

This bill comes to us from a great new Member from the State of Ohio (Mr. SPACE), and I'm going to yield to him as much time as he may consume to explain the bill.

Mr. SPACE. Mr. Speaker, I would like to thank Chairman FILNER, as well as Ranking Member BUYER, for their cosponsorship on this legislation as well as for their work in bringing H.R. 3819, the Veterans Emergency Care Fairness Act, to the floor today.

This legislation has been about a year in the making. Last March, I received a letter from Terry Carson, CEO of Harrison Community Hospital in Cadiz, Ohio, a small town in the 18th Congressional District for the State of Ohio. Mr. Carson wrote to me about a problem he was experiencing in his 25-bed rural hospital when providing emergency care for veterans.

Currently, the VA reimburses non-VA hospitals for emergency care provided to veterans up to the point of stabilization. Once the patient is deemed stable enough to transfer, he or she is moved to a VA hospital. The problem that Mr. Carson brought to my attention is that oftentimes, veterans experience a waiting period for a bed in the VA hospital. During this limbo time, the VA is not required to reimburse the community hospital for care. Meanwhile, people like Mr. Carson feel morally obligated to continue care despite the fact that they cannot count on reimbursement. Worse even than non-VA hospitals footing the bill is the case of veterans who are paying out of pocket.

The Veterans Emergency Care Fairness Act closes this loophole by requiring the VA to cover the cost of care while the transfer to a VA hospital is pending and if the community hospital can document attempts to transfer the patient.

I believe this legislation is the best solution for the VA, community hospitals, and, most importantly, our Nation's veterans. To that end, this legislation is supported by the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars, the Vietnam Veterans of America, the Ohio Hospital Association, the Air Force Sergeants Association, the Military Order of the Purple Heart, the Veterans Administration itself, and a bipartisan group of our colleagues here in the House.

This bill is a perfect example of how our system is supposed to work: a constituent contacts his Member of Congress, the Member listens, and an appropriate commonsense legislative fix is found. I'm proud to have had a chance to advocate for Mr. Carson, to advocate for the veterans he treats, and to advocate for the veterans across the country.

Once again, I would like to thank all of my colleagues in this bipartisan effort, and I urge all of those who have not joined thus far in supporting H.R. 3819.

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

Mr. Speaker, I rise in support of H.R. 3819, the Veterans Emergency Care Fairness Act, a bill to amend title 38 of the United States Code to require the Secretary of Veterans Affairs to reimburse veterans receiving emergency treatment in non-Department of Veterans Affairs facilities for such treatment until such veterans are transferred to department facilities.

I commend my colleague from Ohio, ZACK SPACE, for introducing this bill. Providing health care services to those who have honorably served our country is an important mission of the Department of Veterans Affairs. However, in an emergency, a veteran may not always be in close proximity to a VA health care facility.

Mr. Speaker, in 2000 under Public Law 106-117, the Veterans Millennium Health Care Act, Congress authorized the VA to reimburse or pay for the emergency non-VA treatment of certain enrolled veterans who have no medical insurance and no other recourse for payment.

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Current authorities for reimbursement of this emergency treatment are discretionary, and VA medical professionals must determine after the fact whether an actual emergency existed where a delay in obtaining treatment would have been hazardous to that veteran.

This bill appropriately resolves the current billing issues and standardizes requirements for VA to cover the cost of an eligible veteran's emergency care. H.R. 3819 would standardize the definition of emergency treatment for veterans seeking reimbursement for emergency services rendered in a non-VA facility.

By supporting this bill, we remove the financial uncertainty for veterans in an emergency health care status.

I urge my colleagues to support the bill.

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

Mr. FILNER. Mr. Speaker, this is a perfect example of the way we do the best legislation. Mr. SPACE from Ohio encountered a problem in his district, looked into solving it. It turns out it's a problem in every district.

So we thank Mr. SPACE for his work on this, for his recognizing the problem. It is an unacceptable position for a veteran to be in, that they're in never-neverland where they have been stabilized in a hospital but yet not accepted at a VA hospital and they are liable for the cost. What you have done is take that worry and that cost off of the veteran and allowed us to deal with him or her in a very respectful and clear way.

So we thank Mr. SPACE for this legislation.

I don't have any further speakers, and I would reserve the balance of my time.

Mr. BUYER. At this time, I yield such time as she may consume to the

ranking member of the O&I Subcommittee of Veterans' Affairs, Ms. GINNY BROWN-WAITE of Florida.

Ms. GINNY BROWN-WAITE of Florida. I thank the gentleman.

Mr. Speaker, I rise in favor of this bill, H.R. 3819, the Veterans Emergency Care Fairness Act. This bill, introduced by my colleague, Representative SPACE, closes a loophole that saddles America's hospitals with unnecessary costs.

Mr. Speaker, America's veterans answered the call of duty and fought gallantly for our freedoms. And everyone is thankful for that. However, it is up to the government of the United States to care for our vets, not private hospitals. This bill ensures that the private hospitals providing a bed for a vet while they await care at a VA hospital are reimbursed for that care.

Like Mr. SPACE, I've been contacted. Previously, he was contacted by a constituent. I've been contacted by constituents and actually intervened in getting the VA to pay for the hospital care. Once this becomes law, neither I nor other Members will have to be in the bill collection business because the VA clearly should be paying for this without having to have a Congressperson call, asking them to look into it.

As a cosponsor of this important bill, I'm looking forward to voting in favor of it, and I urge my colleagues to do the very same.

Mr. BUYER. Mr. Speaker, I urge my colleagues to support the bill and yield back my time.

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. 3819, as amended.

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

There was no objection.

Mr. FILNER. I urge my colleagues to unanimously support this bill, and I yield back the balance of our 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. 3819, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. FILNER. 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.

LONGITUDINAL STUDY OF VOCATIONAL REHABILITATION PROGRAMS

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 3889) to amend title 38, United States Code, to require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3889

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

SECTION 1. LONGITUDINAL STUDY OF DEPARTMENT OF VETERANS AFFAIRS VOCATIONAL REHABILITATION PROGRAMS.

(a) **STUDY REQUIRED.**—Chapter 31 of title 38, United States Code, is amended by adding at the end the following new section:

“§3122. Longitudinal study of vocational rehabilitation programs

“(a) **STUDY REQUIRED.**—(1) Subject to the availability of appropriated funds, the Secretary shall conduct a longitudinal study of a statistically valid sample of each of the groups of individuals described in paragraph (2). The Secretary shall study each such group over a period of at least 20 years.

“(2) The groups of individuals described in this paragraph are the following:

“(A) Individuals who begin participating in a vocational rehabilitation program under this chapter during fiscal year 2009.

“(B) Individuals who begin participating in such a program during fiscal year 2011.

“(C) Individuals who begin participating in such a program during fiscal year 2014.

“(b) **ANNUAL REPORTS.**—By not later than July 1 of each year covered by the study required under subsection (a), the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the study during the preceding year.

“(c) **CONTENTS OF REPORT.**—The Secretary shall include in the report required under subsection (b) any data the Secretary determines is necessary to determine the long-term outcomes of the individuals participating in the vocational rehabilitation programs under this chapter. The Secretary may add data elements from time to time as necessary. In addition, each such report shall contain the following information:

“(1) The number of individuals participating in vocational rehabilitation programs under this chapter who suspended participation in such a program during the year covered by the report.

“(2) The average number of months such individuals served on active duty.

“(3) The distribution of disability rating of such individuals.

“(4) The types of other benefits administered by the Secretary received by such individuals.

“(5) The types of social security benefits received by such individuals.

“(6) Any unemployment benefits received by such individuals.

“(7) The average number of months such individuals were employed during the year covered by the report.

“(8) The average annual starting and ending salaries such individuals who were employed during the year covered by the report.

“(9) The number of such individuals enrolled in an institution of higher learning, as that term is defined in section 3452(f) of this title.

“(10) The average number of academic credit hours, degrees, and certificates obtained by such individuals during the year covered by the report.

“(11) The average number of visits such individuals made to Department medical facilities during the year covered by the report.

“(12) The average number of visits such individuals made to non-Department medical facilities during the year covered by the report.

“(13) The average annual income of such individuals.

“(14) The average total household income of such individuals for the year covered by the report.

“(15) The percentage of such individuals who own their principal residences.

“(16) The average number of dependents of each such veteran.”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“3122. Longitudinal study of vocational rehabilitation programs.”.

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

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself as much time as I might consume.

As I said earlier, amongst this package of bills are legislation from both sides of the aisle. This one comes to us from the ranking member of the Subcommittee on Economic Opportunity, Mr. BOOZMAN, and I thank him for this important bill.

What H.R. 3889 does is require the VA to conduct what is called a longitudinal study for at least 20 years of the veterans who began participating in the VA’s Vocational Rehabilitation and Employment Program. The bill requires annual reports to Congress to assist with better management of the program.

It’s an important step in ensuring that the Vocational Rehabilitation and Employment Program has services that are meeting the needs of our veterans as they seek to heal from their injuries and reenter civilian life.

So I hope we all support H.R. 3889.

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

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

Mr. Speaker, I rise in support of H.R. 3889, as amended, which would amend title 38, United States Code, to require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary. I appreciate Chairman FILNER for moving this legislation through the committee to bring it to the floor.

Mr. Speaker, too often we support benefit programs such as VA’s Vocational Rehabilitation and Employment without requiring or verifying how well the program is achieving its goals. In the case of the VR&E, the program has two goals: employment and developing independent living skills for those too disabled to work.

Unfortunately, there is too little long-term data to judge the program’s success in preparing disabled veterans for their return to the workforce. H.R. 3889 would require the VA to study three cohorts of veterans for 20 years to determine the outcomes of their participation in this program.

Mr. Speaker, I thank the foresight of my colleague, Dr. JOHN BOOZMAN, for bringing this needed legislation before

the House, and I urge my colleagues to support its passage.

I reserve the balance of my time.

Mr. FILNER. We reserve the balance of our time.

Mr. BUYER. I now yield to Dr. BOOZMAN of Arkansas such time as he may consume.

Mr. BOOZMAN. Thank you, Mr. BUYER.

Mr. Speaker, I introduced H.R. 3889 to determine whether the VA’s Vocational Rehabilitation and Employment Program was meeting its goals of employment and independent living for disabled veterans.

To do that, my bill would require that the Department of Veterans Affairs conduct a 20-year longitudinal study of three cohorts of disabled veterans who participate in the VR&E Program during years 2009, 2011 and 2013. The data VA collects and reports to Congress will enable us to fine-tune the program to achieve higher rehabilitation rates and to provide the most appropriate education and training leading to full employment.

Mr. Speaker, the bill specifies 15 different data points that must be collected and authorizes VA to add any other data points they deem appropriate. With this information, I believe veterans who participate in voc rehab will be more successful in finding gainful employment over their working career.

This is a good bill that does not require offsets and will improve the lives of veterans, and I urge my colleagues to support H.R. 3889, as amended.

I want to thank the Chair of my subcommittee, Ms. HERSETH SANDLIN, for her support and hard work. I also want to thank Chairman FILNER and Ranking Member BUYER as always for bringing the bill forward. Again, I want to thank the staff on both sides for helping to prepare this.

Mr. BUYER. Mr. Speaker, I also want to thank the chairman of the Economic Opportunity Subcommittee, STEPHANIE HERSETH SANDLIN, and Dr. BOOZMAN. They worked very well together on these issues, and I urge my colleagues to pass this bill.

I yield back the balance of my time.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 3889, as amended.

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

There was no objection.

Ms. HERSETH SANDLIN. Mr. Speaker, I rise in strong support of H.R. 3889, a bill to require the Department of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the VA.

I would like to thank Representative BOOZMAN, the Ranking Member of the Veterans’ Affairs Economic Opportunity Subcommittee, which I Chair, for introducing H.R.

3889 to help determine the effectiveness and long-term outcomes of the VA's vocational rehabilitation programs for disabled veterans. These vocational rehabilitation programs are important factors in helping disabled veterans obtain and keep suitable jobs. They also help seriously disabled veterans achieve independence in daily living.

I also would like to thank Veterans' Affairs Committee Chairman FILNER and Ranking Member BUYER for their support of the bill and for working to quickly move this legislation to the House floor.

I support H.R. 3889 to ensure the VA's vocational rehabilitation services are helping disabled veterans reach their rehabilitation goals.

Again, I thank Representative BOOZMAN for introducing this important bill. I encourage my colleagues to support it.

Mr. FILNER. I yield back the balance of our 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. 3889, 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.

JUSTIN BAILEY VETERANS SUBSTANCE USE DISORDERS PREVENTION AND TREATMENT ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5554) to amend title 38, United States Code, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance use disorders, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5554

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

SECTION 1 SHORT TITLE.

This Act may be cited as the "Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008".

SEC. 2. EXPANSION OF VETERANS SUBSTANCE USE DISORDER PROGRAMS.

Subsection (d) of section 1720A of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(3)(A) Each plan under paragraph (1) shall ensure that the medical center provides ready access to a full continuum of care for substance use disorders for veterans in need of such care.

"(B) In this paragraph, the term 'full continuum of care' includes all of the following care, treatment, and services:

"(i) Screening for substance use disorder in all settings, including primary care settings.

"(ii) Detoxification and stabilization services.

"(iii) Intensive outpatient care services.

"(iv) Relapse prevention services.

"(v) Outpatient counseling services.

"(vi) Residential substance use disorder treatment.

"(vii) Pharmacological treatment to reduce cravings, and opioid substitution therapy referred to in paragraph (2).

"(viii) Coordination with groups providing peer to peer counseling.

"(ix) Short-term, early interventions for substance use disorders, such as motivational counseling, that are readily available and provided in a manner to overcome stigma associated with the provision of such interventions and related care.

"(x) Marital and family counseling.

"(C) The Secretary shall provide for outreach to veterans who served in Operation Enduring Freedom or Operation Iraqi Freedom to increase awareness of the availability of care, treatment, and services from the Department for substance use disorders."

SEC. 3. REQUIREMENT FOR ALLOCATION OF DEPARTMENT RESOURCES TO ENSURE AVAILABILITY FOR ALL VETERANS REQUIRING TREATMENT FOR SUBSTANCE USE DISORDERS.

(a) *EQUITABLE ALLOCATION OF FUNDING; ANNUAL REPORT.*—Section 1720A of title 38, United States Code, as amended by section 2, is further amended by adding at the end the following new subsection:

"(e)(1) The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care (as defined in subsection (d)(3)(B)) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

"(2)(A) In addition to the report required under section 1703(c)(1) of this title (relating to furnishing of contract care and services under this section), the Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the care, treatment, and services furnished by the Department under this section during the most recently completed fiscal year.

"(B) Each report under subparagraph (A) shall include data on the following for each medical facility of the Department:

"(i) The number of veterans who have been provided care, treatment, or services under this section at the facility for each 1,000 veterans who have received hospital care (if applicable) or medical services at the facility.

"(ii) The number of veterans for whom substance use disorder screening was carried out under subsection (d)(3)(B)(i) at the facility.

"(iii) The number of veterans for whom a substance use disorder was identified after a screening was carried out under subsection (d)(3)(B)(i) at the facility.

"(iv) The number of veterans who were referred by the facility for care, treatment, or services for substance use disorders under this section.

"(v) The number of veterans who received care, treatment or services at the facility for substance use disorders under this section.

"(vi) Availability of the full continuum of care (as defined in subsection (d)(3)(B)) at the facility.

"(C) Each report prepared under subparagraph (A) shall be reviewed by the Committee on Care of Severely Chronically Mentally Ill Veterans authorized by section 7321 of this title. The Committee shall provide an independent assessment of the care, treatment, and services furnished directly by the Department under this section to veterans. Such assessment shall include a detailed analysis of the availability, the barriers to access (if any), and the quality of such care, treatment, and services."

(b) *EFFECTIVE DATE.*—The amendment made by subsection (a) shall apply to fiscal years beginning on or after October 1, 2009.

SEC. 4. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

(a) *FINDINGS.*—Congress makes the following findings:

(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who return as veterans to civilian life.

(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

(5) Veterans living in rural areas find access to treatment for substance use disorder limited.

(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

(b) *IN GENERAL.*—Not later than October 1, 2009, the Secretary of Veterans Affairs shall initiate a pilot program to test the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program is available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

(c) *ELEMENTS OF PILOT PROGRAM.*—

(1) *IN GENERAL.*—In designing and carrying out the pilot program under this section, the Secretary of Veterans Affairs shall ensure that—

(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department;

(B) the Internet website is accessible from remote locations, especially rural areas; and

(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

(2) *CONSIDERATION OF SIMILAR PROJECTS.*—In designing the pilot program under this section, the Secretary of Veterans Affairs shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2304).

(3) *LOCATION OF PILOT PROGRAM.*—The Secretary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

(4) *CONTRACT AUTHORITY.*—The Secretary of Veterans Affairs may enter into contracts with qualified entities or organizations to carry out the pilot program required under this section.

(d) *DURATION OF PILOT PROGRAM.*—The pilot program required by subsection (a) shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

(e) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to the Secretary of Veterans Affairs \$1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.