

Whereas, despite the moratorium, 3 countries that are parties to the Convention continue to kill whales for financial gain, disregarding the protests of other parties;

Whereas those 3 countries have killed more than 25,000 whales since the moratorium entered into force, including more than 11,000 whales killed under the guise of scientific research;

Whereas whaling conducted for scientific purposes has been found to be unnecessary by the majority of the world's cetacean scientists because nonlethal research alternatives exist;

Whereas the parties to the Convention have adopted numerous resolutions opposing and calling for an end to so-called scientific whaling, most recently in 2007 at the annual Commission meeting in Anchorage, Alaska;

Whereas commercial whaling in any form, including special permit whaling and any coastal or community-based whaling, undermines the conservation mandate of the Convention and impairs the Commission's ability to function effectively;

Whereas all coastal whaling is commercial, unless conducted under the aboriginal exemption to the moratorium on commercial whaling; and

Whereas the majority of the people of the United States oppose the killing of whales for commercial purposes and expect the United States to use all available means to end such killing: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring). That it is the sense of Congress that the United States, through the International Whaling Commission, should—

(1) use all appropriate measures to end commercial whaling in any form, including so-called scientific whaling;

(2) oppose any initiative that would result in any new, Commission-sanctioned coastal or community-based whale hunting, even if the whale hunting is portrayed as noncommercial and including any commercial whaling by coastal communities that does not qualify as aboriginal subsistence whaling; and

(3) seek to strengthen conservation and management measures to facilitate the conservation of whale species.

AMENDMENTS SUBMITTED AND PROPOSED

SA 4822. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 3036, to direct the Administrator of the Environmental Protection Agency to establish a program to decrease emissions of greenhouse gases, and for other purposes; which was ordered to lie on the table.

SA 4823. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 3036, supra; which was ordered to lie on the table.

SA 4824. Mrs. BOXER (for Mr. AKAKA (for himself and Mr. BURR)) proposed an amendment to the bill S. 2162, to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

TEXT OF AMENDMENTS

SA 4822. Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 3036, to direct the Administrator of the Environmental Protection Agency to establish a program to decrease emissions of

greenhouse gases, and for other purposes; which was ordered to lie on the table; as follows:

Strike the table that appears on page 162 after line 17 and insert the following:

| Calendar year | Percentage for auction for Climate Change Worker Training and Assistance Fund |
|---------------|---|
| 2012 | 3 |
| 2013 | 3 |
| 2014 | 3 |
| 2015 | 3 |
| 2016 | 2.5 |
| 2017 | 2.5 |
| 2018 | 2.5 |
| 2019 | 2.5 |
| 2020 | 2.5 |
| 2021 | 3 |
| 2022 | 3 |
| 2023 | 3 |
| 2024 | 3 |
| 2025 | 3 |
| 2026 | 2 |
| 2027 | 2 |
| 2028 | 3 |
| 2029 | 3 |
| 2030 | 3 |
| 2031 | 4 |
| 2032 | 4 |
| 2033 | 4 |
| 2034 | 4 |
| 2035 | 4 |
| 2036 | 4 |
| 2037 | 4 |
| 2038 | 4 |
| 2039 | 3 |
| 2040 | 3 |
| 2041 | 3 |
| 2042 | 3 |
| 2043 | 3 |
| 2044 | 3 |
| 2045 | 3 |
| 2046 | 3 |
| 2047 | 3 |
| 2048 | 3 |
| 2049 | 3 |
| 2050 | 3. |

Strike the table that appears on page 193 before line 1 and insert the following:

| Calendar year | Percentage for distribution among fossil fuel-fired electricity generators in United States |
|---------------|---|
| 2012 | 13 |
| 2013 | 13 |
| 2014 | 13 |
| 2015 | 13 |
| 2016 | 12.75 |
| 2017 | 12.5 |
| 2018 | 12.25 |
| 2019 | 11.25 |
| 2020 | 10 |
| 2021 | 8.5 |
| 2022 | 7.25 |
| 2023 | 6.25 |
| 2024 | 6 |
| 2025 | 5.75 |
| 2026 | 3.75 |
| 2027 | 3.5 |
| 2028 | 3.25 |
| 2029 | 3 |
| 2030 | 2.75. |

Beginning on page 196, strike line 18 and all that follows through page 201, line 17.

Strike the table that appears on page 203 after line 2 and insert the following:

| Calendar year | Percentage for auction for Climate Change Consumer Assistance Fund |
|---------------|--|
| 2012 | 15.25 |
| 2013 | 15.5 |
| 2014 | 15.5 |
| 2015 | 15.75 |
| 2016 | 16 |
| 2017 | 16.25 |
| 2018 | 15.75 |
| 2019 | 16.75 |
| 2020 | 16.75 |
| 2021 | 16.75 |
| 2022 | 16.75 |
| 2023 | 16.75 |
| 2024 | 16.75 |
| 2025 | 16.75 |
| 2026 | 16.75 |
| 2027 | 16.75 |
| 2028 | 16.75 |
| 2029 | 16.75 |
| 2030 | 17.75 |
| 2031 | 18 |
| 2032 | 18 |
| 2033 | 18 |
| 2034 | 19 |
| 2035 | 19 |
| 2036 | 19 |
| 2037 | 19 |
| 2038 | 19 |
| 2039 | 19 |
| 2040 | 19 |
| 2041 | 19 |
| 2042 | 19 |
| 2043 | 19 |
| 2044 | 19 |
| 2045 | 19 |
| 2046 | 19 |
| 2047 | 19 |
| 2048 | 19 |
| 2049 | 19 |
| 2050 | 19. |

On page 204, between lines 2 and 3, insert the following:

SEC. 584. USE OF FUNDS.

(a) IN GENERAL.—Subject to section 585, of amounts deposited in the Climate Change Consumer Assistance Fund under section 583, the Administrator shall use—

(1) of the proceeds from the auction of the initial 14 percent of the percentage of emission allowances auctioned under section 582 for each calendar year—

(A) not less than 50 percent to provide assistance to low-income households under the program described in subsection (b); and

(B) not less than 50 percent to provide an earned income tax credit in accordance with subsection (c); and

(2) the remaining proceeds from auctions under section 582 to carry out other tax initiatives to protect consumers, especially consumers in greatest need, from increases in energy and other costs as a result of this Act in accordance with subsection (d).

(b) PROGRAM FOR OFFSETTING IMPACTS ON LOWER-INCOME AMERICANS.—

(1) DEFINITIONS.—In this subsection:

(A) ADMINISTRATOR.—The term “Administrator” means—

(i) the Administrator of the Environmental Protection Agency; or

(ii) the head of a Federal agency designated by the Administrator for the purposes of this subsection.

(B) ELDERLY OR DISABLED MEMBER.—The term “elderly or disabled member” has the meaning given the term in section 3 of the Food Stamp Act of 1977 (7 U.S.C. 2012).

(C) GROSS INCOME.—The term “gross income” means the gross income of a household that is determined in accordance with standards and procedures established under section 5 of the Food Stamp Act of 1977 (7 U.S.C. 2014).

(D) HOUSEHOLD.—The term “household” means—

- (i) an individual who lives alone; or
- (ii) a group of individuals who live together.

(E) POVERTY LINE.—The term “poverty line” has the meaning given the term in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)), including any revision required by that section.

(F) PROGRAM.—The term “Program” means the Climate Change Rebate Program established under paragraph (2).

(G) STATE.—The term “State” means—

- (i) each of the several States of the United States;
- (ii) the District of Columbia;
- (iii) the Commonwealth of Puerto Rico;
- (iv) Guam;
- (v) American Samoa;
- (vi) the Commonwealth of the Northern Mariana Islands; and
- (vii) the United States Virgin Islands.

(H) STATE AGENCY.—

(i) IN GENERAL.—The term “State agency” means an agency of State government that has responsibility for the administration of 1 or more federally aided public assistance programs within the State.

(ii) INCLUSIONS.—The term “State agency” includes—

- (I) a local office of a State agency described in clause (i); and
- (II) in a case in which federally aided public assistance programs of a State are operated on a decentralized basis, a counterpart local agency that administers 1 or more of those programs.

(2) CLIMATE CHANGE REBATE PROGRAM.—The Administrator shall establish and carry out a program, to be known as the “Climate Change Rebate Program”, under which, at the request of a State agency, eligible low-income households within the State shall be provided an opportunity to receive compensation, through the issuance of a monthly rebate, for use in paying certain increased energy-related costs resulting from the regulation of greenhouse gas emissions under this Act.

(3) ELIGIBILITY.—The Administrator shall limit participation in the Program to—

(A) households that the applicable State agency determines meet the gross income test and the asset test standards described in section 5 of the Food Stamp Act of 1977 (7 U.S.C. 2014); and

(B) households that do not meet those standards, but that include 1 or more individuals who meet the standards described in section 1860D-14 of the Social Security Act (42 U.S.C. 1395w-114).

(C) LIMITATION.—The Administrator shall establish additional eligibility criteria to ensure that—

(i) only United States citizens, United States nationals, and lawfully residing immigrants are eligible to receive a rebate under the Program; and

(ii) each household does not receive more than 1 rebate per month under the Program.

(4) MONTHLY REBATE AMOUNT.—

(A) ESTABLISHMENT.—

(i) IN GENERAL.—The rebate available under the Program for each month of a calendar year shall be established by the Energy Information Administration, in consultation with other appropriate Federal agencies, by not later than October 1 of the preceding calendar year.

(ii) LIMITATION.—The aggregate amount of rebates distributed in any given year shall

not exceed the amount described in subsection (a)(1).

(iii) SHORTAGE.—If the amount described in subsection (a)(4) is inadequate to provide monthly rebates to all eligible households, the Administrator shall devise an equitable proration to ensure that all eligible households receive the same portion of the full rebate the eligible households would have been eligible to receive if adequate funds had been provided.

(B) METHOD OF CALCULATION.—With respect to the calculation of a monthly rebate under this paragraph—

(i) the maximum monthly rebate provided to a household during any calendar year shall be equal to $\frac{1}{2}$ of the projected average annual increase in the costs of goods and services for that calendar year that results from the regulation of greenhouse gas emissions under this Act, taking into consideration—

- (I) the size of the household; and
- (II) direct and indirect energy costs for consumers in the lowest-income quintile that is affected by the regulation of greenhouse gas emissions, net of the effect of any projected increase in Federal benefits resulting from higher cost-of-living adjustments based on higher energy-related costs;

(ii) each quintile referred to in clause (i)(II) shall—

- (I) be based on income adjusted to account for household size; and
- (II) represent an equal number of individuals; and
- (iii) the amount shall be adjusted by household size, except that the same maximum rebate shall be—

- (I) provided to households of 5 or more individuals; and
- (II) based on the average cost increases for households of 5 or more individuals.

(C) GREATER THAN 130 PERCENT OF POVERTY LINE.—A household with a gross income that is greater than 130 percent of the poverty line shall not be eligible for a monthly rebate under this subsection.

(5) DELIVERY MECHANISM.—An eligible household shall receive a rebate through an electronic benefit transfer or direct deposit into a bank account designated by the eligible household.

(6) ADMINISTRATION.—

(A) IN GENERAL.—The State agency of each participating State shall assume responsibility for—

(i) the certification of households applying for monthly rebates under this subsection; and

(ii) the issuance, control, and accountability of those rebates.

(B) REIMBURSEMENT OF ADMINISTRATIVE COSTS.—

(i) IN GENERAL.—Subject to such standards as shall be established by the Administrator, the Administrator shall reimburse each State agency for a portion, as described in clauses (ii) and (iii), of the administrative costs involved in the operation by the State agency of the Program.

(ii) INITIAL 3 YEARS.—During the first 3 fiscal years of operation of the Program, the Administrator shall reimburse each State agency for—

(I) 75 percent of the administrative costs of delivering monthly rebates under this subsection; and

(II) 75 percent of any automated data processing improvements or electronic benefit transfer contract amendments that are necessary to provide the monthly rebates.

(iii) SUBSEQUENT YEARS.—During the fourth and subsequent years of operation of the Program, the Administrator shall reimburse each State agency for 50 percent of all administrative costs of delivering the monthly rebates under this subsection.

(C) TREATMENT.—

(i) NOT INCOME OR RESOURCES.—The value of a rebate provided under the Program shall not be considered to be income or a resource for any purpose under any Federal, State, or local law, including laws relating to an income tax, public assistance programs (such as health care, cash aid, child care, nutrition programs, and housing assistance).

(ii) ACTION BY STATE AND LOCAL GOVERNMENTS.—No State or local government a resident of which receives a rebate under the Program shall decrease any assistance that would otherwise be provided to the resident because of receipt of the rebate.

(c) SENSE OF CONGRESS REGARDING EARNED INCOME TAX CREDIT.—It is the sense of Congress that—

(1) the proceeds from the auction of not less than 7 percent of the total quantity of emission allowances auctioned for each calendar year should be used to enhance the earned income tax credit under section 32 of the Internal Revenue Code of 1986 to assist lower-income workers to afford the energy-related costs associated with the regulation of greenhouse gas emissions; and

(2) the Administrator should structure the Climate Change Rebate Program under subsection (b) in a manner that ensures that the program phases out for eligible households that receive an enhanced earned income tax credit as described in this section.

(d) SENSE OF CONGRESS REGARDING ADDITIONAL TAX POLICIES.—It is the sense of Congress that any additional amounts in the Climate Change Consumer Assistance Fund should be used to fund other tax initiatives to protect consumers, especially consumers in greatest need, from increases in energy and other costs as a result of this Act.

On page 204, line 3, strike “584” and insert “585”.

On page 204, strike lines 8 through 14.

On page 205, line 4, strike “9.5” and insert “5.5”.

On page 205, line 17, strike “9.75” and insert “5.75”.

On page 206, line 6, strike “10” and insert “6”.

Beginning on page 207, strike line 22 and all that follows through page 213, line 8.

On page 213, line 9, strike “(d)” and insert “(c)”.

Beginning on page 214, strike line 1 and all that follows through 215, line 9, and insert the following:

(i) to fund cost-effective energy efficiency and demand response programs for all fuels and energy types or in customer-located renewable energy supply in the residential, commercial, and industrial sectors under the oversight of the regulatory agencies of local distribution companies, with significant funding for low-income programs that, in combination with other provisions of this Act, shall be designed to prevent energy bill increases for low-income customers associated with this Act;

(ii) if a local distribution company does not administer energy efficiency programs under the supervision of a regulatory agency, for provision by the local distribution company to the appropriate State energy officer, regulatory agency, or third-party selected by the regulatory agency for use in accordance with this section; and

(iii) during the 5-year period beginning on the date of enactment of this Act, if infrastructure and vendors are not available to cost-effectively implement expanded programs, to provide limited rebates for customers, especially low-income customers, if appropriate.

(B) STATEMENT OF ENCOURAGEMENT.—In carrying out programs under subparagraph (A), local distribution entities are encouraged to give first priority to lowest-income customers.

On page 216, strike lines 8 through 14, and insert the following:

(C)(i) how, and to what extent, the local distribution company used the proceeds of the sale of emission allowances, including the amount of the proceeds directed to each consumer class covered in the form of rebates, energy efficiency, demand response, and distributed generation; and

(ii) the benefits of the programs described in clause (i) with respect to energy and capacity savings and energy generation, using a consistent format and methodology to be developed by the Administrator.

Beginning on page 216, strike line 19 and all that follows through page 217, line 4.

Strike the table that appears on page 280 after line 12 and insert the following:

| Calendar year | Percentage for allocation to Early Action Program |
|---------------|---|
| 2012 | 3 |
| 2013 | 3 |
| 2014 | 3 |
| 2015 | 2 |
| 2016 | 1.5 |
| 2017 | 1.5 |
| 2018 | 0.5 |
| 2019 | 0.5 |
| 2020 | 0.5 |
| 2021 | 0 |
| 2022 | 0 |
| 2023 | 0 |
| 2024 | 0 |
| 2025 | 0. |

SA 4823 Mr. WHITEHOUSE submitted an amendment intended to be proposed by him to the bill S. 3036, to direct the Administrator of the Environmental Protection Agency to establish a program to decrease emissions of greenhouse gases, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . INSTITUTES FOR OCEAN AND COASTAL ADAPTATION.

(a) **ESTABLISHMENT.**—The Administrator of the National Oceanic and Atmospheric Administration shall establish 4 regional institutes, to be known as “Institutes for Ocean and Coastal Adaptation”, at institutions of higher education in the United States for research, planning, and related efforts to assess and prepare for the impacts of climate change on ocean and coastal areas, including the Great Lakes.

(b) **LOCATION.**—The Administrator shall designate the location of 1 of the regional institutes established under subsection (a) at an institution of higher education in each of the following regions:

(1) The Northeast Region, which shall include Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, and Vermont.

(2) The Southeast and Gulf Coast Region, which shall include Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Texas, Virginia, and the Virgin Islands.

(3) The Western/Pacific Region, which shall include Alaska, American Samoa, California, Guam, Hawaii, the Northern Mariana Islands, Oregon, and Washington.

(4) The Great Lakes Region, which shall include Illinois, Indiana, Michigan, Minnesota, and Ohio, and Wisconsin.

(c) **GRANTS AUTHORIZED.**—

(1) **IN GENERAL.**—The Administrator shall award grants to 4 institutions of higher edu-

cation to carry out the purposes of this section.

(2) **APPLICATION.**—An institution of higher education seeking to operate an institute under this section shall submit an application to the Administrator at such time, in such manner, and containing such information as the Administrator may reasonably require.

(d) **SCHEDULE.**—The Administrator shall—

(1) accept applications for grants under this section beginning not later than 9 months after the date of the enactment of this Act; and

(2) award all of the grants authorized under this section not later than 90 days after the first day on which applications are accepted.

(e) **OBJECTIVES.**—The Institutes for Ocean and Coastal Adaptation shall be centers of excellence that—

(1) document and predict coastal and ocean effects of climate change; and

(2) serve as a principal national and international resource for providing technical expertise on adaptation strategies for ocean and coastal areas to respond to climate change.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as may be necessary to carry out this section.

SA 4824. Mrs. BOXER (for Mr. AKAKA (for himself and Mr. BURR)) proposed an amendment to the bill S. 2162, to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Veterans’ Mental Health and Other Care Improvements Act of 2008”.

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

TITLE I—HEALTH CARE MATTERS

Sec. 101. Veterans beneficiary travel program.

Sec. 102. Mandatory reimbursement of veterans receiving emergency treatment in non-Department of Veterans Affairs facilities until transfer to Department facilities.

Sec. 103. Epilepsy centers of excellence.

Sec. 104. Establishment of qualifications for peer specialist appointees.

TITLE II—PAIN CARE

Sec. 201. Comprehensive policy on pain management.

TITLE III—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

Sec. 301. Findings on substance use disorders and mental health.

Sec. 302. Expansion of substance use disorder treatment services provided by Department of Veterans Affairs.

Sec. 303. Care for veterans with mental health and substance use disorders.

Sec. 304. National centers of excellence on post-traumatic stress disorder and substance use disorders.

Sec. 305. Report on residential mental health care facilities of the Veterans Health Administration.

Sec. 306. Tribute to Justin Bailey.

TITLE IV—MENTAL HEALTH ACCESSIBILITY ENHANCEMENTS

Sec. 401. Pilot program on peer outreach and support for veterans and use of community mental health centers and Indian Health Service facilities.

TITLE V—MENTAL HEALTH RESEARCH

Sec. 501. Research program on comorbid post-traumatic stress disorder and substance use disorders.

Sec. 502. Extension of authorization for Special Committee on Post-Traumatic Stress Disorder.

TITLE VI—ASSISTANCE FOR FAMILIES OF VETERANS

Sec. 601. Clarification of authority of Secretary of Veterans Affairs to provide mental health services to families of veterans.

Sec. 602. Pilot program on provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers.

TITLE VII—HOMELESS VETERANS MATTERS

Sec. 701. Repeal of authority for adjustments to per diem payments to homeless veterans service centers for receipt of other sources of income.

Sec. 702. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions.

Sec. 703. Availability of grant funds to service centers for personnel.

Sec. 704. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans.

Sec. 705. Financial assistance for supportive services for very low-income veteran families in permanent housing.

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

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

TITLE I—HEALTH CARE MATTERS

SEC. 101. VETERANS BENEFICIARY TRAVEL PROGRAM.

(a) **REPEAL OF REQUIREMENT TO ADJUST AMOUNTS DEDUCTED FROM PAYMENTS OR ALLOWANCES FOR BENEFICIARY TRAVEL.**—

(1) **IN GENERAL.**—Section 111(c) is amended—

(A) by striking paragraph (5); and

(B) in paragraph (2), by striking “, except as provided in paragraph (5) of this subsection.”.

(2) **REINSTATEMENT OF AMOUNT OF DEDUCTION SPECIFIED BY STATUTE.**—Notwithstanding any adjustment made by the Secretary of Veterans Affairs under paragraph (5) of section 111(c) of title 38, United States Code, as such paragraph was in effect before the date of the enactment of this Act, the amount deducted under paragraph (1) of such section 111(c) on or after such date shall be the amount specified in such paragraph.

(b) **DETERMINATION OF MILEAGE REIMBURSEMENT RATE.**—Section 111(g) is amended—

(1) by amending paragraph (1) to read as follows:

“(1) Subject to paragraph (3), in determining the amount of allowances or reimbursement to be paid under this section, the

Secretary shall use the mileage reimbursement rate for the use of privately owned vehicles by Government employees on official business (when a Government vehicle is available), as prescribed by the Administrator of General Services under section 5707(b) of title 5.”;

(2) by striking paragraphs (3) and (4); and

(3) by inserting after paragraph (2) the following new paragraph (3):

“(3) Subject to the availability of appropriations, the Secretary may modify the amount of allowances or reimbursement to be paid under this section using a mileage reimbursement rate in excess of that prescribed under paragraph (1).”.

(c) **REPORT.**—Not later than 14 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing an estimate of the additional costs incurred by the Department of Veterans Affairs because of this section, including—

(1) any costs resulting from increased utilization of healthcare services by veterans eligible for travel allowances or reimbursements under section 111 of title 38, United States Code; and

(2) the additional costs that would be incurred by the Department should the Secretary exercise the authority described in subsection (g)(3) of such section.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to travel expenses incurred after the expiration of the 90-day period that begins on the date of the enactment of this Act.

SEC. 102. MANDATORY REIMBURSEMENT OF VETERANS RECEIVING EMERGENCY TREATMENT IN NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES UNTIL TRANSFER TO DEPARTMENT FACILITIES.

(a) **CERTAIN VETERANS WITHOUT SERVICE-CONNECTED DISABILITY.**—Section 1725 is amended—

(1) in subsection (a)(1), by striking “may reimburse” and inserting “shall reimburse”; and

(2) in subsection (f)(1), by striking subparagraph (C) and inserting the following new subparagraph (C):

“(C) until—

“(i) such time as the veteran can be transferred safely to a Department facility or other Federal facility and such facility is capable of accepting such transfer; or

“(ii) such time as a Department facility or other Federal facility accepts such transfer if—

“(I) at the time the veteran could have been transferred safely to a Department facility or other Federal facility, no Department facility or other Federal facility agreed to accept such transfer; and

“(II) the non-Department facility in which such medical care or services was furnished made and documented reasonable attempts to transfer the veteran to a Department facility or other Federal facility.”.

(b) **CERTAIN VETERANS WITH SERVICE-CONNECTED DISABILITY.**—Section 1728 is amended—

(1) by striking subsection (a) and inserting the following new subsection (a):

“(a) The Secretary shall, under such regulations as the Secretary prescribes, reimburse veterans eligible for hospital care or medical services under this chapter for the customary and usual charges of emergency treatment (including travel and incidental expenses under the terms and conditions set forth in section 111 of this title) for which such veterans have made payment, from sources other than the Department, where

such emergency treatment was rendered to such veterans in need thereof for any of the following:

“(1) An adjudicated service-connected disability.

“(2) A non-service-connected disability associated with and held to be aggravating a service-connected disability.

“(3) Any disability of a veteran if the veteran has a total disability permanent in nature from a service-connected disability.

“(4) Any illness, injury, or dental condition of a veteran who—

“(A) is a participant in a vocational rehabilitation program (as defined in section 3101(9) of this title); and

“(B) is medically determined to have been in need of care or treatment to make possible the veteran’s entrance into a course of training, or prevent interruption of a course of training, or hasten the return to a course of training which was interrupted because of such illness, injury, or dental condition.”;

(2) in subsection (b), by striking “care or services” both places it appears and inserting “emergency treatment”; and

(3) by adding at the end the following new subsection:

“(c) In this section, the term ‘emergency treatment’ has the meaning given such term in section 1725(f)(1) of this title.”.

SEC. 103. EPILEPSY CENTERS OF EXCELLENCE.

(a) **IN GENERAL.**—Subchapter II of chapter 73 is amended by adding at the end the following new section:

“§ 7330A. Epilepsy centers of excellence

“(a) **ESTABLISHMENT OF CENTERS.**—(1) Not later than 120 days after the date of the enactment of this section, the Secretary shall, upon the recommendation of the Under Secretary for Health, designate not less than six Department health-care facilities as the locations for epilepsy centers of excellence.

“(2) Subject to the availability of appropriations for such purpose, the Secretary shall establish and operate epilepsy centers of excellence at the locations designated pursuant to paragraph (1).

“(b) **DESIGNATION OF FACILITIES.**—(1) The Secretary may not designate a Department health-care facility as a location for an epilepsy center of excellence under subsection (a)(1) unless the peer review panel established under subsection (c) has determined under that subsection that the proposal submitted by such facility seeking designation as a location for an epilepsy center of excellence is among those proposals that meet the highest competitive standards of scientific and clinical merit.

“(2) In choosing from among the facilities meeting the requirements of paragraph (1), the Secretary shall also consider appropriate geographic distribution when designating the epilepsy centers of excellence under subsection (a)(1).

“(c) **PEER REVIEW PANEL.**—(1) The Under Secretary for Health shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of epilepsy centers of excellence under this section.

“(2)(A) The membership of the peer review panel shall consist of experts on epilepsy, including post-traumatic epilepsy.

“(B) Members of the peer review panel shall serve for a period of no longer than two years, except as specified in subparagraph (C).

“(C) Of the members first appointed to the panel, one half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as designated by the Under Secretary at the time of appointment.

“(3) The peer review panel shall review each proposal submitted to the panel by the

Under Secretary for Health and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.

“(4) The peer review panel shall not be subject to the Federal Advisory Committee Act.

“(d) **EPILEPSY CENTER OF EXCELLENCE DEFINED.**—In this section, the term ‘epilepsy center of excellence’ means a Department health-care facility that has (or in the foreseeable future can develop) the necessary capacity to function as a center of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy and has (or may reasonably be anticipated to develop) each of the following:

“(1) An affiliation with an accredited medical school that provides education and training in neurology, including an arrangement with such school under which medical residents receive education and training in the diagnosis and treatment of epilepsy (including neurosurgery).

“(2) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health-care research efforts.

“(3) An advisory committee composed of veterans and appropriate health-care and research representatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of the center during the period of the operation of such center.

“(4) The capability to conduct effectively evaluations of the activities of such center.

“(5) The capability to coordinate (as part of an integrated national system) education, clinical care, and research activities within all facilities with such centers.

“(6) The capability to develop jointly a national consortium of providers with interest in treating epilepsy at Department health-care facilities lacking such centers in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health-care system of the Department. Such consortium should include a designated epilepsy referral clinic in each Veterans Integrated Service Network.

“(7) The capability to assist in the expansion of the Department’s use of information systems and databases to improve the quality and delivery of care for veterans enrolled within the Department’s health care system.

“(8) The capability to assist in the expansion of the Department telehealth program to develop, transmit, monitor, and review neurological diagnostic tests.

“(9) The ability to perform epilepsy research, education, and clinical care activities in collaboration with Department medical facilities that have centers for research, education, and clinical care activities on complex multi-trauma associated with combat injuries established under section 7327 of this title.

“(e) **NATIONAL COORDINATOR FOR EPILEPSY PROGRAMS.**—(1) To assist the Secretary and the Under Secretary for Health in carrying out this section, the Secretary shall designate an individual in the Veterans Health Administration to act as a national coordinator for epilepsy programs of the Veterans Health Administration.

“(2) The duties of the national coordinator for epilepsy programs shall include the following:

“(A) To supervise the operation of the centers established pursuant to this section.

“(B) To coordinate and support the national consortium of providers with interest in treating epilepsy at Department health-care facilities lacking such centers in order

to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health-care system of the Department.

“(C) To conduct regular evaluations of the epilepsy centers of excellence to ensure compliance with the requirements of this section.

“(3) In carrying out duties under this subsection, the national coordinator for epilepsy programs shall report to the official of the Veterans Health Administration responsible for neurology.

“(F) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated \$6,000,000 for each of fiscal years 2009 through 2013 for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

“(2) There are authorized to be appropriated for each fiscal year after fiscal year 2013 such sums as may be necessary for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

“(3) The Secretary shall ensure that funds for such centers are designated for the first three years of operation as a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

“(4) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, the Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

“(5) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, there are authorized to be appropriated such sums as may be necessary to fund the national coordinator established by subsection (e).”.

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

“7330A. Epilepsy centers of excellence.”.

SEC. 104. ESTABLISHMENT OF QUALIFICATIONS FOR PEER SPECIALIST APPOINTEES.

(a) IN GENERAL.—Section 7402(b) is amended—

(1) by redesignating the paragraph (11) relating to other health-care positions as paragraph (14); and

(2) by inserting after paragraph (12) the following new paragraph (13):

“(13) PEER SPECIALIST.—To be eligible to be appointed to a peer specialist position, a person must—

“(A) be a veteran who has recovered or is recovering from a mental health condition; and

“(B) be certified by—

“(i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or

“(ii) a State as having satisfied relevant State requirements for a peer specialist position.”.

(b) PEER SPECIALIST TRAINING.—Section 7402 is amended by adding at the end the following new subsection:

“(g) The Secretary may enter into contracts with not-for-profit entities to provide—

“(1) peer specialist training to veterans; and

“(2) certification for veterans under subsection (b)(13)(B)(i).”.

TITLE II—PAIN CARE

SEC. 201. COMPREHENSIVE POLICY ON PAIN MANAGEMENT.

(a) COMPREHENSIVE POLICY REQUIRED.—Not later than October 1, 2008, the Secretary of Veterans Affairs shall develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs.

(b) SCOPE OF POLICY.—The policy required by subsection (a) shall cover each of the following:

(1) The Department-wide management of acute and chronic pain experienced by veterans.

(2) The standard of care for pain management to be used throughout the Department.

(3) The consistent application of pain assessments to be used throughout the Department.

(4) The assurance of prompt and appropriate pain care treatment and management by the Department, system-wide, when medically necessary.

(5) Department programs of research related to acute and chronic pain suffered by veterans, including pain attributable to central and peripheral nervous system damage characteristic of injuries incurred in modern warfare.

(6) Department programs of pain care education and training for health care personnel of the Department.

(7) Department programs of patient education for veterans suffering from acute or chronic pain and their families.

(c) UPDATES.—The Secretary shall revise the policy required by subsection (a) on a periodic basis in accordance with experience and evolving best practice guidelines.

(d) CONSULTATION.—The Secretary shall develop the policy required by subsection (a), and revise such policy under subsection (c), in consultation with veterans service organizations and other organizations with expertise in the assessment, diagnosis, treatment, and management of pain.

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the completion and initial implementation of the policy required by subsection (a) and on October 1 of every fiscal year thereafter through fiscal year 2018, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of the policy required by subsection (a).

(2) CONTENTS.—The report required by paragraph (1) shall include the following:

(A) A description of the policy developed and implemented under subsection (a) and any revisions to such policy under subsection (c).

(B) A description of the performance measures used to determine the effectiveness of such policy in improving pain care for veterans system-wide.

(C) An assessment of the adequacy of Department pain management services based on a survey of patients managed in Department clinics.

(D) A assessment of the research projects of the Department relevant to the treatment of the types of acute and chronic pain suffered by veterans.

(E) An assessment of the training provided to Department health care personnel with respect to the diagnosis, treatment, and management of acute and chronic pain.

(F) An assessment of the patient pain care education programs of the Department.

(f) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term “veterans service organization” means any organiza-

tion recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

TITLE III—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

SEC. 301. FINDINGS ON SUBSTANCE USE DISORDERS AND MENTAL HEALTH.

Congress makes the following findings:

(1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use, with similar rates of acknowledged problems with alcohol use among members of the National Guard.

(2) The effects of substance abuse are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.

(3) While veterans suffering from mental health conditions, chronic physical illness, and polytrauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.

(4) While the Veterans Health Administration has dramatically increased health services for veterans from 1996 through 2006, the number of veterans receiving specialized substance abuse treatment services decreased 18 percent during that time. No comparable decrease in the national rate of substance abuse has been observed during that time.

(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

(6) According to the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and has made little progress since in restoring these services to their pre-1996 levels.

SEC. 302. EXPANSION OF SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure the provision of such services and treatment to each veteran enrolled in the health care system of the Department of Veterans Affairs who is in need of services and treatments for a substance use disorder as follows:

(1) Short term motivational counseling services.

(2) Intensive outpatient or residential care services.

(3) Relapse prevention services.

(4) Ongoing aftercare and outpatient counseling services.

(5) Opiate substitution therapy services.

(6) Pharmacological treatments aimed at reducing craving for drugs and alcohol.

(7) Detoxification and stabilization services.

(8) Such other services as the Secretary considers appropriate.

(b) PROVISION OF SERVICES.—The services and treatments described in subsection (a) may be provided to a veteran described in such subsection—

(1) at Department of Veterans Affairs medical centers or clinics;

(2) by referral to other facilities of the Department that are accessible to such veteran; or

(3) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

(c) **ALTERNATIVES IN CASE OF SERVICES DENIED DUE TO CLINICAL NECESSITY.**—If the Secretary denies the provision to a veteran of services or treatment for a substance use disorder due to clinical necessity, the Secretary shall provide the veteran such other services or treatments as are medically appropriate.

(d) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth, for each medical facility of the Department, the availability of the following:

(1) Medically supervised withdrawal management.

(2) Programs for treatment of alcohol and other substance use disorders that are—

(A) integrated with primary health care services; or

(B) available as specialty substance use disorder services.

(3) Specialty programs for the treatment of post-traumatic stress disorder.

(4) Programs to treat veterans who are diagnosed with both a substance use disorder and a mental health disorder.

SEC. 303. CARE FOR VETERANS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(a) **IN GENERAL.**—If the Secretary of Veterans Affairs provides a veteran inpatient or outpatient care for a substance use disorder and a comorbid mental health disorder, the Secretary shall ensure that treatment for such disorders is provided concurrently—

(1) through a service provided by a clinician or health professional who has training and expertise in treatment of substance use disorders and mental health disorders;

(2) by separate substance use disorder and mental health disorder treatment services when there is appropriate coordination, collaboration, and care management between such treatment services; or

(3) by a team of clinicians with appropriate expertise.

(b) **TEAM OF CLINICIANS WITH APPROPRIATE EXPERTISE DEFINED.**—In this section, the term “team of clinicians with appropriate expertise” means a team consisting of the following:

(1) Clinicians and health professionals with expertise in treatment of substance use disorders and mental health disorders who act in coordination and collaboration with each other.

(2) Such other professionals as the Secretary considers appropriate for the provision of treatment to veterans for substance use and mental health disorders.

SEC. 304. NATIONAL CENTERS OF EXCELLENCE ON POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS.

(a) **IN GENERAL.**—Subchapter II of chapter 73, as amended by sections 210 and 303 of this Act, is further amended by adding at the end the following new section:

“§ 7330C. National centers of excellence on post-traumatic stress disorder and substance use disorders

“(a) **ESTABLISHMENT OF CENTERS.**—(1) The Secretary shall establish not less than six national centers of excellence on post-traumatic stress disorder and substance use disorders.

“(2) The purpose of the centers established under this section is to serve as Department facilities that provide comprehensive inpa-

tient or residential treatment and recovery services for veterans diagnosed with both post-traumatic stress disorder and a substance use disorder.

“(b) **LOCATION.**—Each center established in accordance with subsection (a) shall be located at a medical center of the Department that—

“(1) provides specialized care for veterans with post-traumatic stress disorder and a substance use disorder; and

“(2) is geographically situated in an area with a high number of veterans that have been diagnosed with both post-traumatic stress disorder and substance use disorder.

“(c) **PROCESS OF REFERRAL AND TRANSITION TO STEP DOWN DIAGNOSIS REHABILITATION TREATMENT PROGRAMS.**—The Secretary shall establish a process to refer and aid the transition of veterans from the national centers of excellence on post-traumatic stress disorder and substance use disorders established pursuant to subsection (a) to programs that provide step down rehabilitation treatment for individuals with post-traumatic stress disorder and substance use disorders.

“(d) **COLLABORATION WITH THE NATIONAL CENTER FOR POST-TRAUMATIC STRESS DISORDER.**—The centers established under this section shall collaborate in the research of the National Center for Post-Traumatic Stress Disorder.”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7330 the following new item:

“7330C. National centers of excellence on post-traumatic stress disorder and substance use disorders.”.

SEC. 305. REPORT ON RESIDENTIAL MENTAL HEALTH CARE FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) **REVIEWS.**—The Secretary of Veterans Affairs shall, acting through the Office of Mental Health Services of the Department of Veterans Affairs—

(1) not later than six months after the date of the enactment of this Act, conduct a review of all residential mental health care facilities, including domiciliary facilities, of the Veterans Health Administration; and

(2) not later than two years after the date of the completion of the review required by paragraph (1), conduct a follow-up review of such facilities to evaluate any improvements made or problems remaining since the review under paragraph (1) was completed.

(b) **REPORT.**—Not later than 90 days after the completion of the review required by subsection (a)(1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on such review. The report shall include the following:

(1) A description of the availability of care in residential mental health care facilities in each Veterans Integrated Service Network (VISN).

(2) An assessment of the supervision and support provided in the residential mental health care facilities of the Veterans Health Administration.

(3) The ratio of staff members at each residential mental health care facility to patients at such facility.

(4) An assessment of the appropriateness of rules and procedures for the prescription and administration of medications to patients in such residential mental health care facilities.

(5) A description of the protocols at each residential mental health care facility for handling missed appointments.

(6) Any recommendations the Secretary considers appropriate for improvements to such residential mental health care facilities and the care provided in such facilities.

SEC. 306. TRIBUTE TO JUSTIN BAILEY.

This title is enacted in tribute to Justin Bailey, who, after returning to the United States from service as a member of the Armed Forces in Operation Iraqi Freedom, died in a domiciliary facility of the Department of Veterans Affairs while receiving care for post-traumatic stress disorder and a substance use disorder.

TITLE IV—MENTAL HEALTH ACCESSIBILITY ENHANCEMENTS

SEC. 401. PILOT PROGRAM ON PEER OUTREACH AND SUPPORT FOR VETERANS AND USE OF COMMUNITY MENTAL HEALTH CENTERS AND INDIAN HEALTH SERVICE FACILITIES.

(a) **PILOT PROGRAM REQUIRED.**—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing to veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and, in particular, veterans who served in such operations as a member of the National Guard or Reserve, the following:

(1) Peer outreach services.

(2) Peer support services provided by licensed providers of peer support services or veterans who have personal experience with mental illness.

(3) Readjustment counseling services described in section 1712A of title 38, United States Code.

(4) Other mental health services.

(b) **PROVISION OF CERTAIN SERVICES.**—In providing services described in paragraphs (3) and (4) of subsection (a) under the pilot program to veterans who reside in rural areas and do not have adequate access through the Department of Veterans Affairs to the services described in such paragraphs, the Secretary shall, acting through the Office of Mental Health Services and the Office of Rural Health, provide such services as follows:

(1) Through community mental health centers or other entities under contracts or other agreements for the provision of such services that are entered into for purposes of the pilot program.

(2) Through the Indian Health Service pursuant to a memorandum of understanding entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for purposes of the pilot program.

(c) **DURATION.**—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

(d) **PROGRAM LOCATIONS.**—

(1) **IN GENERAL.**—The pilot program shall be carried out within areas selected by the Secretary for the purpose of the pilot program in at least two Veterans Integrated Service Networks (VISN).

(2) **RURAL GEOGRAPHIC LOCATIONS.**—The locations selected shall be in rural geographic locations that, as determined by the Secretary, lack access to comprehensive mental health services through the Department of Veterans Affairs.

(3) **QUALIFIED PROVIDERS.**—In selecting locations for the pilot program, the Secretary shall select locations in which an adequate number of licensed mental health care providers with credentials equivalent to those of Department mental health care providers are available in Indian Health Service facilities, community mental health centers, and other entities are available for participation in the pilot program.

(e) **PARTICIPATION IN PROGRAM.**—Each community mental health center, facility of the

Indian Health Service, or other entity participating in the pilot program under subsection (b) shall—

(1) provide the services described in paragraphs (3) and (4) of subsection (a) to eligible veterans, including, to the extent practicable, telehealth services that link the center or facility with Department of Veterans Affairs clinicians;

(2) use the clinical practice guidelines of the Veterans Health Administration or the Department of Defense in the provision of such services; and

(3) meet such other requirements as the Secretary shall require.

(f) COMPLIANCE WITH DEPARTMENT PROTOCOLS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall comply with—

(1) applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services as part of the pilot program; and

(2) access and quality standards of the Department relevant to the provision of services as part of the pilot program.

(g) PROVISION OF CLINICAL INFORMATION.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall, in a timely fashion, provide the Secretary with such clinical information on each veteran for whom such health center or facility provides mental health services under the pilot program as the Secretary shall require.

(h) TRAINING.—

(1) TRAINING OF VETERANS.—As part of the pilot program, the Secretary shall carry out a program of training for veterans described in subsection (a) to provide the services described in paragraphs (1) and (2) of such subsection.

(2) TRAINING OF CLINICIANS.—

(A) IN GENERAL.—The Secretary shall conduct a training program for clinicians of community mental health centers, Indian Health Service facilities, or other entities participating in the pilot program under subsection (b) to ensure that such clinicians can provide the services described in paragraphs (3) and (4) of subsection (a) in a manner that accounts for factors that are unique to the experiences of veterans who served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including their combat and military training experiences).

(B) PARTICIPATION IN TRAINING.—Personnel of each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall participate in the training program conducted pursuant to subparagraph (A).

(i) ANNUAL REPORTS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall submit to the Secretary on an annual basis a report containing, with respect to the provision of services under subsection (b) and for the last full calendar year ending before the submission of such report—

(1) the number of—

(A) veterans served; and

(B) courses of treatment provided; and

(2) demographic information for such services, diagnoses, and courses of treatment.

(j) PROGRAM EVALUATION.—

(1) IN GENERAL.—The Secretary shall, through Department of Veterans Affairs Mental Health Services investigators and in collaboration with relevant program offices of the Department, design and implement a strategy for evaluating the pilot program.

(2) ELEMENTS.—The strategy implemented under paragraph (1) shall assess the impact

that contracting with community mental health centers, the Indian Health Service, and other entities participating in the pilot program under subsection (b) has on the following:

(A) Access to mental health care by veterans in need of such care.

(B) The use of telehealth services by veterans for mental health care needs.

(C) The quality of mental health care and substance use disorder treatment services provided to veterans in need of such care and services.

(D) The coordination of mental health care and other medical services provided to veterans.

(k) DEFINITIONS.—In this section:

(1) The term “community mental health center” has the meaning given such term in section 410.2 of title 42, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act).

(2) The term “eligible veteran” means a veteran in need of mental health services who—

(A) is enrolled in the Department of Veterans Affairs health care system; and

(B) has received a referral from a health professional of the Veterans Health Administration to a community mental health center, a facility of the Indian Health Service, or other entity for purposes of the pilot program.

(3) The term “Indian Health Service” means the organization established by section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1661(a)).

(l) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

TITLE V—MENTAL HEALTH RESEARCH

SEC. 501. RESEARCH PROGRAM ON COMORBID POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS.

(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a program of research into comorbid post-traumatic stress disorder (PTSD) and substance use disorder.

(b) DISCHARGE THROUGH NATIONAL CENTER FOR POSTTRAUMATIC STRESS DISORDER.—The research program required by subsection (a) shall be carried out by the National Center for Posttraumatic Stress Disorder. In carrying out the program, the Center shall—

(1) develop protocols and goals with respect to research under the program; and

(2) coordinate research, data collection, and data dissemination under the program.

(c) RESEARCH.—The program of research required by subsection (a) shall address the following:

(1) Comorbid post-traumatic stress disorder and substance use disorder.

(2) The systematic integration of treatment for post-traumatic stress disorder with treatment for substance use disorder.

(3) The development of protocols to evaluate care of veterans with comorbid post-traumatic stress disorder and substance use disorder and to facilitate cumulative clinical progress of such veterans over time.

(d) FUNDING.—

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

(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall be made available to the National Center on Posttraumatic Stress Disorder for the purpose specified in that paragraph.

(3) SUPPLEMENT NOT SUPPLANT.—Any amount made available to the National Center on Posttraumatic Stress Disorder for a

fiscal year under paragraph (2) is in addition to any other amounts made available to the National Center on Posttraumatic Stress Disorder for such year under any other provision of law.

SEC. 502. EXTENSION OF AUTHORIZATION FOR SPECIAL COMMITTEE ON POST-TRAUMATIC STRESS DISORDER.

Section 110(e)(2) of the Veterans' Health Care Act of 1984 (38 U.S.C. 1712A note; Public Law 98-528) is amended by striking “through 2008” and inserting “through 2012”.

TITLE VI—ASSISTANCE FOR FAMILIES OF VETERANS

SEC. 601. CLARIFICATION OF AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO PROVIDE MENTAL HEALTH SERVICES TO FAMILIES OF VETERANS.

(a) IN GENERAL.—Chapter 17 is amended—

(1) in section 1701(5)(B)—

(A) by inserting “marriage and family counseling,” after “professional counseling,”; and

(B) by striking “as may be essential to” and inserting “as the Secretary considers appropriate for”; and

(2) in subsections (a) and (b) of section 1782, by inserting “marriage and family counseling,” after “professional counseling.”

(b) LOCATION.—Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly referred to as “Vet Centers”), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.

SEC. 602. PILOT PROGRAM ON PROVISION OF RE-ADJUSTMENT AND TRANSITION ASSISTANCE TO VETERANS AND THEIR FAMILIES IN COOPERATION WITH VET CENTERS.

(a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall carry out, through a non-Department of Veterans Affairs entity, a pilot program to assess the feasibility and advisability of providing readjustment and transition assistance described in subsection (b) to veterans and their families in cooperation with centers under section 1712A of title 38, United States Code (commonly referred to as “Vet Centers”).

(b) READJUSTMENT AND TRANSITION ASSISTANCE.—Readjustment and transition assistance described in this subsection is assistance as follows:

(1) Readjustment and transition assistance that is preemptive, proactive, and principle-centered.

(2) Assistance and training for veterans and their families in coping with the challenges associated with making the transition from military to civilian life.

(c) NON-DEPARTMENT OF VETERANS AFFAIRS ENTITY.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program through any for-profit or non-profit organization selected by the Secretary for purposes of the pilot program that has demonstrated expertise and experience in the provision of assistance and training described in subsection (b).

(2) CONTRACT OR AGREEMENT.—The Secretary shall carry out the pilot program through a non-Department entity described in paragraph (1) pursuant to a contract or other agreement entered into by the Secretary and the entity for purposes of the pilot program.

(d) DURATION OF PILOT PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date of

the enactment of this Act, and may be carried out for additional one-year periods thereafter.

(e) LOCATION OF PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall provide assistance under the pilot program in cooperation with 10 centers described in subsection (a) designated by the Secretary for purposes of the pilot program.

(2) DESIGNATIONS.—In designating centers described in subsection (a) for purposes of the pilot program, the Secretary shall designate centers so as to provide a balanced geographical representation of such centers throughout the United States, including the District of Columbia, the Commonwealth of Puerto Rico, tribal lands, and other territories and possessions of the United States.

(f) PARTICIPATION OF CENTERS.—A center described in subsection (a) that is designated under subsection (e) for participation in the pilot program shall participate in the pilot program by promoting awareness of the assistance and training available to veterans and their families through—

(1) the facilities and other resources of such center;

(2) the non-Department of Veterans Affairs entity selected pursuant to subsection (c); and

(3) other appropriate mechanisms.

(g) ADDITIONAL SUPPORT.—In carrying out the pilot program, the Secretary of Veterans Affairs may enter into contracts or other agreements, in addition to the contract or agreement described in subsection (c), with such other non-Department of Veterans Affairs entities meeting the requirements of subsection (c) as the Secretary considers appropriate for purposes of the pilot program.

(h) REPORT ON PILOT PROGRAM.—

(1) REPORT REQUIRED.—Not later than six months after the date of the conclusion of the pilot program, the Secretary shall submit to the congressional veterans affairs committees a report on the pilot program.

(2) ELEMENTS.—Each report under paragraph (1) shall include the following:

(A) A description of the activities under the pilot program as of the date of such report, including the number of veterans and families provided assistance under the pilot program and the scope and nature of the assistance so provided.

(B) A current assessment of the effectiveness of the pilot program.

(C) Any recommendations that the Secretary considers appropriate for the extension or expansion of the pilot program.

(3) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this subsection, the term “congressional veterans affairs committees” means—

(A) the Committees on Veterans’ Affairs and Appropriations of the Senate; and

(B) the Committees on Veterans’ Affairs and Appropriations of the House of Representatives.

(i) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2011 \$1,000,000 to carry out this section.

(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall remain available until expended.

TITLE VII—HOMELESS VETERANS MATTERS

SEC. 701. REPEAL OF AUTHORITY FOR ADJUSTMENTS TO PER DIEM PAYMENTS TO HOMELESS VETERANS SERVICE CENTERS FOR RECEIPT OF OTHER SOURCES OF INCOME.

Section 1012(a)(2) is amended—

(1) by striking subparagraphs (B) and (D);

(2) in subparagraph (A)—

(A) by striking “The rate” and inserting “Except as provided in subparagraph (B), the rate”;

(B) by striking “adjusted by the Secretary under subparagraph (B)”;

(C) by designating the second sentence as subparagraph (B) and indenting the margin of such subparagraph, as so designated, two ems from the left margin; and

(3) in subparagraph (C), by striking “to make the adjustment under subparagraph (B)”.

SEC. 702. 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 is amended by striking “a demonstration program for the purpose of determining the costs and benefits of providing” and inserting “a program of”.

(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, 2012.”.

(d) CONFORMING AMENDMENTS.—

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

(2) 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) 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 is amended by striking the item relating to section 2023 and inserting the following:

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

SEC. 703. AVAILABILITY OF GRANT FUNDS TO SERVICE CENTERS FOR PERSONNEL.

Section 2011 is amended by adding at the end the following new subsection:

“(i) AVAILABILITY OF GRANT FUNDS FOR SERVICE CENTER PERSONNEL.—A grant under this section for a service center for homeless veterans may be used to provide funding for staff as necessary in order for the center to meet the service availability requirements of subsection (g)(1).”.

SEC. 704. PERMANENT AUTHORITY FOR DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.

Subsection (b) of section 2043 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 with respect to safety, to meet the needs of veterans who are women.”.

SEC. 705. 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) 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 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 supportive services described in subsection (b) for very low-income veteran families occupying permanent housing.

“(2) Financial assistance under this section shall consist of grants for each such family for which an approved eligible entity is providing or coordinating the provision of supportive services.

“(3)(A) The Secretary shall provide such grants to each eligible entity that is providing or coordinating the provision of supportive services.

“(B) The Secretary is authorized to establish intervals of payment for the administration of such grants and establish a maximum amount to be awarded, in accordance with the services being provided and their duration.

“(4) In providing financial assistance under paragraph (1), the Secretary shall give preference to entities providing or coordinating the provision of supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.

“(5) 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.

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

“(7) The Secretary may require entities receiving financial assistance under this section to submit a report to the Secretary that describes the projects carried out with such financial assistance.

“(b) SUPPORTIVE SERVICES.—The supportive services referred to in subsection (a) are the following:

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

“(A) outreach services;

“(B) case management services;

“(C) assistance in obtaining any benefits from the Department which the veteran may be eligible to receive, including, but not limited to, vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services; and

“(D) assistance in obtaining and coordinating the provision of other public benefits provided in federal, State, or local agencies, or any organization defined in subsection (f), including—

“(i) health care services (including obtaining health insurance);

“(ii) daily living services;

“(iii) personal financial planning;

“(iv) transportation services;

“(v) income support services;

“(vi) fiduciary and representative payee services;

“(vii) legal services to assist the veteran family with issues that interfere with the family’s ability to obtain or retain housing or supportive services;

“(viii) child care;

“(ix) housing counseling; and

“(x) other services necessary for maintaining independent living.

“(2) Services described in paragraph (1) 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 pending the location or development of housing suitable for permanent housing.

“(3) Services described in paragraph (1) 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 after such families exit permanent housing or until such families commence receipt of other housing services adequate to meet their current needs, but only to the extent that services under this paragraph are designed to support such families in their choice to transition into housing that is responsive to their individual needs and preferences.

“(C) APPLICATION FOR FINANCIAL ASSISTANCE.—(1) An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary to carry out this section.

“(2) Each application submitted by an eligible entity under paragraph (1) shall contain—

“(A) a description of the supportive services proposed to be provided by the eligible entity and the identified needs for those services;

“(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—

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

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

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

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

“(v) to seek continuously 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 be provided financial assistance under this section.

“(d) TECHNICAL ASSISTANCE.—(1) The Secretary shall provide training and technical assistance to participating eligible entities regarding the planning, development, and provision of supportive services to very low-income veteran families occupying permanent housing, through the Technical Assistance grants program in section 2064 of this title.

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

“(e) FUNDING.—(1) From amounts appropriated to the Department for Medical Services, there shall be available to carry out subsection (a), (b), and (c) amounts as follows:

“(A) \$15,000,000 for fiscal year 2009.

“(B) \$20,000,000 for fiscal year 2010.

“(C) \$25,000,000 for fiscal year 2011.

“(2) Not more than \$750,000 may be available under paragraph (1) in any fiscal year to provide technical assistance under subsection (d).

“(3) There is authorized to be appropriated \$1,000,000 for each of the fiscal year 2008 through 2010 to carry out the provisions of subsection (d).

“(f) DEFINITIONS.—In this section:

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

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

“(A) a private nonprofit organization; or

“(B) a consumer cooperative.

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

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

“(5) The term ‘private nonprofit organization’ means any of the following:

“(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).

“(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)).

“(6)(A) Subject to subparagraphs (B) and (C), the term ‘very low-income veteran family’ means a veteran family whose income does not exceed 50 percent of the median income for an area specified by the Secretary for purposes of this section, as determined by the Secretary in accordance with this paragraph.

“(B) The Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size.

“(C) 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.

“(7) 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.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 of such title 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 in permanent housing.”

(c) STUDY OF EFFECTIVENESS OF PERMANENT HOUSING PROGRAM.—

(1) IN GENERAL.—For fiscal years 2009 and 2010, the Secretary shall conduct a study of the effectiveness of the permanent housing program under section 2044 of title 38, United

States Code, as added by subsection (b), in meeting the needs of very low-income veteran families, as that term is defined in that section.

(2) COMPARISON.—In the study required by paragraph (1), the Secretary shall compare the results of the program referred to in that subsection with other programs of the Department of Veterans Affairs dedicated to the delivery of housing and services to veterans.

(3) CRITERIA.—In making the comparison required in paragraph (2), the Secretary shall examine the following:

(A) The satisfaction of veterans targeted by the programs described in paragraph (2).

(B) The health status of such veterans.

(C) The housing provided such veterans under such programs.

(D) The degree to which such veterans are encouraged to productive activity by such programs.

(4) REPORT.—Not later than March 31, 2011, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the study required by paragraph (1).

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mrs. BOXER. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on Tuesday, June 3, 2008, at 9:30 a.m.

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

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mrs. BOXER. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs be authorized to meet during the session of the Senate on June 3, 2008, at 2:30 p.m.

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

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mrs. BOXER. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on Tuesday, June 3, 2008, at 10 a.m., in room 253 of the Russell Senate Office Building.

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

COMMITTEE ON FINANCE

Mrs. BOXER. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on Tuesday, June 3, 2008, at 10 a.m., in room 215 of the Dirksen Senate Office Building.

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

PRIVILEGES OF THE FLOOR

Mr. CORNYN. Mr. President, I ask unanimous consent that Kellen McNulty, an intern in my office, be granted floor privileges for the remainder of this work period.