterans.

“(d) APPLICATION.—An application for a grant under this section shall include details regarding the extent and nature of the proposed program, the therapeutic readjustment and rehabilitation benefits expected to be achieved by participants, and any other information the Secretary determines may be necessary to assist the Secretary in ensuring that covered veterans receive therapeutic readjustment and rehabilitation benefits.

“(e) COVERED VETERANS.—For the purposes of this subsection, a ‘covered veteran’ is a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998, and who is discharged or released from active military, naval, or air service on or after September 11, 2001.

“(f) REPORTS.—Not later than 60 days after the last day of a fiscal year, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report detailing the number and amount of grants made under this section during the previous fiscal year, the total number of covered veterans participating in workshop programs funded by such grants, a description of the programs, and the therapeutic benefits to covered veterans of participation in the various programs funded.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for each of fiscal years 2008 through 2011 \$2,000,000 to carry out this section.

“(h) TERMINATION.—The authority of the Secretary to make a grant under subsection (a) shall terminate on September 30, 2011.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 521 the following new item:

“521A. Assistance to therapeutic readjustment programs.”.

SEC. 3. TRANSPORTATION GRANTS FOR RURAL VETERANS SERVICE ORGANIZATIONS.

(a) GRANT PROGRAM.—Subchapter I of chapter 17 of title 38, United States Code, is

amended by adding at the end the following new section:

“§ 1709. Grants for provision of transportation to Department medical facilities for veterans in remote rural areas

“(a) GRANTS AUTHORIZED.—(1) The Secretary shall establish a grant program to provide innovative transportation options to veterans in remote rural areas.

“(2) Grants awarded under this section may be used by State veterans’ service agencies, veterans service organizations, and private nonprofit entities to assist veterans in remote rural areas to travel to Department medical facilities.

“(3) The amount of a grant under this section may not exceed \$50,000.

“(4) The recipient of a grant under this section shall not be required to provide matching funds as a condition for receiving such grant.

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

“(1) evaluating grant applications under this section; and

“(2) otherwise administering the program established by this section.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$3,000,000 for each of fiscal years 2008 through 2012 to carry out this section.”.

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

“1709. Grants for provision of transportation to Department medical facilities for veterans in remote rural areas.”.

SEC. 4. PERMANENT TREATMENT AUTHORITY FOR PARTICIPANTS IN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL TESTING CONDUCTED BY DESERET TEST CENTER (INCLUDING PROJECT SHIPBOARD HAZARD AND DEFENSE).

Section 1710(e)(3) of title 38, United States Code, is amended—

(1) in subparagraph (B), by inserting “and” after the semicolon;

(2) in subparagraph (C), by striking “; and” and inserting a period; and

(3) by striking subparagraph (D).

SEC. 5. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.

(a) HEALTH CARE COPAYMENTS.—Section 1710(f)(2)(B) is amended by striking “2007” and inserting “2009”.

(b) MEDICAL CARE COST RECOVERY.—Section 1729(a)(2)(E) is amended by striking “2007” and inserting “2009”.

SEC. 6. READJUSTMENT AND MENTAL HEALTH SERVICES FOR COVERED VETERANS.

(a) PROVISION OF READJUSTMENT COUNSELING AND MENTAL HEALTH SERVICES.—Subchapter II of chapter 17 of title 38, United States Code, is amended by inserting after section 1712B the following new section:

“§ 1712C. Provision of readjustment counseling and mental health services for covered veterans

“(a) PROGRAM REQUIRED.—The Secretary shall carry out a program to provide peer outreach services, peer support services, and readjustment and mental health services to covered veterans.

“(b) CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS.—In carrying out the program required by subsection (a), the Secretary shall contract with community mental health centers and other qualified entities to provide the services referred to in that paragraph in areas the Secretary determines are not adequately served by health care facilities of the Department. Such contracts shall require each community health center or other entity—

“(1) to the extent practicable, to employ covered veterans trained under subsection (c);

“(2) to the extent practicable, to use telehealth services for the provision of such services;

“(3) to participate in the training program under subsection (d);

“(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of such the services;

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

“(A) the number of veterans served, veterans diagnosed, and courses of treatment provided to veterans as part of the program required by subsection (a); and

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

“(6) to provide to the Secretary such clinical summary information as the Secretary may require for each veteran for whom the center or entity provides mental health services under the contract; and

“(7) to meet such other requirements as the Secretary may require.

“(c) TRAINING PROGRAM FOR VETERANS.—In carrying out the program required by subsection (a), the Secretary shall contract with a nonprofit mental health organization to carry out a program to train covered veterans to provide peer outreach and peer support services.

“(d) TRAINING PROGRAM FOR CLINICIANS.—The Secretary shall conduct a training program for clinicians of community mental health centers or other entities that have entered into contracts with the Secretary under subsection (b) to ensure that such clinicians are able to provide the services required by subsection (a) in a manner that—

“(1) recognizes factors that are unique to the experience of veterans who served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including the combat and military training experiences of such veterans); and

“(2) utilizes best practices and technologies.

“(e) COVERED VETERANS.—For the purposes of this subsection, a ‘covered veteran’ is a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998, and who is discharged or released from active military, naval, or air service on or after September 11, 2001.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1712B the following new item:

“1712C. Provision of readjustment counseling and mental health services for covered veterans.”.

SEC. 7. EXPANSION AND EXTENSION OF AUTHORITY FOR PROGRAM OF REFERRAL AND COUNSELING SERVICES FOR AT-RISK VETERANS TRANSITIONING FROM CERTAIN INSTITUTIONS.

(a) PROGRAM AUTHORITY.—Subsection (a) of section 2023 of title 38, United States Code, is amended by striking “a demonstration program for the purpose of determining the costs and benefits of providing” and inserting “a program to provide”.

(b) SCOPE OF PROGRAM.—Subsection (b) of such section is amended—

(1) by striking “DEMONSTRATION” in the subsection heading;

(2) by striking “demonstration”; and
 (3) by striking “in at least six locations” and inserting “in at least 12 locations”.

(c) EXTENSION OF AUTHORITY.—Subsection (d) of such section is amended by striking “shall cease” and all that follows and inserting “shall cease on September 30, 2011.”.

(d) CONFORMING AMENDMENTS.—

(1) SCOPE OF PROGRAM.—Subsection (c)(1) of such section is amended by striking “demonstration”.

(2) SECTION HEADING.—The heading of such section is amended to read as follows:

“§ 2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions”.

(3) OTHER CONFORMING AMENDMENT.—Section 2022(f)(2)(C) of such title is amended by striking “demonstration”.

(e) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 of such title is amended by striking the item relating to section 2023 and inserting the following new item:

“2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions.”.

SEC. 8. PERMANENT AUTHORITY FOR DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.

Subsection (b) of section 2043 of title 38, United States Code, is amended to read as follows:

“(b) ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.—The Secretary shall take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and safety, to meet the needs of veterans who are women.”.

SEC. 9. FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-INCOME VETERAN FAMILIES IN PERMANENT HOUSING.

(a) PURPOSE.—The purpose of this section is to facilitate the provision of supportive services for very low-income veteran families in permanent housing.

(b) AUTHORIZATION OF FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—Subchapter V of chapter 20 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 2044. Financial assistance for supportive services for very low-income veteran families residing in permanent housing

“(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—

“(1) The Secretary shall provide financial assistance to eligible entities approved under this section to provide and coordinate the provision of the supportive services for very low-income veteran families residing in permanent housing.

“(2)(A) Financial assistance under this section shall consist of payments for each such family for which an approved eligible entity provides or coordinates the provision of supportive services.

“(B) The Secretary shall establish a formula for determining the rate of payments provided to a very low-income veteran family receiving supportive services under this section. The rate shall be adjusted not less than once annually to reflect changes in the cost of living. In calculating the payment formula under this subparagraph, the Secretary may consider geographic cost of living variances, family size, and the cost of services provided.

“(3) In providing financial assistance under paragraph (1), the Secretary shall give pref-

erence to an entity that provides or coordinates the provision of supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.

“(4) The Secretary shall ensure that, to the extent practicable, financial assistance under this subsection is equitably distributed across geographic regions, including rural communities and tribal lands.

“(5) Each entity receiving financial assistance under this section to provide supportive services to a very low-income veteran family shall notify the family that such services are being paid for, in whole or in part, by the Department.

“(6) The Secretary may require an entity receiving financial assistance under this section to submit a report to the Secretary describing the supportive services provided with such financial assistance.

“(b) APPLICATION FOR FINANCIAL ASSISTANCE.—

“(1) An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary.

“(2) An application submitted under paragraph (1) shall contain—

“(A) a description of the supportive services proposed to be provided by the eligible entity;

“(B) a description of the types of very low-income veteran families proposed to be provided such services;

“(C) an estimate of the number of very low-income veteran families proposed to be provided such services;

“(D) evidence of the experience of the eligible entity in providing supportive services to very low-income veteran families; and

“(E) a description of the managerial capacity of the eligible entity to—

“(i) coordinate the provision of supportive services with the provision of permanent housing, by the eligible entity or by other organizations;

“(ii) continuously assess the needs of very low-income veteran families for supportive services;

“(iii) coordinate the provision of supportive services with the services of the Department;

“(iv) tailor supportive services to the needs of very low-income veteran families; and

“(v) continuously seek new sources of assistance to ensure the long-term provision of supportive services to very low-income veteran families.

“(3) The Secretary shall establish criteria for the selection of eligible entities to receive financial assistance under this section.

“(c) TECHNICAL ASSISTANCE.—

“(1) The Secretary shall provide training and technical assistance to eligible entities that receive financial assistance under this section with respect to the planning, development, and provision of supportive services to very low-income veteran families occupying permanent housing.

“(2) The Secretary may provide the training described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit private entities.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, for each fiscal year, \$25,000,000, to carry out this section, of which not more than \$750,000 for each fiscal year may be used to provide technical assistance under subsection (c).

“(e) DEFINITIONS.—For the purposes of this section:

“(1) The term ‘very low-income veteran family’ means a veteran family whose income does not exceed 50 percent of the median income for the area, as determined by

the Secretary in accordance with this paragraph, except that—

“(A) the Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size; and

“(B) the Secretary may establish an income ceiling higher or lower than 50 percent of the median income for an area if the Secretary determines that such variations are necessary because the area has unusually high or low construction costs, fair market rents (as determined under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)), or family incomes.

“(C) the Secretary shall establish criteria for determining the need for specific supportive services (as defined by paragraph (8)) of individual very low income veteran families occupying permanent housing.

“(2) The term ‘veteran family’ includes a veteran who is a single person and a family in which the head of household or the spouse of the head of household is a veteran.

“(3) The term ‘consumer cooperative’ has the meaning given such term in section 202 of the Housing Act of 1959 (12 U.S.C. 1701q).

“(4) The term ‘eligible entity’ means—

“(A) a private nonprofit organization; or

“(B) a consumer cooperative.

“(5) The term ‘homeless’ has the meaning given the term in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).

“(6) The term ‘permanent housing’ means community-based housing without a designated length of stay.

“(7) The term ‘private nonprofit organization’ means—

“(A) any incorporated private institution or foundation—

“(i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;

“(ii) which has a governing board that is responsible for the operation of the supportive services provided under this section; and

“(iii) which is approved by the Secretary as to financial responsibility;

“(B) a for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A);

“(C) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A); and

“(D) a tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).

“(8) The term ‘supportive services’ means the following:

“(A) Services provided by an eligible entity or subcontractors that address the needs of very low-income veteran families occupying permanent housing, including—

“(i) outreach services;

“(ii) health care services, including diagnosis, treatment, and counseling for mental health and substance abuse disorders and for post-traumatic stress disorder, if such services are not readily available through the Department of Veterans Affairs medical center serving the geographic area in which the veteran family is housed;

“(iii) habilitation and rehabilitation services;

“(iv) case management services;

“(v) daily living services;

“(vi) personal financial planning;

“(vii) transportation services;

“(viii) vocational counseling;

“(ix) employment and training;

“(x) educational services;

“(xi) assistance in obtaining veterans benefits and other public benefits, including health care provided by the Department;

“(xii) assistance in obtaining income support;

“(xiii) assistance in obtaining health insurance;

“(xiv) fiduciary and representative payee services;

“(xv) legal services to assist the veteran family with reconsiderations or appeals of veterans and public benefit claim denials and to resolve outstanding warrants that interfere with the family's ability to obtain or retain housing or supportive services;

“(xvi) child care;

“(xvii) housing counseling;

“(xviii) other services necessary for maintaining independent living; and

“(xix) coordination of services described in this paragraph.

“(B) Services provided by an eligible entity or subcontractors, including services described in clauses (i) through (xix) of subparagraph (A), that are delivered to very low-income veteran families who are homeless and who are scheduled to become residents of permanent housing within 90 days of the date on which the service is provided pending the location or development of housing suitable for permanent housing.

“(C) Services provided by an eligible entity or subcontractors, including services described in clauses (i) through (xix) of subparagraph (A), for very low-income veteran families who have voluntarily chosen to seek other housing after a period of tenancy in permanent housing, that are provided, for a period of 90 days beginning on the date on which such a family exits permanent housing or until such a family commences receipt of other housing services adequate to meet the needs of the family, but only to the extent that services under this paragraph are designed to support such a family in the choice to transition into housing that is responsive to the individual needs and preferences of the family.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 2043 the following new item:

“2044. Financial assistance for supportive services for very low-income veteran families residing in permanent housing.”.

SEC. 10. EXPANSION OF ELIGIBILITY FOR DENTAL CARE.

Section 2062(b) of title 38, United States Code, is amended by striking “60 consecutive days” both places it appears and inserting “30 consecutive days”.

SEC. 11. TECHNICAL AMENDMENTS.

Title 38, United States Code, is amended—

(1) in each of sections 1708(d), 7314(f), 7320(j)(2), 7325(i)(2), and 7328(i)(2), by striking “medical care account” and inserting “medical services account”;

(2) in section 1712A—

(A) by striking subsection (g);

(B) by redesignating subsections (d), (e), (f), and (i) as subsections (c) through (f), respectively; and

(C) in subsection (f)(1), as so redesignated, by striking “(including a Resource Center designated under subsection (h)(3)(A) of this section)”;

(3) in section 2065(b)(3)(C), by striking “”;

(4) in the table of sections at the beginning of chapter 36, by striking the item relating to section 3684A and inserting the following new item:

“3684A. Procedures relating to computer matching program.”;

(5) in section 3684(a)(1), by striking “34,” and inserting “34.”;

(6) in section 4110(c)(1), by striking “15” and inserting “16”;

(7) in the table of sections at the beginning of chapter 51, by striking the item relating to section 5121 and inserting the following new item:

“5121. Payment of certain accrued benefits upon death of a beneficiary.”;

(8) in section 7458(b)(2), by striking “pro-rated” and inserting “pro-rated”; and

(9) in section 8117(a)(1), by striking “such such” and inserting “such”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Florida (Mr. MILLER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, as with the last bill, I want to just thank both the chair, Mr. MICHAUD of Maine, and the ranking member, Mr. MILLER from Florida, for their great leadership and bipartisan cooperation to get an important piece of legislation out.

This bill, the Veterans' Health Care Improvement Act of 2007, combines a lot of different ideas from Members on both sides of the aisle, and we are pleased to have this bill on the floor today.

Certainly, the mental health and well-being of our newest generation of veterans is a serious cause for concern and deserves our fullest attention.

The VA reported in April of this year that of the OEF/OIF veterans who have separated and sought health care through the VA, mental disorders rank second of frequency of possible diagnoses amongst these veterans.

Post-traumatic stress disorder, PTSD, is the number one health concern. At this point, over 39,000 returning veterans have received a provisional diagnosis of this, and we are looking into, in fact, maybe a systemic underestimation of those who are diagnosed and, therefore, to get treatment.

Mr. Speaker, the composition of the fighting forces in Iraq and Afghanistan today is unique from past conflicts. Guard and Reserve forces make up a large percentage of those fighting, around 50 percent or a little more. Though only 19 percent of the Nation lives in rural America, 44 percent of U.S. military recruits come from rural areas.

We must ensure that their health care and services meet the needs that they deserve and have earned. It must be available and accessible to all, and I would say we will take up as a committee the broad subject of rural veterans sometime in the near future.

This bill requires the VA to award grants to conduct workshop programs to help heal and better the lives of veterans who need it through therapeutic programs such as art, writing and music to name just a few. It establishes a grant program to provide transportation options to veterans living in rural areas that will help to lessen the burden on veterans who are unable to drive long distances due to their disability or illness.

It also provides permanent authority to the VA to treat veterans who are subject to chemical and biological testing. This is an obligation we owe to those who have served.

We provide also for readjustment counseling and mental health services. We include contracting with community mental health centers in areas not adequately served by VA and contracting with nonprofit mental health organizations to train OEF/OIF veterans in outreach and peer support.

We address issues affecting homeless veterans and their families. The VA has now become the largest single provider of direct services to homeless veterans, reaching 25 percent of homeless veterans a year through various programs. Our aim is to make it 100 percent. Many communities have recently gone through what they call stand-downs, 2- or 3-day efforts to bring the whole community in cooperation to provide the services that homeless veterans need, whether they be medical or dental or legal or drug abuse counseling, of course, food and clothing; and we do that in 3 days a year in many communities. It is up to the VA to do that 365 days a year for all our veterans, and we estimate over 200,000 on the streets tonight who served our Nation.

Prior to becoming homeless, a large number of veterans have struggled with PTSD or had addictions acquired during or worsened by their military service, and we want to expand and extend the counseling services for these veterans. We expand programs to 12 locations throughout the Veterans Health Administration and extend this program through 2011.

The VA domiciliary care programs are an essential piece in assisting veterans and providing needed services to help them recover and become productive citizens again. We enhance in this bill the capacity of such domiciliary care programs, for female veterans especially.

Finally, we want to authorize VA to provide financial assistance to provide supportive services for very low-income veteran families who reside in permanent housing.

In short, Mr. Speaker, H.R. 2874 takes care of the men and women who have so selflessly taken care of us. It provides our veterans with the quality health care programs and services they need and they so richly deserve. It is another down payment, another measurable piece of keeping our promise to those who have kept their promise to us.

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

Mr. MILLER of Florida. Mr. Speaker, once again, the eloquence of our able chairman, he has done an excellent job in explaining the bill that's before us on the floor today.

Mr. Speaker, this is an outstanding bill. It was a true bipartisan effort. I appreciate the chairman of the committee, Mr. MICHAUD's, able leadership

in bringing this bill to the floor. It does all of the things that our chairman had talked about.

It deals with veterans in rural and remote areas. It does deal with certain DOD biological and chemical warfare testing that was done during the Cold War. It also deals with domiciliary programs, providing adequate and safe environments to meet the needs of women veterans.

This is not just a good bill. It is a very good bill that helps VA provide better care for our Nation's veteran, and I do urge my colleagues to support this legislation.

H.R. 2874, the Veterans' Health Care Improvement Act of 2007, as amended, has strong bipartisan support and I want to express my sincere thanks to Subcommittee Chairman MICHAUD for his leadership and hard work to develop this legislation.

H.R. 2874, as amended, would establish a number of meaningful improvements that will help VA to provide better care for our Nation's veterans.

Veterans in remote rural areas would benefit with the establishment of a grant program to provide innovative transportation options to access VA medical facilities.

Readjustment counseling and mental health services for OIF/OEF veterans would be enhanced through programs that would provide peer outreach and support services, with special emphasis for Guard and Reservists.

Veterans who participated in certain Department of Defense biological and chemical warfare testing during the Cold War would permanently be granted free VA medical care for conditions that may have resulted from their participation in such testing.

VA domiciliary programs would be required to have adequate and safe environments to meet the needs of women veterans.

Very low-income veteran families residing in or transitioning to permanent housing would be eligible for VA financial assistance for supportive services.

This is a good bill that would help VA provide better care for our Nation's veterans.

I urge my colleagues to support this legislation.

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

Mr. FILNER. Mr. Speaker, again, I yield 3 minutes to the Chair of our Subcommittee on Economic Opportunity, Ms. HERSETH SANDLIN.

Ms. HERSETH SANDLIN. Mr. Speaker, I rise in strong support of H.R. 2874, and I'd like to once again thank Chairman FILNER for his focused and effective leadership in advancing this important legislation. Ranking Member BUYER and especially subcommittee Chairman MICHAUD and Ranking Member MILLER are also to be commended for their hard work and bipartisanship and for including Services to Prevent Homelessness Act, a bill which I introduced, in the Veterans' Health Care Improvement Act.

This legislation would authorize the Secretary of Veterans Affairs to provide financial assistance to nonprofit organizations and consumer cooperatives to provide and coordinate the provision of supportive services that ad-

dress the needs of very low-income veterans occupying permanent housing.

While Federal programs exist to help enhanced veterans homeownership, there is no national housing assistance program targeted to low-income veterans. Permanent housing opportunities for veterans ready for independent living are limited. In addition, the VA currently is not permitted to provide grants for affordable permanent housing, and the resources that are available for providers are inadequate and highly sought after by competing housing programs.

So I thank the chairman once again for supporting this legislation. I thank the committee staff on both sides of the aisle for their excellent work as well on this bill and others considered today, and I look forward to continuing to work with my colleagues on the Veterans' Affairs Committee to support efforts to meet the housing assistance needs, among other needs, of our Nation's low-income veterans.

I urge my colleagues to support H.R. 2874.

Mr. MILLER of Florida. Mr. Speaker, I see that the chairman has other speakers that he may wish to yield time to, so we will reserve the balance of our time.

Mr. FILNER. Mr. Speaker, I thank the ranking member.

Mr. Speaker, Mr. RODRIGUEZ from Texas has been particularly active and energetic in advocating for the treatment of the mental health needs of our veterans, and I yield 3 minutes to him.

Mr. RODRIGUEZ. Mr. Speaker, I rise today in support of H.R. 2874, The Veterans' Health Care Improvement Act of 2007. I would also like to take this opportunity to recognize our chairman, BOB FILNER, for his leadership on this issue, and I want to personally thank him for what's accomplished on a variety of issues regarding veterans.

I also want to acknowledge my friend, Congressman MILLER, for his efforts also on this particular bill.

This is an important piece of legislation and the nearly 60,000 veterans in my mostly rural district will certainly benefit from this particular bill.

Earlier this year, I sponsored H.R. 2689, a bill that improves mental health services for Operation Enduring Freedom and Operation Iraqi Freedom veterans. This bill would establish a program for peer-to-peer outreach and counseling for veterans. Many experts believe this method is critical for getting veterans in need of services into the VA system.

Additionally, under H.R. 2689, the VA would be required to look beyond its current services to ensure that veterans have access to the services that they need by embracing the expertise available in our communities and contract out to qualified providers such as community mental health centers who have been providing quality mental health services for families for many years.

Under the leadership of the chairman, my bill was incorporated into

this bill, and I want to personally thank him.

Also included in this bill are provisions critical to veterans, as our Speaker today understands, in Texas, such as the transportation grants for rural veterans service organizations. In some parts of my district and throughout this country, veterans have to drive long hours to get access to services. This bill allows an opportunity for us to provide some needed assistance and services in this specific area.

I also want to acknowledge that this bill also has language that deals with Project SHAD, a bill that was extremely important to begin to identify those thousands of soldiers that we also used weapons such as nerve gas and other types of testing on, that we did on our own soldiers that allows an opportunity for them to continue to get service.

And other members of this committee, I want to personally thank them for their efforts. Once again, I want to take this opportunity to thank the chairman for his leadership.

Mr. MILLER of Florida. Mr. Speaker, we continue to reserve.

Mr. FILNER. Mr. Speaker, one of our new Members, Congressman MURPHY from Pennsylvania, returned from Operation Iraqi Freedom. He gives us the benefit of that experience both as an advocate for our active duty and to the veterans who have served. We welcome you to the Congress. We thank you for your expertise, and I yield as much time as he may consume to the gentleman from Pennsylvania.

Mr. PATRICK J. MURPHY of Pennsylvania. Mr. Speaker, I thank the chairman.

Mr. Speaker, I rise today to give voice to a terrible injustice. On any given night in America, nearly 200,000 veterans go homeless and twice as many will go homeless over the course of the year. This is shameful.

In my district in southeastern Pennsylvania, this problem is very real. There are more than 3,300 homeless veterans in Pennsylvania and at least 550 in the greater Philadelphia area alone. These are veterans who saw combat in World War II, Korea, Vietnam, Afghanistan and Iraq.

As someone who spent 10 years in the Army and walked the streets of Baghdad, I cannot stand by while more of my fellow soldiers go hungry and seek shelter. Over the last 3 years, as many as 1,300 veterans from Iraq and Afghanistan have participated in homeless outreach programs by the VA in their community. Who knows how many others went without help.

That's why, Mr. Speaker, I proudly support the Veterans' Health Care Improvement Act, which looks after those who have sacrificed so much for our country.

□ 1700

This much-needed bill makes permanent a program to identify at-risk servicemembers to prevent them from

ever becoming homeless once they leave the military. With the rapidly increasing number of women veterans, the bill also instructs the VA to make their programs for homeless veterans more accommodating for female veterans.

I was proud to introduce these important provisions, and I thank the gentleman from California (Mr. FILNER), and the gentleman from Maine (Mr. MICHAUD), for bringing this bill to the floor and their leadership on this issue. These brave American veterans, who once faced down our enemies, shouldn't have to face one more night out on the street.

Mr. MILLER of Florida. Mr. Speaker, in closing, I would just say H.R. 2874, as amended, would establish a number of meaningful improvements that would help VA to provide better care for our Nation's veterans. Once again, I support my colleagues to support this bill.

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

Mr. FILNER. Again, I thank Mr. MILLER and Mr. MICHAUD for their leadership on the bill and all the Members on both sides of the aisle that have contributed to it.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2874.

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

There was no objection.

Mr. FILNER. Mr. Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY. I would like to commend the chairman and Ranking Member MILLER for the work they have done on this legislation, but moreover, the attention they paid to our Nation's veterans. I also want to commend the members of this committee for all the work that they have done on mental health.

Mr. Speaker, I have had an opportunity, as a member of the Veterans Appropriations Committee, to sit in on some of the committee hearings on the Veterans Authorizing Committee and seeing the work that they have done to try to increase the outreach to veterans with post-traumatic stress disorder. I am pleased to see that this committee is starting to do as much as they can to reach out to these veterans as they return from Iraqi Freedom. But, clearly, more needs to be done. We have witnessed that in these recent hearings.

I think that, clearly, the Appropriations Committee has recognized this this year. I am pleased to announce that this Congress has voted the largest increase in veterans health care spending in the 77-year history of the Veterans Department.

Within that, there is an over \$100 million increase in veterans specialty mental health care. This is just one ac-

knowledgment of many that our veterans, when they come home, we need to make sure they come home not only in body, but that they come home in spirit, and that it's not enough just to take care of the outer wounds of our Nation's veterans, but we also need to make sure that we mend the inner wounds, the psychological and emotional wounds that they have sustained during war defending our country's freedom.

Mr. FILNER. I thank the gentleman for his leadership on mental health parity in this Nation.

Mr. MICHAUD. Mr. Speaker, I want to thank Chairman FILNER and Ranking Member BUYER for their leadership on the Committee and for moving these four bills forward to help our veterans. I would also like to thank Ranking Member MILLER for working with me on the veterans' health care bills we are considering today.

I will limit my comments to H.R. 2874, although I support each of the bills we are considering today. H.R. 2874 was passed unanimously by our Committee. It represents a bipartisan effort to address a variety of issues facing our veterans.

Section 2 of H.R. 2874 supports therapeutic readjustment programs to assist veterans in their long physical and mental journey home through a new grant program. Veterans already participate in these programs without any financial assistance or guidance from the VA. It is my hope that this new grant program will increase the number of veterans using these rehabilitative options and that this will enable VA and providers to better assess the benefits of these programs to veterans.

Section 3 authorizes funding for transportation grants for rural veterans. Access to care is a significant challenge for rural veterans. This program will provide grants to VSOs to implement innovative ways of overcoming this challenge. This section was authored by Mr. SALAZAR.

Section 4 provides permanent authority for VA treatment of participants in the DOD chemical and biological testing conducted by Deseret Test Center, including Project SHAD (Shipboard Hazard and Defense). This permanent authority was requested by the VA. Section 5 extends collections authorities for the VA until 2009. This extension was also requested by the VA.

Section 6 authorizes the VA to provide expanded readjustment and mental health services in areas determined by the secretary to be underserved, especially peer-to-peer outreach services, for Operation Enduring Freedom and Operation Iraqi Freedom veterans.

Sections 7 and 8 come from Congressman PATRICK MURPHY's legislation, H.R. 2699. It is no surprise that Congressman MURPHY has taken a leadership role in helping our Nation's veterans, and I thank him for his work. There are as many as 200,000 veterans on the streets each night. This is a shame on our Nation that must be addressed. The provisions from Congressman MURPHY's bill are critical to ending this shame and helping these veterans find their way home.

Section 7 expands and extends the successful VA program of referral and counseling for at-risk veterans transitioning from certain institutions. The program is extended to 2011 and expanded from six locations to 12. These

services are largely directed toward incarcerated veterans. There were over 225,000 veterans in prison in 1998. I believe it is important that we make every effort to make sure that they do not return to prison.

Section 8 requires the Secretary to ensure that VA domiciliary programs are adequate in capacity and safety to meet the needs of women veterans. Homeless women veterans are an increasing proportion of the homeless veteran population. We need to make sure that facilities are capable of safely caring for this population and helping them get back on their feet.

Section 9 authorizes funding for the Secretary to provide financial assistance to eligible entities to provide supportive services for very low-income veteran families residing in permanent housing. This section comes from a bill authored by Congresswoman HERSETH SANDLIN.

Section 10 changes from 60 days to 30 days the required time for a homeless veteran to be in a VA program before they are eligible for dental care. Section 11 makes technical amendments to title 38.

Overall, this bill continues the ongoing efforts of our Committee and this Congress to address the needs of our veterans and their families. It is my hope that when we return in September, we can work quickly with the Senate to create an omnibus package that includes H.R. 2874, H.R. 2199, Mr. MILLER's bill H.R. 2623, and other important veterans' health care initiatives to send to the President for his signature.

I believe this is a good bipartisan bill and I ask my colleagues for their support.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 2874, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROHIBITION ON COLLECTION OF COPAYMENTS FOR ALL HOSPICE CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2623) to amend title 38, United States Code, to prohibit the collection of copayments for all hospice care furnished by the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2623

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

SECTION 1. PROHIBITION ON COLLECTION OF COPAYMENTS FOR ALL HOSPICE CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.

Title 38, United States Code, is amended—
(1) in section 1710(f)(1), by inserting “(except if such care constitutes hospice care)” after “nursing home care”;