The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. NELSON of Florida. Mr. President, I ask unanimous consent that Sara Sanders of my staff be granted the privilege of the floor.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. ISAKSON. Mr. President, I ask unanimous consent that Mr. Duncan Hill of my staff be allowed floor privileges for the remainder of this debate.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. CORKER. Mr. President, I ask unanimous consent that Sophie Trads from my staff be granted floor privileges for the duration of my remarks.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mrs. BOXER. Mr. President, I ask unanimous consent, on behalf of Senator CARDIN, that Michael Morgan, a fellow from his office, be granted the privilege of the floor for the duration of the debate on S. 3036.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

STAR PRINT—S. 2307

Mrs. BOXER. Mr. President, I ask unanimous consent that S. 2307, the Global Change Research Improvement Act of 2007, be star printed with the changes at the desk.

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

VETERANS MENTAL HEALTH AND OTHER CARE IMPROVEMENTS ACT OF 2008

Mrs. BOXER. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 632, S. 2162.

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

The legislative clerk read as follows:

A 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.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Veterans' Affairs, with an amendment, as follows:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Veterans Mental Health Improvements Act of 2008''.

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

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

SEC. 101. 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. 102. 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-form 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. 103. 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. 104. NATIONAL CENTERS OF EXCELLENCE ON POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS.

(a) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 7330A. 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 inpatient 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 of such title is amended by inserting after the item relating to section 7330 the following new item:

''7330A. National centers of excellence on post-traumatic stress disorder and substance use disorders.''.

SEC. 105. 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. 106. 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 II—MENTAL HEALTH ACCESSIBILITY ENHANCEMENTS

SEC. 201. 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 feasability 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 III—RESEARCH

SEC. 301. 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. 302. 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 IV—ASSISTANCE FOR FAMILIES OF VETERANS

SEC. 401. CLARIFICATION OF AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO PROVIDE MENTAL HEALTH SERVICES TO FAMILIES OF VETERANS.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, 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. 402. PILOT PROGRAM ON PROVISION OF READJUSTMENT 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 feasability 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 2008 through 2010 $1,000,000 to carry out this section.

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

Mr. AKAKA. Mr. President, I am pleased to express my strong support for S. 2162, the Veterans' Mental Health and Other Care Improvements Act of 2008, as amended. This bill includes provisions on mental health care, suicide prevention, care for substance use disorders, prevention of homelessness, pain and epilepsy care, and other health care matters. This comprehensive legislation addresses many critical issues facing our Nation's veterans.

Returning home from battle does not necessarily bring an end to conflict. Servicemembers return home, but the war often follows them in their hearts and minds. Their invisible wounds are

complicated and wide-ranging, and we must provide all possible assistance. I am working with VA Secretary James Peake to ensure that VA is forthright about the numbers of suicides and attempted suicides among veterans. Solid and reliable information is critical to our understanding of the issues. Prevention of suicide is a vitally important mission.

A growing number of veterans are in need of mental health care. VA's Special Committee on Post-Traumatic Stress Disorder advised in its 2006 formal report that virtually all returning servicemembers face readjustment issues. An assessment of mental health problems among returning soldiers, recently published in the Journal of the American Medical Association in November, 2007, found that 42.4 percent of National Guard and reservists screened by the Department of Defense required mental health treatment.

Additionally, a March 2007 study published in the Archives of Internal Medicine reported that more than one-third of war veterans who have served in either Iraq or Afghanistan suffer from various mental ailments, including post-traumatic stress disorder, anxiety, depression, substance use disorder and other problems. A RAND study released in April 2008, emphasized the high risks of PTSD and depression, especially among servicemembers sent on multiple deployments, and among National Guard and reservists.

Further, the RAND study found that the stigma associated with mental health care continues to prevent servicemembers and veterans from accessing care. VA and the Department of Defense must redouble their efforts to ensure that receiving mental health care does not harm one's career. No individual is immune to the risk of mental health problems, and all must have the opportunity to receive care.

On April 25, 2007, the Committee on Veterans' Affairs held a hearing on veterans' mental health concerns, and on VA's response. We heard heart-wrenching testimony from the witnesses.

The provisions of this bill are a direct outgrowth of that hearing and the testimony given by those who have suffered with mental health issues, and by their family members. Earlier versions of the provisions included in this bill were also discussed at a legislative hearing on October 24, 2007.

This bill represents a bi-partisan approach, and is cosponsored by Senators BURR, ROCKEFELLER, MIKULSKI, BINGAMAN, ENSIGN, SMITH, COLLINS, CLINTON, DOLE, and SESSIONS. It is a tribute to Justin Bailey, a veteran of Operation Iraqi Freedom, who died in a VA domiciliary facility while receiving care for PTSD and a substance use disorder. This was a tragedy that will live on with Justin's parents, who have so courageously advocated for improvements to VA mental health care.

Provisions included in this legislative package stem from bills which have all been reported favorably by the Senate Committee on Veterans' Affairs, including: S. 1233 as reported on August 29, 2007; and S. 2004, S. 2142, S. 2160, and S. 2162, as ordered reported on November 14, 2007.

I will briefly outline other provisions in S. 2162, as amended.

As I mentioned, the legislation would make sweeping changes to VA mental health treatment and research. Most notably, it would ensure a minimum level of substance use disorder care for veterans in need. It would also require VA to improve treatment of veterans with multiple disorders, such as PTSD and substance use disorder. To ascertain if VA's residential mental health facilities are appropriately staffed, this bill would mandate a review of such facilities. It would also create a vital research program on PTSD and Substance Use Disorders, in cooperation with, and building on the work of, the National Center for PTSD.

Veterans with physical and mental wounds often turn to drugs and alcohol to ease their pain. Experts believe that stress is the primary cause of drug abuse, and of relapse to drug abuse. Research by Sinha, Fuse, Aubin and O'Malley in Psychopharmacology, 2000, and by Brewer et al. in Addiction, 1998, has found that patients with psychological trauma, including PTSD, are often susceptible to alcohol and drug abuse. Similarly, according to the National Institute on Drug Abuse, patients subjected to chronic stress, as experienced by those with PTSD, are prone to drug use. VA has long dealt with substance abuse issues, but there is much more than can be done. This legislation would provide a number of solutions to enhance substance use disorder treatment.

The inclusion of families in mental health treatment is vital. To this end, the bill would fully authorize VA to provide mental health services to families of veterans and would set up a program to help veterans and families transition to civilian life.

Beneficiary travel reimbursements are essential to improving access to VA health care for veterans in rural areas. This legislation would increase the beneficiary travel mileage reimbursement rate from 11 cents per mile to 28.5 cents per mile, and permanently set the deductible to the 2007 amount of $3 each way.

It is important that veterans who rely on VA for their health care have access to emergency care. This bill would make corrections to the procedure used by VA to reimburse community hospitals for emergency care provided to eligible veterans so as to ensure that both veterans and community hospitals are not inappropriately burdened by emergency care costs.

Too often, veterans suffer from lack of care merely because they are unaware of the services available to them. This legislation would enhance outreach and accessibility by creating a pilot program on the use of peers to help reach out to veterans. It would also encourage improved accessibility for mental health care in rural areas.

The legislation also addresses homelessness, which is far too prevalent in the veteran population. The bill would create targeted programs to provide assistance for low-income veteran families. It would also allow homeless service providers to receive VA funds without offsetting other sources of income and require that facilities which furnish services to homeless veterans are able to meet the needs of women veterans.

The committee heard testimony that epilepsy is often associated with traumatic brain injury, the injury that many are calling the signature wound of the current conflicts. This suggests a strong need to improve VA's effectiveness in dealing with epilepsy. The pending legislation would establish six VA epilepsy centers of excellence, which will focus on research, education, and clinical care activities in the diagnosis and treatment of epilepsy. These centers would restore VA to the position of leadership it once held in epilepsy research and treatment.

The medical community has made impressive advances in pain care and management, but VA has lagged behind in implementing a standardized policy for dealing with pain. The bill includes a provision that would establish a pain care program at all inpatient facilities, to prevent long-term chronic pain disability. It also provides for education for VA's health care workers on pain assessment and treatment, and would require VA to expand research on pain care.

I urge all of my colleagues to support S. 2162, as amended. It has the potential to bring relief and support to tens of thousands of veterans and their families across the country.

Mrs. BOXER. Mr. President, I ask unanimous consent that the committee substitute amendment be withdrawn, the Akaka-Burr substitute amendment which is at the desk be agreed to; the bill, as amended, be read a third time and passed; the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the bill be printed in the RECORD.

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

The amendment (No. 4824) was agreed to.

(The amendment is printed in today's RECORD under ''Text of Amendments.'')

The bill (S. 2162), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

PROVIDING FOR CERTAIN FEDERAL EMPLOYEE BENEFITS

Mrs. BOXER. Mr. President, I ask unanimous consent that the Rules Committee be discharged from further consideration of S. 2967 and that the Senate then proceed to its consideration.