

place in Hampton, VA, beginning tonight, March 6. This weekend, Vermont's own musical group, Phish, will celebrate a reunion not far from our Nation's Capitol, following their retirement in August of 2004. Phish's fans, and all Vermonters, wish a warm welcome back to Trey Anastasio, Jon Fishman, Mike Gordon, and Page McConnell, and the very best on their renewed musical journey.

In the summer of 2004, the band said farewell to thousands of fans who had persevered through torrential rain and knee-deep mud—some having walked many miles to see the band's final concerts in a farm field in Coventry, VT. For so many of the band's followers, it was a bittersweet moment, historic and mournful at once and the end of a singular era in American rock and roll. True to the band's roots, and despite the rain, it was fitting that the farewell took place in the middle of the glorious Vermont countryside.

Much to the joy of many Vermonters and people across the United States, the band could not resist the desire to perform once again, and this weekend marks their return to the stage in what Phish's fans hope will be the beginning of a sustainable period of happiness and creativity for the band.

What began at the University of Vermont in Burlington, and was nurtured at Goddard College in Plainfield, flourished into an enormous creative musical force that delighted fans from across the world for many years. They spread their music throughout Europe and Japan, from coast to coast in the United States, and rang in the millennium in front of 85,000 people on the Big Cypress Indian Reservation in Florida, playing that concert's final notes as the sun rose over the horizon at the dawn of a new century.

Theirs has been a remarkable journey of musical exploration, improvisation and risk-taking much akin to the early era of the Grateful Dead. From outdoor summer festivals to Halloween celebrations that found the band donning musical "costumes" by playing an album of another musical group from beginning to end, Phish carved a niche in the musical world that was left conspicuously empty with their retirement.

As Americans stand at a crossroads and contemplate the way forward during a difficult time, artistic expression will play an important role in reminding us all that despite the difficulties we face, we should not forget those things in life that bring us happiness and that connect us to one another. Whether we find solace in a good film, a great novel, making art through photography, writing, or painting, or experiencing a musical performance, I want to acknowledge the ability of Americans to keep the creative spirit alive even when we face our most daunting challenges. And I find reason for optimism in the fact that the announcement of Phish's reunion was met with such overwhelming enthusiasm from their fans.

So as thousands of people welcome Phish back to the stage at the Hampton Coliseum this weekend, I am proud to say as a Vermonter: Phish, it is good to have you back. I know you have been missed.●

MESSAGE FROM THE HOUSE

At 12:25 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following joint resolution, in which it requests the concurrence of the Senate:

H.J. Res. 38. Joint resolution making further continuing appropriations for fiscal year 2009, and for other purposes.

The message also announced that the House has agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 14. Concurrent resolution supporting the goals and ideals of Multiple Sclerosis Awareness Week.

MEASURES REFERRED

The following concurrent resolution was read, and referred as indicated:

H. Con. Res. 14. Concurrent resolution supporting the goals and ideals of Multiple Sclerosis Awareness Week; to the Committee on Health, Education, Labor, and Pensions.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

S. 542. A bill to repeal the provision of law that provides automatic pay adjustments for Members of Congress.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. REID (for himself, Mr. DURBIN, Mr. SCHUMER, and Mrs. MURRAY):

S. 542. A bill to repeal the provision of law that provides automatic pay adjustments for Members of Congress; read the first time.

By Mr. DURBIN (for himself, Mrs. HUTCHISON, Mr. BEGICH, and Mr. UDALL of New Mexico):

S. 543. A bill to require a pilot program on training, certification, and support for family caregivers of seriously disabled veterans and members of the Armed Forces to provide caregiver services to such veterans and members, and for other purposes; to the Committee on Veterans' Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. SPECTER (for himself and Mr. CASEY):

S. Res. 68. A resolution recognizing the contributions of the Pennsylvania National Guard in service to the Nation; to the Committee on Armed Services.

ADDITIONAL COSPONSORS

S. 231

At the request of Mr. LIEBERMAN, the name of the Senator from Delaware (Mr. KAUFMAN) was added as a cosponsor of S. 231, a bill to designate a portion of the Arctic National Wildlife Refuge as wilderness.

S. 428

At the request of Mr. DORGAN, the names of the Senator from South Dakota (Mr. JOHNSON) and the Senator from Vermont (Mr. LEAHY) were added as cosponsors of S. 428, a bill to allow travel between the United States and Cuba.

S. 479

At the request of Mr. CARDIN, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 479, a bill to amend the Chesapeake Bay Initiative Act of 1998 to provide for the continuing authorization of the Chesapeake Bay Gateways and Watertrails Network.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REID (for himself, Mr. DURBIN, Mr. SCHUMER, and Mrs. MURRAY):

S. 542. A bill to repeal the provision of law that provides automatic pay adjustments for Members of Congress; read the first time.

Mr. REID. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be placed in the RECORD, as follows:

S. 542

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

SECTION 1. ELIMINATION OF AUTOMATIC PAY ADJUSTMENTS FOR MEMBERS OF CONGRESS.

(a) IN GENERAL.—Paragraph (2) of section 601(a) of the Legislative Reorganization Act of 1946 (2 U.S.C. 31) is repealed.

(b) TECHNICAL AND CONFORMING AMENDMENTS.—Section 601(a)(1) of such Act is amended—

(1) by striking "(a)(1)" and inserting "(a)";

(2) by redesignating subparagraphs (A), (B), and (C) as paragraphs (1), (2), and (3), respectively; and

(3) by striking "as adjusted by paragraph (2) of this subsection" and inserting "adjusted as provided by law".

(c) EFFECTIVE DATE.—This section shall take effect on February 1, 2011.

By Mr. DURBIN (for himself, Mrs. HUTCHISON, Mr. BEGICH, and Mr. UDALL of New Mexico):

S. 543. A bill to require a pilot program on training, certification, and support for family caregivers of seriously disabled veterans and members of the Armed Forces to provide caregiver services to such veterans and members, and for other purposes; to the Committee on Veterans' Affairs.

Mr. DURBIN. Mr. President, in the Spring of 2007, I met a 27-year-old Army Sergeant named Eric

Edmondson. Eric was injured while serving in Iraq. During surgery to treat his injuries, his brain was deprived of oxygen for a period of time, and is now seriously disabled. It has been my honor to get to know Eric and his family. I am humbled and inspired by their shared struggle, pain, triumph and sacrifice as they have worked to help Eric recover as much mobility and independence as possible.

Today I am introducing the Veteran and Servicemember Family Caregiver Support Act of 2009, along with several other Senators. This bill proposes a program that would provide technical, financial and practical support for families like Eric's, families who are now caring for a veteran or a returning servicemember whose disability requires institutional or home-based care.

The first version of this bill was introduced in the last Congress by then-Senator Hillary Clinton. She already knew what many of us are now learning. Families all across the country are figuring out how best to care for returning servicemembers and veterans who are coming home with serious disabilities. We are recognizing that these families need more support than what most of them are finding.

This bill lays out a strong family caregiver support program. The program is for those seriously disabled veterans and servicemembers who have a family member willing and able to provide care at home. We want to recognize that sacrifice, which probably involved a significant loss of income, and the value of the care they are providing. So the program addresses four key concerns—training and certification, payment for services, respite care, and, finally, mental health and social support services.

The first step is to provide training for those family members who become a primary caregiver for a seriously disabled veteran or servicemember. It is common for family members to have some informal training, but we should formalize that. Figure out what training caregivers need and make sure they receive it. From changing burn wound dressings to wheelchair transfers, caregivers need the skills and knowledge to offer high quality, home-based care. The bill I am introducing today calls on VA and DoD to develop and offer training and a certification program for family caregivers.

We also need to pay for the services these trained and certified family caregivers provide. Amount of payment would be determined by the VA and DoD based on the amount and level of care required for each participant. Costs would be paid by VA, with DoD reimbursement to VA for services benefiting servicemembers. It is only fair that care provided by family caregivers, care for which the government would otherwise be responsible, is acknowledged. Qualified family caregivers are often forgoing other income, even while providing a service of real value.

Respite care is another important part of this program. Caregivers need time off. They deserve time off. VA and DoD have respite care programs, but they are underutilized because the programs are inflexible, waiting lists are long, or providers are not available nearby. That is especially true in more rural areas. In this bill, we provide for an alternate caregiver to be trained and certified who can fill in for the primary caregiver as needed. We've also asked the VA to study further options to improve the availability of respite care.

Finally, our bill directs VA and DoD to provide mental health services to family caregivers when those needs are related to the provision of care. For example, depression is almost twice as likely among caregivers as it is in the general population. The caregiver program would provide an assessment of the caregiver's needs and referral to relevant services if necessary.

Members of the armed services came forward and served when duty called. As many as 6,800 of them have come home from the Afghanistan and Iraq wars unable to perform daily functions or live independently. Now it is time for the U.S. to come forward with support for those who are able to live at home because a family member is willing to provide the care they need.

The sacrifices these family caregivers make are substantial, and can greatly affect their long-term well-being. Most have to give up their jobs outside the home, relinquishing health and retirement benefits and future earning power in the process. It is not uncommon for a family to move across the country in search of the best care for their injured loved one. We owe it to them to provide assistance as they care for their loved ones, who are our heroes.

A strong family caregiver support program also makes good economic sense. Right now, families are providing the care that VA and DoD have a responsibility to provide, but the families bear the cost. Because these families are providing care without payment or support, the costs of the care is made invisible to VA and DoD.

The VA recognizes the economic benefits of providing preventive care to veterans, and acknowledges that informal caregivers are an important source of providing such care. A recent VA study notes that "providing supportive services to caregivers will most likely help reduce the care costs for patients . . . as they will require less use of emergency care, institutionalization, and VHA services, while also improving caregiver and patient outcomes." Finally, support programs for caregivers keep the veteran with his or her family, delaying the day VA will be obligated to provide more expensive institutional care.

In testimony before Congress in 2007, Donna Shalala, as co-chair of the Dole-Shalala Commission, stated: "many families are caring for their injured

servicemember at home—and many of these servicemembers have complex injuries. These families, forced into stressful new situations, don't need more anxiety and confusion, they need support. Families are unprepared to provide 24/7 care. Those that try, wear out quickly."

We have an opportunity to step up to ensure that veterans can have the best care possible in return for their service to our country. Many of those who have been seriously injured in Iraq or Afghanistan have families who have made enormous sacrifices to provide care. We owe these families a helping hand to ensure that they have the tools and resources they need to provide the best care for their—and our—veterans.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 543

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veteran and Servicemember Caregiver Support Act of 2009".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Since September 11, 2001, at least 6,800 veterans have been injured and are living with disabilities severe enough to require in-home type care.

(2) Even with their disability benefits, the majority of seriously wounded veterans and their families are not in a strong financial position.

(3) In testimony before Congress in 2007, Donna Shalala, cochair of the Dole-Shalala Commission, stated that "families are unprepared to provide 24/7 care. Those that try, wear out quickly".

(4) The best quality private rehabilitation facilities have expertise in training family members to provide appropriate care.

(5) Current in-home care programs have limited availability and are severely underutilized. Patients who obtain in-home care from such programs receive only about ⅓ of the hours of care to which they are entitled.

SEC. 3. PILOT PROGRAM ON THE TRAINING, CERTIFICATION, AND SUPPORT OF FAMILY CAREGIVERS IN PROVISION OF CAREGIVER SERVICES TO CERTAIN DISABLED VETERANS AND MEMBERS OF THE ARMED FORCES.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense, carry out a pilot program to assess the feasibility and advisability of providing training, certification, and support for eligible family caregivers of eligible veterans and members of the Armed Forces to provide caregiver services to such veterans and members.

(b) DURATION OF PROGRAM.—The Secretary of Veterans Affairs shall commence the pilot program not later than 180 days after the date of the enactment of this Act and shall carry out the pilot program during the two-year period beginning on the date of such commencement.

(c) LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out at not fewer than 6 facilities of the Department of Veterans Affairs or the Department of Defense, or other appropriate entity, selected by the Secretary of Veterans

Affairs for purposes of the pilot program. Of the facilities so selected—

(A) at least one shall be a private facility with expertise in providing rehabilitative care; and

(B) at least one shall be a Department of Veterans Affairs Medical Center in a rural area that serves eligible veterans.

(2) EMPHASIS ON POLYTRAUMA CENTERS.—In selecting locations for the pilot program at facilities of the Department of Veterans Affairs, the Secretary shall give special emphasis to the polytrauma centers of the Department designated as Tier I polytrauma centers.

(3) PRIVATE FACILITIES.—The Secretary may not select a private facility as a location for the pilot program unless the facility is a licensed inpatient rehabilitation facility with significant experience in traumatic brain injury, traumatic spinal cord injury, burn, and amputee rehabilitation.

(4) COLLABORATION.—Private facilities and facilities of the Department of Defense selected for purposes of the pilot program shall collaborate with nearby facilities of the Department of Veterans Affairs.

(1) ELIGIBLE FAMILY CAREGIVERS.—

(A) IN GENERAL.—For purposes of this section, an eligible family caregiver of a veteran or member of the Armed Forces is a family caregiver of an eligible veteran or member of the Armed Forces who—

(A) agrees to provide caregiver services to such eligible veteran or member;

(B) is accepted by such eligible veteran or member as the veteran's or member's provider of caregiver services; and

(C) is determined, under regulations prescribed by the Secretary of Veterans Affairs or the Secretary of Defense, as applicable, to be qualified to provide caregiver services under the pilot program.

(2) REPLACEMENT.—If the Secretary of Veterans Affairs or the Secretary of Defense, as applicable, determines that a family caregiver who is determined qualified under paragraph (1)(C) to provide caregiver services to an eligible veteran or member of the Armed Forces, as the case may be, is no longer qualified to provide such services—

(A) such family caregiver shall no longer be considered an eligible family caregiver for purposes of the pilot program; and

(B) such Secretary may, with the agreement of the veteran or member of the Armed Forces concerned, designate as a provider of caregiver services for such veteran or member for purposes of the pilot program any other individual who qualifies as an eligible family caregiver of such veteran or member under this subsection.

(3) LIMITATION.—The Secretary of Veterans Affairs and the Secretary of Defense may not qualify more than one concurrent family caregiver per eligible veteran or member of the Armed Forces under paragraph (1)(C).

(4) CONSTRUCTION.—Nothing in this section may be construed to limit the authority of the Secretary of Veterans Affairs or the Secretary of Defense to deny or discontinue participation of a family caregiver in the pilot program if such action is in the best interest of the veteran or member of the Armed Forces concerned.

(e) ELIGIBLE VETERANS AND MEMBERS OF THE ARMED FORCES.—For purposes of this section, an eligible veteran or member of the Armed Forces is a veteran or member of the Armed Forces—

(1) who—

(A) has a service-connected disability that was incurred or aggravated on or after September 11, 2001; and

(B) requires caregiver services because of such service-connected disability, as determined by the Secretary of Veterans Affairs or the Secretary of Defense as applicable;

(2) who is otherwise determined to be eligible for the pilot program by the Secretary of Veterans Affairs or the Secretary of Defense, as applicable.

(f) IDENTIFICATION AND NOTIFICATION OF ELIGIBLE VETERANS AND MEMBERS OF THE ARMED FORCES.—

(1) IDENTIFICATION AND NOTIFICATION OF ELIGIBLE VETERANS.—

(A) IDENTIFICATION.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a review to identify veterans eligible to participate in the pilot program.

(B) NOTIFICATION.—The Secretary of Veterans Affairs shall notify each veteran who is identified as an eligible veteran pursuant to the review required by subparagraph (A) of—

(i) the eligibility of the veteran to participate in the pilot program; and

(ii) the means by which the veteran may be accepted for participation in the pilot program.

(2) IDENTIFICATION AND NOTIFICATIONS OF ELIGIBLE MEMBERS OF THE ARMED FORCES.—

(A) IDENTIFICATION.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall conduct a review to identify members of the Armed Forces eligible to participate in the pilot program.

(B) NOTIFICATION.—The Secretary of Defense shall notify each member of the Armed Forces who is identified as an eligible member of the Armed Forces pursuant to the review required by subparagraph (A) of—

(i) the eligibility of the member to participate in the pilot program; and

(ii) the means by which the member may be accepted into the pilot program.

(g) TRAINING AND CERTIFICATION.—

(1) PROVISION OF TRAINING AND CERTIFICATION.—

(A) TRAINING.—The Secretary of Veterans Affairs shall provide training to each eligible family caregiver participating in the pilot program in the provision of family caregiver services. The training shall utilize curricula developed under paragraph (2).

(B) CERTIFICATION.—Upon the successful completion by a family caregiver of training provided under paragraph (1), the Secretary of Veterans Affairs shall certify the family caregiver as a provider of family caregiver services for purposes of the pilot program. Successful completion of training shall be determined utilizing certification criteria developed under paragraph (2).

(2) TRAINING CURRICULA AND CERTIFICATION CRITERIA.—

(A) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with the individuals specified in subparagraph (B), develop for purposes of the pilot program the following:

(i) Curricula for the training of eligible family caregivers in the provision of family caregiver services, including training on techniques, skills, and strategies for the provision of such services.

(ii) Criteria for the evaluation of successful completion of such training for purposes of certification under paragraph (1)(B).

(B) CONSULTATION.—The individuals specified in this subparagraph are the following:

(i) The Secretary of Defense.

(ii) A representative of family caregivers or family caregiver associations.

(iii) A health or medical employee of the Department of Veterans Affairs with expertise in long-term care for seriously injured veterans.

(iv) A health or medical employee of the Department of Defense with expertise in long-term care for seriously injured members of the Armed Forces.

(v) A psychologist or other individual with expertise in the provision of mental health care to individuals in need of home-based or nursing home care.

(vi) An expert in the development of training curricula.

(vii) A family member of a veteran in need of home-based or nursing home care.

(viii) A family member of a member of the Armed Forces in need of home-based or nursing home care.

(ix) A representative from a veterans service organization, as recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(x) Such other individuals as the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, considers appropriate.

(C) SCOPE OF CURRICULA.—The Secretary of Veterans Affairs shall ensure that the curricula developed under subparagraph (A)(i)—

(i) is based on empirical research and validated techniques; and

(ii) provides for training that permits recipients of the training to tailor the provision of caregiving services to the unique circumstances of the veteran or member of the Armed Forces receiving such services.

(D) USE OF EXISTING CURRICULA.—In developing curricula under subparagraph (A)(i), the Secretary of Veterans Affairs shall, to the extent practicable, utilize and expand upon training curricula developed pursuant to section 744(b) of the John Warner National Defense Authorization Act for Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2309).

(3) TRAVEL EXPENSES.—The Secretary of Veterans Affairs may provide for necessary travel, lodging, and per diem expenses incurred by a family caregiver in undergoing certification and training under paragraph (1).

(h) PAYMENT OF FAMILY CAREGIVERS.—

(1) IN GENERAL.—An eligible family caregiver of an eligible veteran or member of the Armed Forces certified under subsection (g) in the provision of caregiver services under the pilot program shall be paid by the Department of Veterans Affairs for the provision of caregiver services to such veteran or member, as the case may be, under the pilot program.

(2) AMOUNT OF PAYMENT.—Payment provided a family caregiver under paragraph (1) for care provided to a veteran or member of the Armed Forces shall be in amounts the Secretary of Veterans Affairs considers reasonable upon consideration of the following:

(A) The amount of care and the intensity of the care required by the veteran or member.

(B) The cost to the Department of Veterans Affairs of otherwise providing such care through another noninstitutional care provider.

(C) Low-utilization payment adjustment mechanisms under the prospective payment system for home health services established under section 1895 of the Social Security Act (42 U.S.C. 1395fff) calculated for the geographic area of the family caregiver.

(D) Such other factors as the Secretary considers appropriate.

(3) COORDINATION WITH STATE SELF-DIRECTED PERSONAL ASSISTANCE SERVICES PROGRAM.—The Secretary of Veterans Affairs may provide payment under paragraph (1) to an eligible family caregiver in coordination with the self-directed personal assistance services program of the State of the family caregiver to the extent the State has elected to provide medical assistance to an eligible veteran or member of the Armed Forces under the State Medicaid program.

(i) RESPITE CARE.—

(1) **REVIEW OF RESPITE CARE PROGRAMS.**—The Secretary of Veterans Affairs shall review the respite care programs of the Department of Veterans Affairs and the Secretary of Defense shall review the respite care programs of the Department of Defense that are available to family caregivers to assess the adequacy, flexibility, and age-appropriateness of the facilities under such programs. The review shall include a particular focus on respite care programs for rural areas.

(2) **STUDY ON ENHANCEMENT OF AVAILABILITY OF RESPITE CARE.**—The Secretary shall carry out a study to identify appropriate options for enhancing the availability of respite care for family caregivers. The study shall include an assessment of the advisability of allowing a veteran's primary treating physician to approve respite care in excess of 30 days to make as-needed respite care more available and convenient for family caregivers.

(3) **ENHANCEMENT OF AVAILABILITY OF RESPITE CARE.**—The Secretary shall take measures to enhance the availability of respite care for family caregivers participating in the pilot program, including the following:

(A) Training and certifying alternate family caregivers using the curricula developed under subsection (g)(2).

(B) Paying expenses incidental to training of alternate family caregivers, including travel expenses.

(C) Such other measures as the Secretary considers appropriate.

(j) **PSYCHOLOGICAL AND SOCIAL SUPPORT SERVICES.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense, make available to each eligible family caregiver participating in the pilot program counseling and social services related to the provision by the family caregiver of caregiving services to an eligible veteran or member of the Armed Forces. Such counseling and social services shall include the following:

(A) An assessment of individualized needs of the family caregiver with respect to the family caregiver's role as a family caregiver.

(B) Assistance with development of a plan for long-term care of the veteran or member concerned.

(C) Services and support relevant to any needs identified under subparagraph (A) provided through—

(i) facilities of the Department of Veterans Affairs or the Department of Defense located in the community in which the family caregiver resides; or

(ii) in the case that no such facilities are available in a timely manner, community-based organizations or publicly-funded programs.

(2) **USE OF EXISTING TOOLS.**—In developing and administering assessments under paragraph (1)(A), the Secretary shall, to the extent practicable, use and expand upon caregiver assessment tools already developed and in use by the Department of Veterans Affairs or the Department of Defense.

(k) **REPORTS.**—

(1) **TWO-YEAR REPORT.**—

(A) **IN GENERAL.**—Not later than two years after the date of the commencement of the pilot program, the Secretary shall, in conjunction with the Secretary of Defense, submit to the appropriate congressional committees a report on the pilot program.

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

(i) An assessment of the pilot program.

(ii) An accounting of the costs to the Department of Veterans Affairs and the Department of Defense of the pilot program.

(iii) A comparison of the costs to the Department of Veterans Affairs and the Depart-

ment of Defense of the pilot program with the cost to the Departments of otherwise providing caregiver services to the veterans and members of the Armed Forces who received such services under the pilot program, including the cost of providing care to such veterans and members of the Armed Forces who would otherwise require inpatient care.

(iv) The recommendations of the Secretary with respect to—

(I) the feasibility and advisability of extending the pilot program or making the pilot program permanent; and

(II) modifying the pilot program.

(v) An assessment of the effect of the pilot program on—

(I) the health of veterans receiving care under the pilot program; and

(II) the financial burdens of family caregivers caused by the provision of caregiver services to veterans.

(vi) Any determinations made by the Secretary under subsection (o).

(2) **BI-ANNUAL REPORTS OF MEDICAL FACILITIES.**—Not later than 180 days after the date on which a medical facility is selected as a location for the pilot program and not less frequently than once every 180 days thereafter, the medical facility shall submit to the director of the Veterans Integrated Services Network (VISN) in which the facility is located a report that describes—

(A) the number of veterans enrolled in the pilot program through such facility; and

(B) if there is a waiting list to participate in the pilot program through such facility—

(i) the number of people on such list; and

(ii) the average wait time before admission into the pilot program.

(1) **FUNDING.**—

(1) **COSTS OF CARE PROVIDED TO VETERANS.**—Any expenditure under the pilot program relating to the provision of caregiver services to a veteran shall be borne by the Department of Veterans Affairs.

(2) **COSTS OF CARE PROVIDED TO MEMBERS OF THE ARMED FORCES.**—

(A) **IN GENERAL.**—The Secretary of Defense shall reimburse the Secretary of Veterans Affairs for any expenditure incurred by the Department of Veterans Affairs under the pilot program relating to the provision of caregiver services to members of the Armed Forces.

(B) **SOURCE OF FUNDS.**—Amounts for reimbursement under subparagraph (A) shall be derived from amounts made available to Defense Health Program for the TRICARE program.

(m) **LIMITATION ON SPENDING.**—In providing for the provision of services under the pilot program, the Secretary of Veterans Affairs shall make payment for services only to the extent that payment for such services is not otherwise covered by another government or nongovernment entity or program.

(n) **CONSTRUCTION.**—

(1) **EMPLOYMENT.**—Nothing in this section shall be construed to create an employment relationship between a family caregiver and a veteran or member of the Armed Forces, the Department of Veterans Affairs, or the Department of Defense.

(2) **ELIGIBILITY FOR BENEFITS.**—Nothing in this section shall be construed to reduce, alter, or otherwise affect the eligibility or entitlement of a veteran, member of the Armed Forces, or dependent thereof, to any health care, disability, or other benefit to which such veteran, member, or dependent would otherwise be eligible or entitled under laws administered by the Secretary of Veterans Affairs or the Secretary of Defense.

(o) **NATIONAL EXPANSION OF PILOT PROGRAM.**—Not later than the completion of the two-year period described in subsection (b), the Secretary of Veterans Affairs shall, in consultation with the Secretary of Defense,

expand the pilot program to provide training, certification, and support for eligible family caregivers nationwide unless the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, determines that such revision would be infeasible or inadvisable.

SEC. 4. SURVEY OF INFORMAL CAREGIVERS.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense, conduct a national survey of family caregivers of seriously disabled veterans and members of the Armed Forces to better understand the size and characteristics of the population of such caregivers and the types of care they provide.

(b) **REPORT.**—Not later than 540 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense, submit to Congress a report containing the findings of the Secretary with respect to the survey conducted under subsection (a). Results of the survey shall be disaggregated by the following:

(1) Veterans and members of the Armed Forces.

(2) Veterans and members of the Armed Forces who served in Operation Iraqi Freedom or Operation Enduring Freedom.

(3) Veterans and members of the Armed Forces who live in rural areas.

SEC. 5. DEFINITIONS.

In this Act:

(1) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—The term "appropriate congressional committees" means—

(A) the Committee on Veterans' Affairs, the Committee on Armed Services, and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs, the Committee on Armed Services, and the Committee on Appropriations of the House of Representatives.

(2) **CAREGIVER SERVICES.**—The term "caregiver services" means noninstitutional extended care (as used in section 1701(6) of title 38, United States Code), including home-maker and home health aid services.

(3) **FAMILY CAREGIVER.**—The term "family caregiver" means, with respect to a disabled veteran or member of the Armed Forces, a family member of such veteran or member, or such other individual of similar affinity to such veteran or member as the Secretary prescribes, who is providing caregiver services to such veteran or member for such disability.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 68—RECOGNIZING THE CONTRIBUTIONS OF THE PENNSYLVANIA NATIONAL GUARD IN SERVICE TO THE NATION

Mr. SPECTER (for himself and Mr. CASEY) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 68

Whereas the Pennsylvania National Guard is one of the largest Guards in the Nation, with approximately 20,000 soldiers and airmen;

Whereas since September 11, 2001, more than 17,000 Pennsylvania National Guard soldiers and airmen have deployed in support of the Global War on Terrorism;

Whereas the Pennsylvania National Guard is supporting the largest deployment of Pennsylvania Guardsmen since World War II;