

be able to benefit from these VA-guaranteed refinance loans. Collectively, these changes will help more of our Nation's veterans purchase their own homes or keep their existing homes.

Other very important provisions in this bill will expand access to VA's independent living services program. This program helps veterans with severe service-related disabilities improve their ability to function more independently in their homes and communities and, in some cases, it gives them hope for a productive life. These services are more important than ever before, as veterans return home from Operation Enduring Freedom and Operation Iraqi Freedom with catastrophic injuries and as the overall veteran population ages. But VA is not authorized to allow more than 2,500 disabled veterans to enter this program each year, which may prevent or delay veterans from receiving these crucial services.

Also, VA is generally precluded from providing more than 24 months of independent living services to a disabled veteran. This may not be long enough for a veteran suffering severe disabilities, such as traumatic brain injuries, which can have lengthy, complex, and unpredictable recovery periods. So, this bill will increase from 2,500 to 2,600 the number of veterans who may enter the independent living services program each year and will allow any severely disabled veteran of OIF/OEF to receive more than 24 months of services. These changes will help ensure that veterans who have suffered devastating injuries in service to our Nation will have access to the services they need to lead fulfilling, independent lives.

This bill also includes a provision that would require VA to provide Congress with a plan for updating its disability rating schedule and a timeline for when changes will be made. This rating schedule—which is the cornerstone of the entire VA claims processing system—was developed in the early 1900s, and about 35 percent of it has not been updated since 1945. It is riddled with outdated criteria that do not track with modern medicine, and it does not adequately compensate young, severely disabled veterans; veterans with mental disabilities; and veterans who are unemployable.

To address this situation, VA conducted studies on the appropriate level of disability compensation to account for any loss of earning capacity and any loss of quality of life caused by service-related disabilities. To make sure these studies don't get put on a shelf to collect dust—as has happened in the past—this bill would require VA to submit to Congress a report outlining the findings and recommendations of those studies, a list of the actions that VA plans to take in response, and a timeline for when VA plans to take those actions. My hope is that this will finally prompt the type of complete update that is necessary to ensure the VA rating schedule is meeting the needs of our injured veterans.

This bill would also help ensure that the U.S. Court of Appeals for Veterans Claims consistently has the judicial resources it needs to provide timely decisions to veterans and their families. In recent years, the court has struggled in the face of a massive caseload, with record levels of incoming cases and record levels of pending appeals.

To help the court deal with this workload, this bill will temporarily increase the size of the court from seven judges to nine judges. This temporary increase will provide the court with more judicial resources in the near term. At the same time, it will allow Congress to gather more information about the court's workload before deciding whether a permanent expansion of the court is the best way to make sure veterans receive timely decisions in the future. To that end, the bill would require the court to provide annual reports to Congress with details about who is actually doing the work, what type of work they are doing, and where there are bottlenecks.

This temporary expansion to nine judges will also help with an ongoing problem—the prospect of having multiple judicial vacancies when judges retire. When the court was created in 1988, the terms of the judges were not staggered, so six judges retired between 2000 and 2005, with four retirements in a single 11-month period. This led to a serious disruption in service to veterans. To try to avoid a similar disruption in service when the existing judges retire, the terms of the judges appointed as a result of this expansion would extend well beyond the retirement dates of all of the existing judges.

In addition to all these good provisions, the bill includes some common-sense reforms to the court's pay structure and the rules on recalling retired judges. It would remove the current cap on the number of days a retired judge may voluntarily serve in recall status each year. It would create a three-tier payment structure for the judges, which reserves the highest pay for judges actually serving either as active judges or as recalled retired judges. It also would exempt retired judges from being involuntarily recalled after they have served at least 5 aggregate years as a recalled judge. These reforms should create meaningful incentives for retired judges to come back to work for longer or more frequent periods of time. With their experience and expertise, the increased involvement of retired judges will be of significant value to the veterans seeking justice from the court.

Mr. President, these are only a few of the over 60 items in this comprehensive veterans' benefits bill. I am confident this bill will improve the lives of veterans and their families, even if only in small ways. I applaud the passage of this bill, and, again, I thank my colleagues, Chairman AKAKA, Chairman FILNER, and Ranking Member BUYER.

VETERANS' MENTAL HEALTH CARE IMPROVEMENTS ACT OF 2008

Ms. LANDRIEU. Mr. President, I ask the Chair to lay before the Senate a message from the House with respect to S. 2162.

The Presiding Officer laid before the Senate the following message from the House of Representatives:

Resolved, That the bill from the Senate (S. 2162) entitled "An Act to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance disorders, and for other purposes", do pass with an amendment.

Ms. LANDRIEU. I ask unanimous consent that the Senate concur in the amendment of the House to the Senate bill and the motion to reconsider be laid upon the table; further, that any statements be printed at the appropriate place in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BURR. Mr. President, I rise today to speak briefly on legislation that will make a tremendous difference in the lives of those who have served our country in uniform. S. 2162, the Veterans' Mental Health and Other Care Improvements Act of 2008, reflects a compromise reached between the House and Senate on critical health care legislation. It is comprised of over 40 provisions, authored by both my House and Senate colleagues. The bill passed the House on Wednesday night and is now pending before the Senate awaiting final passage to be sent to the President.

S. 2162 includes needed improvements to health care services provided to veterans who suffer from both mental illness and substance use disorder. It ensures that veterans seeking treatment for both conditions will receive quality, coordinated treatment. It would expand the availability of treatment the Department of Veterans Affairs, VA, offers for substance abuse, including detoxification and stabilization services. It will strengthen VA's reimbursement of community hospitals for emergency care that they provide to enrolled veterans; direct VA to develop a comprehensive policy on the management of pain experienced by veterans; direct the establishment of epilepsy centers of excellence; and make it easier for veterans with HIV/AIDS to be diagnosed and treated.

Let me spend a few minutes discussing a few key provisions that I am particularly proud to support. First, legislation I authored is included in this bill that would authorize VA to make grants to private and public groups so that they may provide supportive services to keep low-income veterans, who are at risk of becoming homeless, in permanent housing. We have all heard the old saying that "an ounce of prevention is worth a pound of cure." This legislation will help those on the verge of becoming homeless by

getting them help from the community. It is much easier to prevent homelessness than it is to bring someone out of it. The supportive services that will be provided under the legislation include greater access to housing assistance, physical and mental health services, health insurance, and vocational and financial counseling. North Carolina is home to over 770,000 veterans, and the VA estimates that over 40,000 North Carolina veterans live in poverty. We must do all we can to ensure that the men and women who've served our Nation in the military do not suffer the indignity of going to bed at night without a roof over their heads.

Second, to help service-disabled veterans cope with the high cost of gasoline, S. 2162 would codify VA's new travel reimbursement rate for veterans who drive to their medical appointments at VA, and would index that rate so that future increases are automatic. The rate was increased in January from 11 cents to 28.5 cents a mile by VA Secretary James Peake. In addition, this bill will reverse the increase in the deductible that was made in January.

Third, the legislation directs a 3-year pilot program on the provision of contract care to veterans residing in highly rural areas where no VA facilities exist. It makes no sense for veterans in rural areas to travel hundreds of miles for their care when they could easily seek care at their own local community health care facilities. Not only will they be more likely to seek needed preventive care, they'll also avoid the high cost of gas to get to a VA appointment. I am pleased about the potential for this pilot program and look forward to it being tested in rural States like North Carolina.

And fourth, I am pleased the legislation includes an expansion of a concept that was tested and that proved successful at the Asheville VA Medical Center. The concept was to consolidate VA's capability to bill and collect from private insurance companies into one site rather than retain that capability at multiple sites. The employees at the Asheville VA Consolidated Patient Accounting Center have cultivated their expertise, and I am pleased to say that the pilot has been a success, generating millions of dollars in additional revenue. The legislation would expand on that concept by directing VA to open seven other centers around the country within the next 5 years. I am excited at the prospect of enhancing VA's revenue collection so that additional dollars can be invested in the health care delivery of our veterans.

These are just a few of the good provisions of this legislation. For my colleagues interested in a fuller accounting of the bill's provisions I would refer them to the Joint Explanatory Statement that will be made part of the RECORD.

Before I conclude, I would like to personally thank the chairman of the Senate Committee on Veterans' Affairs,

Senator AKAKA, for his cooperation with me on this bill. The chairman has no equal when it comes to handling negotiations with integrity and fairness. I would also like to thank the chairman of the House Committee on Veterans' Affairs, Chairman BOB FILNER, and ranking member STEVE BUYER. Finally, I would like to thank all of the staff members of the Veterans' Committees who worked on this bill, as well as the hard-working staff of the Senate and House Legislative Counsel's office who performed the technical drafting.

This is a good bill. I am proud of the work the House and Senate have done on it. And I ask my colleagues for their support.

BREAST CANCER AND ENVIRONMENTAL RESEARCH ACT OF 2007

Ms. LANDRIEU. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1157, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1157) to amend the Public Health Service Act to authorize the Director of the National Institute of Environmental Health Sciences to make grants for the development and operation of research centers regarding environmental factors that may be related to the etiology of breast cancer.

There being no objection, the Senate proceeded to consider the bill.

Ms. LANDRIEU. I ask unanimous consent the bill be read three times and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 1157) was ordered to a third reading, was read the third time, and passed.

Mr. REID. Mr. President, I am pleased that both chambers of Congress passed the Breast Cancer and Environmental Research Act this week.

Every year, hundreds of thousands of women in this country receive the diagnosis of breast cancer. Breast cancer will strike approximately 1 in 8 American women in her lifetime, with a new case diagnosed every 2 minutes.

We have made remarkable progress in the area of breast cancer, but we still do not know what causes breast cancer. Scientists have identified some risk factors, but those factors help explain fewer than 30 percent of cases.

The Breast Cancer and Environmental Research Act would help to establish a national strategy to study the potential links between the environment and breast cancer and would authorize funding for such research. The resulting discoveries could be critical to improving our knowledge of this complex illness, which could lead to new treatments and perhaps, one day, a cure.

Too many women have wanted too long for this legislation to become law. Since former Senator Lincoln Chafee and I first introduced legislation in 2000, it is estimated that 2 million women have been diagnosed with breast cancer and almost 300,000 have died. One of these women, a lifelong Nevadan named Deanna Jensen, championed this legislation and stayed in regular contact with my staff, even while enduring a grueling regimen of radiation and chemotherapy. Sadly, Deanna Jensen lost her battle with cancer on January 7, 2007.

Last session, I had hoped that this legislation would finally become a reality. It was reported out of the Senate HELP Committee, and despite overwhelming bipartisan support for this legislation, the Republican majority would not schedule floor time to consider this bill. On several occasions, I tried to pass this legislation by unanimous consent, but with every attempt, one Senator objected and prevented the Senate from passing this important legislation.

This year, thanks to Senate Health, Education, Labor and Pensions—HELP—Committee Chairman KENNEDY's leadership and that of Senators CLINTON and HATCH, the Senate HELP Committee reported this bill favorably. However, the minority continued to object to our efforts to pass this legislation by unanimous consent. On more than one occasion, I proposed that we consider this legislation under a time agreement that would have permitted a reasonable number of germane amendments and a recorded vote on the bill. Those offers were also rejected, in spite of the fact that over two-thirds of the members of the Senate were cosponsors of this bill.

Over the past several months, this legislation has been the focus of negotiations between the bill sponsors in both chambers and those members whose strong concerns have prevented this legislation from advancing for so long. The resulting compromise is a strong step in the right direction and will finally set us on the path towards obtaining a better understanding of the relationship between the development of breast cancer and the environment. I am pleased that we were able to pass this legislation this week and hope the President will sign it into law without further delay.

COMPREHENSIVE TUBERCULOSIS ELIMINATION ACT OF 2007

Ms. LANDRIEU. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1532, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1532) to amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.