banks that gave their executives obscene bonuses while steering our economy into the ditch. We must close regulatory loopholes and strengthen oversight enforcement so that government agencies cannot fall asleep at the wheel.

The House has already passed this important legislation that will permanently end taxpayer bailouts and hold Wall Street accountable. I urge the Senate to do so.

TAX RELIEF

(Mrs. KIRKPATRICK of Arizona asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. KIRKPATRICK of Arizona. Mr. Speaker, while we are beginning to see signs of recovery, hardworking families and small business owners are still contending with the worst economic downturn in decades. Creating jobs and helping to get Arizona back on track remains my top priority.

Washington can serve those goals by providing much needed tax relief for middle class households and entrepreneurs. It will be the American people, not the government alone, who will get our economy moving again. This Congress needs to support them by helping them keep more of their hard-earned money.

That's why I fought for the largest middle class tax cut in American history. According to a report by Citizens for Tax Justice, 99 percent of working Arizonans benefited from that package on tax day, saving an average of over $1,000 each.

Tax relief is putting money back into our local economies, spurring job creation and growth. I am proud to be standing up for this effort every step of the way.

□ 1030

WALL STREET

(Mr. ARCURI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ARCURI. Mr. Speaker, I understand that one of the biggest issues facing American families today is the cost of living and our economic future.

I'm disappointed that the health of our Nation's financial institutions has come into question as a result of unscrupulous lending and mortgage practices, preceded by years of inadequate regulation of the financial services industry. Republicans and Democrats alike, for too long, have failed to hold unscrupulous financial institutions accountable, and hardworking families across the country are paying the price.

At the same time, I know that many local banks have not engaged in the risky and irresponsible lending practices that led to the economic meltdown that we saw last year. The House-passed reform bill is about cleaning up that irresponsibility and protecting consumers, not about burdening local banks that play by the rules.

I have witnessed firsthand the valuable impacts that small- and medium-sized community banks make on the daily lives of New York's families, helping them buy their first home, finance their small business, and send their children to college. In these tough economic times, it is critical that Congress hold financial institutions to a higher standard while allowing local banks to continue to be able to invest in their communities.

HIDTA AWARDS

(Ms. GIFFORDS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GIFFORDS. Mr. Speaker, I rise today to pay tribute to the Arizona Region of the National High Intensity Drug Trafficking Area task force, also known as HIDTA. The HIDTA mission is to reduce drug trafficking in the areas of our Nation that are most impacted. This is done through a team effort among Federal, local, and State authorities.

At the recent HIDTA conference here in Washington, D.C., the Arizona HIDTA was honored for its interdiction successes and its financial investigations.

In 2009, the Arizona region completed a 4-year investigation which led to a $93 million settlement with Western Union. And the Southwest Border HIDTA, which includes Arizona, was named the national HIDTA region of the year. The Southwest HIDTA region covers the drug trafficking corridors through which more than 90 percent of the drugs that are brought into this country flow through.

I commend the men and women who carry out these essential and dangerous drug interdiction efforts. Thank you to the service these men and women give to our Nation. Thank you for helping us secure our borders.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1963) to amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the amendment is as follows:

Amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Caregivers and Veterans Omnibus Health Services Act of 2010''.

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

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—CAREGIVER SUPPORT

SEC. 101. ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

(a) ASSISTANCE AND SUPPORT SERVICES.—

(1) IN GENERAL.—Subchapter II of chapter 17 is amended by adding at the end the following new section:

"§ 1720G. Assistance and support services for caregivers

''(a) PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.—(1)(A) The Secretary shall establish a program of comprehensive assistance for family caregivers of eligible veterans.

''(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible veteran if the Secretary determines it is in the best interest of the eligible veteran to do so.

''(2) For purposes of this subsection, an eligible veteran is any individual who—

''(A) is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;

''(B) has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and

''(C) is in need of personal care services because of—

''(i) an inability to perform one or more activities of daily living;

''(ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

''(iii) such other matters as the Secretary considers appropriate.

''(3)(A) As part of the program required by paragraph (1), the Secretary shall provide to family caregivers of eligible veterans the following assistance:

''(i) To each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6)—

''(I) such instruction, preparation, and training as the Secretary considers appropriate for the family caregiver to provide personal care services to the eligible veteran;

''(II) ongoing technical support consisting of information and assistance to address, in a timely manner, the routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible veteran;

''(III) counseling; and

''(IV) lodging and subsistence under section 111(e) of this title.

''(ii) To each family caregiver who is designated as the primary provider of personal care services for an eligible veteran under paragraph (7)—

''(I) the assistance described in clause (i);

''(II) such mental health services as the Secretary determines appropriate;

''(III) respite care of not less than 30 days annually, including 24-hour per day care of the veteran commensurate with the care provided by the family caregiver to permit extended respite;

''(IV) medical care under section 1781 of this title; and

''(V) a monthly personal caregiver stipend.

''(B) Respite care provided under subparagraph (A)(ii)(III) shall be medically and age-appropriate and include in-home care.

''(C)(i) The amount of the monthly personal caregiver stipend provided under subparagraph (A)(ii)(V) shall be determined in accordance with a schedule established by the Secretary that specifies stipends based upon the amount and degree of personal care services provided.

''(ii) The Secretary shall ensure, to the extent practicable, that the schedule required by clause (i) specifies that the amount of the monthly personal caregiver stipend provided to a primary provider of personal care services for the provision of personal care services to an eligible veteran is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible veteran to provide equivalent personal care services to the eligible veteran.

''(iii) If personal care services are not available from a commercial home health entity in the geographic area of an eligible veteran, the amount of the monthly personal caregiver stipend payable under the schedule required by clause (i) with respect to the eligible veteran shall be determined by taking into consideration the costs of commercial providers of personal care services in providing personal care services in geographic areas other than the geographic area of the eligible veteran with similar costs of living.

''(4) An eligible veteran and a family member of the eligible veteran seeking to participate in the program required by paragraph (1) shall jointly submit to the Secretary an application therefor in such form and in such manner as the Secretary considers appropriate.

''(5) For each application submitted jointly by an eligible veteran and family member, the Secretary shall evaluate—

''(A) the eligible veteran—

''(i) to identify the personal care services required by the eligible veteran; and

''(ii) to determine whether such requirements could be significantly or substantially satisfied through the provision of personal care services from a family member; and

''(B) the family member to determine the amount of instruction, preparation, and training, if any, the family member requires to provide the personal care services required by the eligible veteran—

''(i) as a provider of personal care services for the eligible veteran; and

''(ii) as the primary provider of personal care services for the eligible veteran.

''(6)(A) The Secretary shall provide each family member of an eligible veteran who makes a joint application under paragraph (4) the instruction, preparation, and training determined to be required by such family member under paragraph (5)(B).

''(B) Upon the successful completion by a family member of an eligible veteran of instruction, preparation, and training under subparagraph (A), the Secretary shall approve the family member as a provider of personal care services for the eligible veteran.

''(C) The Secretary shall, subject to regulations the Secretary shall prescribe, provide for necessary travel, lodging, and per diem expenses incurred by a family member of an eligible veteran in undergoing instruction, preparation, and training under subparagraph (A).

''(D) If the participation of a family member of an eligible veteran in instruction, preparation, and training under subparagraph (A) would interfere with the provision of personal care services to the eligible veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the veteran, provide respite care to the eligible veteran during the provision of such instruction, preparation, and training to the family member so that the family member can participate in such instruction, preparation, and training without interfering with the provision of such services to the eligible veteran.

''(7)(A) For each eligible veteran with at least one family member who is described by subparagraph (B), the Secretary shall designate one family member of such eligible veteran as the primary provider of personal care services for such eligible veteran.

''(B) A primary provider of personal care services designated for an eligible veteran under subparagraph (A) shall be selected from among family members of the eligible veteran who—

''(i) are approved under paragraph (6) as a provider of personal care services for the eligible veteran;

''(ii) elect to provide the personal care services to the eligible veteran that the Secretary determines the eligible veteran requires under paragraph (5)(A)(i);

''(iii) has the consent of the eligible veteran to be the primary provider of personal care services for the eligible veteran; and

''(iv) are considered by the Secretary as competent to be the primary provider of personal care services for the eligible veteran.

''(C) An eligible veteran receiving personal care services from a family member designated as the primary provider of personal care services for the eligible veteran under subparagraph (A) may, in accordance with procedures the Secretary shall establish for such purposes, revoke consent with respect to such family member under subparagraph (B)(iii).

''(D) If a family member designated as the primary provider of personal care services for an eligible veteran under subparagraph (A) subsequently fails to meet any requirement set forth in subparagraph (B), the Secretary—

''(i) shall immediately revoke the family member's designation under subparagraph (A); and

''(ii) may designate, in consultation with the eligible veteran, a new primary provider of personal care services for the eligible veteran under such subparagraph.

''(E) The Secretary shall take such actions as may be necessary to ensure that the revocation of a designation under subparagraph (A) with respect to an eligible veteran does not interfere with the provision of personal care services required by the eligible veteran.

''(8) If an eligible veteran lacks the capacity to make a decision under this subsection, the Secretary may, in accordance with regulations and policies of the Department regarding appointment of guardians or the use of powers of attorney, appoint a surrogate for the eligible veteran who may make decisions and take action under this subsection on behalf of the eligible veteran.

''(9)(A) The Secretary shall monitor the well-being of each eligible veteran receiving personal care services under the program required by paragraph (1).

''(B) The Secretary shall document each finding the Secretary considers pertinent to the appropriate delivery of personal care services to an eligible veteran under the program.

''(C) The Secretary shall establish procedures to ensure appropriate follow-up regarding findings described in subparagraph (B). Such procedures may include the following:

''(i) Visiting an eligible veteran in the eligible veteran's home to review directly the quality of personal care services provided to the eligible veteran.

''(ii) Taking such corrective action with respect to the findings of any review of the quality of personal care services provided an eligible veteran as the Secretary considers appropriate, which may include—

''(I) providing additional training to a family caregiver; and

''(II) suspending or revoking the approval of a family caregiver under paragraph (6) or the designation of a family caregiver under paragraph (7).

''(10) The Secretary shall carry out outreach to inform eligible veterans and family members of eligible veterans of the program required by paragraph (1) and the benefits of participating in the program.

''(b) PROGRAM OF GENERAL CAREGIVER SUPPORT SERVICES.—(1) The Secretary shall establish a program of support services for caregivers of covered veterans who are enrolled in the health care system established under section 1705(a) of this title (including caregivers who do not reside with such veterans).

''(2) For purposes of this subsection, a covered veteran is any individual who needs personal care services because of—

''(A) an inability to perform one or more activities of daily living;

''(B) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or

''(C) such other matters as the Secretary shall specify.

''(3)(A) The support services furnished to caregivers of covered veterans under the program required by paragraph (1) shall include the following:

''(i) Services regarding the administering of personal care services, which, subject to subparagraph (B), shall include—

''(I) educational sessions made available both in person and on an Internet website;

''(II) use of telehealth and other available technologies; and

''(III) teaching techniques, strategies, and skills for caring for a disabled veteran;

''(ii) Counseling and other services under section 1782 of this title.

''(iii) Respite care under section 1720B of this title that is medically and age appropriate for the veteran (including 24-hour per day in-home care).

''(iv) Information concerning the supportive services available to caregivers under this subsection and other public, private, and nonprofit agencies that offer support to caregivers.

''(B) If the Secretary certifies to the Committees on Veterans' Affairs of the Senate and the House of Representatives that funding available for a fiscal year is insufficient to fund the provision of services specified in one or more subclauses of subparagraph (A)(i), the Secretary shall not be required under subparagraph (A) to provide the services so specified in the certification during the period beginning on the date that is 180 days after the date the certification is received by the Committees and ending on the last day of the fiscal year.

''(4) In providing information under paragraph (3)(A)(iv), the Secretary shall collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services.

''(5) In carrying out the program required by paragraph (1), the Secretary shall conduct outreach to inform covered veterans and caregivers of covered veterans about the program. The outreach shall include an emphasis on covered veterans and caregivers of covered veterans living in rural areas.

''(c) CONSTRUCTION.—(1) A decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a medical determination.

''(2) Nothing in this section shall be construed to create—

''(A) an employment relationship between the Secretary and an individual in receipt of assistance or support under this section; or

''(B) any entitlement to any assistance or support provided under this section.

''(d) DEFINITIONS.—In this section:

''(1) The term 'caregiver', with respect to an eligible veteran under subsection (a) or a covered veteran under subsection (b), means an individual who provides personal care services to the veteran.

''(2) The term 'family caregiver', with respect to an eligible veteran under subsection (a), means a family member who is a caregiver of the veteran.

''(3) The term 'family member', with respect to an eligible veteran under subsection (a), means an individual who—

''(A) is a member of the family of the veteran, including—

''(i) a parent;

''(ii) a spouse;

''(iii) a child;

''(iv) a step-family member; and

''(v) an extended family member; or

''(B) lives with the veteran but is not a member of the family of the veteran.

''(4) The term 'personal care services', with respect to an eligible veteran under subsection (a) or a covered veteran under subsection (b), means services that provide the veteran the following:

''(A) Assistance with one or more independent activities of daily living.

''(B) Any other non-institutional extended care (as such term is used in section 1701(6)(E) of this title).

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out the programs required by subsections (a) and (b)—

''(1) $60,000,000 for fiscal year 2010; and

''(2) $1,542,000,000 for the period of fiscal years 2011 through 2015.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1720F the following new item:

''1720G. Assistance and support services for caregivers.''.

(3) EFFECTIVE DATE.—

(A) IN GENERAL.—The amendments made by this subsection shall take effect on the date that is 270 days after the date of the enactment of this Act.

(B) IMPLEMENTATION.—The Secretary of Veterans Affairs shall commence the programs required by subsections (a) and (b) of section 1720G of title 38, United States Code, as added by paragraph (1) of this subsection, on the date on which the amendments made by this subsection take effect.

(b) IMPLEMENTATION PLAN AND REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) develop a plan for the implementation of the program of comprehensive assistance for family caregivers required by section 1720G(a)(1) of title 38, United States Code, as added by subsection (a)(1) of this section; and

(B) 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 plan.

(2) CONSULTATION.—In developing the plan required by paragraph (1)(A), the Secretary shall consult with the following:

(A) Individuals described in section 1720G(a)(2) of title 38, United States Code, as added by subsection (a)(1) of this section.

(B) Family members of such individuals who provide personal care services to such individuals.

(C) The Secretary of Defense with respect to matters concerning personal care services for members of the Armed Forces undergoing medical discharge from the Armed Forces who are eligible to benefit from personal care services furnished under the program of comprehensive assistance required by section 1720G(a)(1) of such title, as so added.

(D) Veterans service organizations, as recognized by the Secretary for the representation of veterans under section 5902 of such title.

(E) National organizations that specialize in the provision of assistance to individuals with the types of disabilities that family caregivers will encounter while providing personal care services under the program of comprehensive assistance required by section 1720G(a)(1) of such title, as so added.

(F) National organizations that specialize in provision of assistance to family members of veterans who provide personal care services to such veterans.

(G) Such other organizations with an interest in the provision of care to veterans and assistance to family caregivers as the Secretary considers appropriate.

(3) REPORT CONTENTS.—The report required by paragraph (1)(B) shall contain the following:

(A) The plan required by paragraph (1)(A).

(B) A description of the individuals, caregivers, and organizations consulted by the Secretary of Veterans Affairs under paragraph (2).

(C) A description of such consultations.

(D) The recommendations of such individuals, caregivers, and organizations, if any, that were not adopted and incorporated into the plan required by paragraph (1)(A), and the reasons the Secretary did not adopt such recommendations.

(c) ANNUAL EVALUATION REPORT.—

(1) IN GENERAL.—Not later than two years after the date described in subsection (a)(3)(A) and annually thereafter, 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 comprehensive report on the implementation of section 1720G of title 38, United States Code, as added by subsection (a)(1).

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

(A) With respect to the program of comprehensive assistance for family caregivers required by subsection (a)(1) of such section 1720G and the program of general caregiver support services required by subsection (b)(1) of such section—

(i) the number of caregivers that received assistance under such programs;

(ii) the cost to the Department of providing assistance under such programs;

(iii) a description of the outcomes achieved by, and any measurable benefits of, carrying out such programs;

(iv) an assessment of the effectiveness and the efficiency of the implementation of such programs; and

(v) such recommendations, including recommendations for legislative or administrative action, as the Secretary considers appropriate in light of carrying out such programs.

(B) With respect to the program of comprehensive assistance for family caregivers required by such subsection (a)(1)—

(i) a description of the outreach activities carried out by the Secretary under such program; and

(ii) an assessment of the manner in which resources are expended by the Secretary under such program, particularly with respect to the provision of monthly personal caregiver stipends under paragraph (3)(A)(ii)(v) of such subsection (a).

(C) With respect to the provision of general caregiver support services required by such subsection (b)(1)—

(i) a summary of the support services made available under the program;

(ii) the number of caregivers who received support services under the program;

(iii) the cost to the Department of providing each support service provided under the program; and

(iv) such other information as the Secretary considers appropriate.

(d) REPORT ON EXPANSION OF FAMILY CAREGIVER ASSISTANCE.—

(1) IN GENERAL.—Not later than two years after the date described in subsection (a)(3)(A), 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 feasibility and advisability of expanding the provision of assistance under section 1720G(a) of title 38, United States Code, as added by subsection (a)(1), to family caregivers of veterans who have a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001.

(2) RECOMMENDATIONS.—The report required by paragraph (1) shall include such recommendations as the Secretary considers appropriate with respect to the expansion described in such paragraph.

SEC. 102. MEDICAL CARE FOR FAMILY CAREGIVERS.

Section 1781(a) is amended—

(1) in paragraph (2), by striking ''and'' at the end;

(2) in paragraph (3), by inserting ''and'' at the end; and

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

''(4) an individual designated as a primary provider of personal care services under section 1720G(a)(7)(A) of this title who is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title),''.

SEC. 103. COUNSELING AND MENTAL HEALTH SERVICES FOR CAREGIVERS.

(a) IN GENERAL.—Section 1782(c) is amended—

(1) in paragraph (1), by striking ''; or'' and inserting a semicolon;

(2) by redesignating paragraph (2) as paragraph (3); and

(3) by inserting after paragraph (1) the following new paragraph (2):

''(2) a family caregiver of an eligible veteran or a caregiver of a covered veteran (as those terms are defined in section 1720G of this title); or''.

(b) CONFORMING AMENDMENT.—The section heading of section 1782 is amended by adding at the end, the following: ''**and caregivers**''.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by striking the item relating to section 1782 and inserting the following new item:

''1782. Counseling, training, and mental health services for immediate family members and caregivers.''.

SEC. 104. LODGING AND SUBSISTENCE FOR ATTENDANTS.

Section 111(e) is amended—

(1) by striking ''When'' and inserting the following: ''(1) Except as provided in paragraph (2), when''; and

(2) by adding at the end the following new paragraphs:

''(2)(A) Without regard to whether an eligible veteran entitled to mileage under this section for travel to a Department facility for the purpose of medical examination, treatment, or care requires an attendant in order to perform such travel, an attendant of such veteran described in subparagraph (B) may be allowed expenses of travel (including lodging and subsistence) upon the same basis as such veteran during—

''(i) the period of time in which such veteran is traveling to and from a Department facility for the purpose of medical examination, treatment, or care; and

''(ii) the duration of the medical examination, treatment, or care episode for such veteran.

''(B) An attendant of a veteran described in this subparagraph is a provider of personal care services for such veteran who is approved under paragraph (6) of section 1720G(a) of this title or designated under paragraph (7) of such section 1720G(a).

''(C) The Secretary may prescribe regulations to carry out this paragraph. Such regulations may include provisions—

''(i) to limit the number of attendants that may receive expenses of travel under this paragraph for a single medical examination, treatment, or care episode of an eligible veteran; and

''(ii) to require such attendants to use certain travel services.

''(D) In this subsection, the term 'eligible veteran' has the meaning given that term in section 1720G(a)(2) of this title.''.

TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

SEC. 201. STUDY OF BARRIERS FOR WOMEN VETERANS TO HEALTH CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of comprehensive health care by the Department of Veterans Affairs encountered by women who are veterans. In conducting the study, the Secretary shall—

(1) survey women veterans who seek or receive hospital care or medical services provided by the Department of Veterans Affairs as well as women veterans who do not seek or receive such care or services;

(2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

(3) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study referred to in subsection (b).

(b) USE OF PREVIOUS STUDY.—In conducting the study required by subsection (a), the Secretary shall build on the work of the study of the Department of Veterans Affairs titled ''National Survey of Women Veterans in Fiscal Year 2007–2008''.

(c) ELEMENTS OF STUDY.—In conducting the study required by subsection (a), the Secretary shall conduct research on the effects of the following on the women veterans surveyed in the study:

(1) The perceived stigma associated with seeking mental health care services.

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The availability of child care.

(4) The acceptability of integrated primary care, women's health clinics, or both.

(5) The comprehension of eligibility requirements for, and the scope of services available under, hospital care and medical services.

(6) The perception of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.

(7) The gender sensitivity of health care providers and staff to issues that particularly affect women.

(8) The effectiveness of outreach for health care services available to women veterans.

(9) The location and operating hours of health care facilities that provide services to women veterans.

(10) Such other significant barriers as the Secretary considers appropriate.

(d) DISCHARGE BY CONTRACT.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study and research required under this section.

(e) MANDATORY REVIEW OF DATA BY CERTAIN DEPARTMENT DIVISIONS.—

(1) IN GENERAL.—The Secretary shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section. The head of each such division shall submit findings with respect to the study to the Under Secretary for Health and to other pertinent program offices within the Department of Veterans Affairs with responsibilities relating to health care services for women veterans.

(2) SPECIFIED DIVISIONS.—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Center for Women Veterans established under section 318 of title 38, United States Code.

(B) The Advisory Committee on Women Veterans established under section 542 of such title.

(f) REPORTS.—

(1) REPORT ON IMPLEMENTATION.—Not later than six months after the date on which the Department of Veterans Affairs publishes a final report on the study titled ''National Survey of Women Veterans in Fiscal Year 2007–2008'', the Secretary shall submit to Congress a report on the status of the implementation of this section.

(2) REPORT ON STUDY.—Not later than 30 months after the date on which the Department publishes such final report, the Secretary shall submit to Congress a report on the study required under this section. The report shall include recommendations for such administrative and legislative action as the Secretary considers appropriate. The report shall also include the findings of the head of each division of the Department specified under subsection (e)(2) and of the Under Secretary for Health.

(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs $4,000,000 to carry out this section.

SEC. 202. TRAINING AND CERTIFICATION FOR MENTAL HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS ON CARE FOR VETERANS SUFFERING FROM SEXUAL TRAUMA AND POST-TRAUMATIC STRESS DISORDER.

Section 1720D is amended—

(1) by redesignating subsection (d) as subsection (f); and

(2) by inserting after subsection (c) the following new subsections:

''(d)(1) The Secretary shall carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals who provide counseling, care, and services under subsection (a).

''(2) In carrying out the program required by paragraph (1), the Secretary shall ensure that—

''(A) all mental health professionals described in such paragraph have been trained in a consistent manner; and

''(B) training described in such paragraph includes principles of evidence-based treatment and care for sexual trauma and post-traumatic stress disorder.

''(e) Each year, the Secretary shall submit to Congress an annual report on the counseling, care, and services provided to veterans pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:

''(1) The number of mental health professionals, graduate medical education trainees, and primary care providers who have been certified under the program required by subsection (d) and the amount and nature of continuing medical education provided under such program to such professionals, trainees, and providers who are so certified.

''(2) The number of women veterans who received counseling and care and services under subsection (a) from professionals and providers who received training under subsection (d).

''(3) The number of graduate medical education, training, certification, and continuing medical education courses provided by reason of subsection (d).

''(4) The number of trained full-time equivalent employees required in each facility of the Department to meet the needs of veterans requiring treatment and care for sexual trauma and post-traumatic stress disorder.

''(5) Such recommendations for improvements in the treatment of women veterans with sexual trauma and post-traumatic stress disorder as the Secretary considers appropriate.

''(6) Such other information as the Secretary considers appropriate.''.

SEC. 203. PILOT PROGRAM ON COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS NEWLY SEPARATED FROM SERVICE IN THE ARMED FORCES.

(a) PILOT PROGRAM REQUIRED.—

(1) IN GENERAL.—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a pilot program to evaluate the feasibility and advisability of providing reintegration and readjustment services described in subsection (b) in group retreat settings to women veterans who are recently separated from service in the Armed Forces after a prolonged deployment.

(2) PARTICIPATION AT ELECTION OF VETERAN.—The participation of a veteran in the pilot program under this section shall be at the election of the veteran.

(b) COVERED SERVICES.—The services provided to a woman veteran under the pilot program shall include the following:

(1) Information on reintegration into the veteran's family, employment, and community.

(2) Financial counseling.

(3) Occupational counseling.

(4) Information and counseling on stress reduction.

(5) Information and counseling on conflict resolution.

(6) Such other information and counseling as the Secretary considers appropriate to assist a woman veteran under the pilot program in reintegration into the veteran's family, employment, and community.

(c) LOCATIONS.—The Secretary shall carry out the pilot program at not fewer than three locations selected by the Secretary for purposes of the pilot program.

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

(e) REPORT.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program. The report shall contain the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for each of fiscal years 2010 and 2011, $2,000,000 to carry out the pilot program.

SEC. 204. SERVICE ON CERTAIN ADVISORY COMMITTEES OF WOMEN RECENTLY SEPARATED FROM SERVICE IN THE ARMED FORCES.

(a) ADVISORY COMMITTEE ON WOMEN VETERANS.—Section 542(a)(2)(A) is amended—

(1) in clause (ii), by striking ''and'' at the end;

(2) in clause (iii), by striking the period at the end and inserting ''; and''; and

(3) by inserting after clause (iii) the following new clause:

''(iv) women veterans who are recently separated from service in the Armed Forces.''.

(b) ADVISORY COMMITTEE ON MINORITY VETERANS.—Section 544(a)(2)(A) is amended—

(1) in clause (iii), by striking ''and'' at the end;

(2) in clause (iv), by striking the period at the end and inserting ''; and''; and

(3) by inserting after clause (iv) the following new clause:

''(v) women veterans who are minority group members and are recently separated from service in the Armed Forces.''.

(c) APPLICABILITY.—The amendments made by this section shall apply to appointments made on or after the date of the enactment of this Act.

SEC. 205. PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING HEALTH CARE.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing, subject to subsection (b), assistance to qualified veterans described in subsection (c) to obtain child care so that such veterans can receive health care services described in subsection (c).

(b) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may only be provided to a qualified veteran under the pilot program for receipt of child care during the period that the qualified veteran—

(1) receives the types of health care services described in subsection (c) at a facility of the Department; and

(2) requires travel to and return from such facility for the receipt of such health care services.

(c) QUALIFIED VETERANS.—For purposes of this section, a qualified veteran is a veteran who is—

(1) the primary caretaker of a child or children; and

(2)(A) receiving from the Department—

(i) regular mental health care services;

(ii) intensive mental health care services; or

(iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran; or

(B) in need of regular or intensive mental health care services from the Department, and but for lack of child care services, would receive such health care services from the Department.

(d) LOCATIONS.—The Secretary shall carry out the pilot program in no fewer than three Veterans Integrated Service Networks selected by the Secretary for purposes of the pilot program.

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

(f) FORMS OF CHILD CARE ASSISTANCE.—

(1) IN GENERAL.—Child care assistance under this section may include the following:

(A) Stipends for the payment of child care offered by licensed child care centers (either directly or through a voucher program) which shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107–67; 115 Stat. 552).

(B) Direct provision of child care at an on-site facility of the Department of Veterans Affairs.

(C) Payments to private child care agencies.

(D) Collaboration with facilities or programs of other Federal departments or agencies.

(E) Such other forms of assistance as the Secretary considers appropriate.

(2) AMOUNTS OF STIPENDS.—In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.

(g) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program. The report shall include the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs to carry out the pilot program $1,500,000 for each of fiscal years 2010 and 2011.

SEC. 206. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.

(a) IN GENERAL.—Subchapter VIII of chapter 17 is amended by adding at the end the following new section:

''§ 1786. Care for newborn children of women veterans receiving maternity care

''(a) IN GENERAL.—The Secretary may furnish health care services described in subsection (b) to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than seven days after the birth of the child if the veteran delivered the child in—

''(1) a facility of the Department; or

''(2) another facility pursuant to a Department contract for services relating to such delivery.

''(b) COVERED HEALTH CARE SERVICES.—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn child requires.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1785 the following new item:

''1786. Care for newborn children of women veterans receiving maternity care.''.

TITLE III—RURAL HEALTH IMPROVEMENTS

SEC. 301. IMPROVEMENTS TO THE EDUCATION DEBT REDUCTION PROGRAM.

(a) INCLUSION OF EMPLOYEE RETENTION AS PURPOSE OF PROGRAM.—Section 7681(a)(2) is amended by inserting ''and retention'' after ''recruitment'' the first time it appears.

(b) EXPANSION OF ELIGIBILITY.—Section 7682 is amended—

(1) in subsection (a)(1), by striking ''a recently appointed'' and inserting ''an''; and

(2) by striking subsection (c).

(c) INCREASE IN MAXIMUM ANNUAL AMOUNT OF PAYMENTS.—Paragraph (1) of subsection (d) of section 7683 is amended—

(1) by striking ''$44,000'' and inserting ''$60,000''; and

(2) by striking ''$10,000'' and inserting ''$12,000''.

(d) EXCEPTION TO LIMITATION ON AMOUNT FOR CERTAIN PARTICIPANTS.—Such subsection is further amended by adding at the end the following new paragraph:

''(3)(A) The Secretary may waive the limitations under paragraphs (1) and (2) in the case of a participant described in subparagraph (B). In the case of such a waiver, the total amount of education debt repayments payable to that participant is the total amount of the principal and the interest on the participant's loans referred to in subsection (a).

''(B) A participant described in this subparagraph is a participant in the Program who the Secretary determines serves in a position for which there is a shortage of qualified employees by reason of either the location or the requirements of the position.''.

SEC. 302. VISUAL IMPAIRMENT AND ORIENTATION AND MOBILITY PROFESSIONALS EDUCATION ASSISTANCE PROGRAM.

(a) ESTABLISHMENT OF PROGRAM.—Part V is amended by inserting after chapter 74 the following new chapter:

''CHAPTER 75—VISUAL IMPAIRMENT AND ORIENTATION AND MOBILITY PROFESSIONALS EDUCATIONAL ASSISTANCE PROGRAM

''§ 7501. Establishment of scholarship program; purpose

''(a) ESTABLISHMENT.—Subject to the availability of appropriations, the Secretary shall establish and carry out a scholarship program to provide financial assistance in accordance with this chapter to individuals who—

''(1) are accepted for enrollment or currently enrolled in a program of study leading to a degree or certificate in visual impairment or orientation and mobility, or a dual degree or certification in both such areas, at an accredited (as determined by the Secretary) educational institution that is in a State; and

''(2) enter into an agreement with the Secretary as described in section 7504 of this title.

''(b) PURPOSE.—The purpose of the scholarship program is to increase the supply of qualified blind rehabilitation specialists for the Department and the Nation.

''(c) OUTREACH.—The Secretary shall publicize the scholarship program to educational institutions throughout the United States, with an emphasis on disseminating information to such institutions with high numbers of Hispanic students and to Historically Black Colleges and Universities.

''§ 7502. Application and acceptance

''(a) APPLICATION.—(1) To apply and participate in the scholarship program under this chapter, an individual shall submit to the Secretary an application for such participation together with an agreement described in section 7504 of this title under which the participant agrees to serve a period of obligated service in the Department as provided in the agreement in return for payment of educational assistance as provided in the agreement.

''(2) In distributing application forms and agreement forms to individuals desiring to participate in the scholarship program, the Secretary shall include with such forms the following:

''(A) A fair summary of the rights and liabilities of an individual whose application is approved (and whose agreement is accepted) by the Secretary.

''(B) A full description of the terms and conditions that apply to participation in the scholarship program and service in the Department.

''(b) APPROVAL.—(1) Upon the Secretary's approval of an individual's participation in the scholarship program, the Secretary shall, in writing, promptly notify the individual of that acceptance.

''(2) An individual becomes a participant in the scholarship program upon such approval by the Secretary.

''§ 7503. Amount of assistance; duration

''(a) AMOUNT OF ASSISTANCE.—The amount of the financial assistance provided an individual under the scholarship program under this chapter shall be the amount determined by the Secretary as being necessary to pay the tuition and fees of the individual. In the case of an individual enrolled in a program of study leading to a dual degree or certification in both the areas of study described in section 7501(a)(1) of this title, the tuition and

fees shall not exceed the amounts necessary for the minimum number of credit hours to achieve such dual degree or certification.

''(b) RELATIONSHIP TO OTHER ASSISTANCE.—Financial assistance may be provided to an individual under the scholarship program to supplement other educational assistance to the extent that the total amount of educational assistance received by the individual during an academic year does not exceed the total tuition and fees for such academic year.

''(c) MAXIMUM AMOUNT OF ASSISTANCE.—(1) The total amount of assistance provided under the scholarship program for an academic year to an individual who is a full-time student may not exceed $15,000.

''(2) In the case of an individual who is a part-time student, the total amount of assistance provided under the scholarship program shall bear the same ratio to the amount that would be paid under paragraph (1) if the participant were a full-time student in the program of study being pursued by the individual as the coursework carried by the individual to full-time coursework in that program of study.

''(3) The total amount of assistance provided to an individual under the scholarship program may not exceed $45,000.

''(d) MAXIMUM DURATION OF ASSISTANCE.—Financial assistance may not be provided to an individual under the scholarship program for more than six academic years.

''§ 7504. Agreement

''An agreement between the Secretary and a participant in the scholarship program under this chapter shall be in writing, shall be signed by the participant, and shall include—

''(1) the Secretary's agreement to provide the participant with financial assistance as authorized under this chapter;

''(2) the participant's agreement—

''(A) to accept such financial assistance;

''(B) to maintain enrollment and attendance in the program of study described in section 7501(a)(1) of this title;

''(C) while enrolled in such program, to maintain an acceptable level of academic standing (as determined by the educational institution offering such program under regulations prescribed by the Secretary); and

''(D) after completion of the program, to serve as a full-time employee in the Department for a period of three years, to be served within the first six years after the participant has completed such program and received a degree or certificate described in section 7501(a)(1) of this title; and

''(3) any other terms and conditions that the Secretary considers appropriate for carrying out this chapter.

''§ 7505. Repayment for failure to satisfy requirements of agreement

''(a) IN GENERAL.—An individual who receives educational assistance under the scholarship program under this chapter shall repay to the Secretary an amount equal to the unearned portion of such assistance if the individual fails to satisfy the requirements of the agreement entered into under section 7504 of this title, except in circumstances authorized by the Secretary.

''(b) AMOUNT OF REPAYMENT.—The Secretary shall establish, by regulations, procedures for determining the amount of the repayment required under this section and the circumstances under which an exception to the required repayment may be granted.

''(c) WAIVER OR SUSPENSION OF COMPLIANCE.—The Secretary shall prescribe regulations providing for the waiver or suspension of any obligation of an individual for service or payment under this chapter (or an agreement under this chapter) whenever—

''(1) noncompliance by the individual is due to circumstances beyond the control of the individual; or

''(2) the Secretary determines that the waiver or suspension of compliance is in the best interest of the United States.

''(d) OBLIGATION AS DEBT TO UNITED STATES.—An obligation to repay the Secretary under this section is, for all purposes, a debt owed the United States. A discharge in bankruptcy under title 11 does not discharge a person from such debt if the discharge order is entered less than five years after the date of the termination of the agreement or contract on which the debt is based.''.

(b) CLERICAL AMENDMENTS.—The tables of chapters at the beginning of title 38, and of part V, are each amended by inserting after the item relating to chapter 74 the following new item:

''75. Visual Impairment and Orientation and Mobility Professionals Educational Assistance Program 7501''.

(c) IMPLEMENTATION.—The Secretary of Veterans Affairs shall implement chapter 75 of title 38, United States Code, as added by subsection (a), not later than six months after the date of the enactment of this Act.

SEC. 303. DEMONSTRATION PROJECTS ON ALTERNATIVES FOR EXPANDING CARE FOR VETERANS IN RURAL AREAS.

(a) IN GENERAL.—The Secretary of Veterans Affairs may, through the Director of the Office of Rural Health, carry out demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas, which may include the following:

(1) Establishing a partnership between the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to coordinate care for veterans in rural areas at critical access hospitals (as designated or certified under section 1820 of the Social Security Act (42 U.S.C. 1395i–4)).

(2) Establishing a partnership between the Department of Veterans Affairs and the Department of Health and Human Services to coordinate care for veterans in rural areas at community health centers.

(3) Expanding coordination between the Department of Veterans Affairs and the Indian Health Service to expand care for Indian veterans.

(b) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that the demonstration projects carried out under subsection (a) are located at facilities that are geographically distributed throughout the United States.

(c) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary shall submit a report on the results of the demonstration projects carried out under subsection (a) to—

(1) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(2) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for fiscal year 2010 and each fiscal year thereafter.

SEC. 304. PROGRAM ON READJUSTMENT AND MENTAL HEALTH CARE SERVICES FOR VETERANS WHO SERVED IN OPERATION ENDURING FREEDOM AND OPERATION IRAQI FREEDOM.

(a) PROGRAM REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a program to provide—

(1) to veterans of Operation Enduring Freedom and Operation Iraqi Freedom, particularly veterans who served in such operations while in the National Guard and the Reserves—

(A) peer outreach services;

(B) peer support services;

(C) readjustment counseling and services described in section 1712A of title 38, United States Code; and

(D) mental health services; and

(2) to members of the immediate family of veterans described in paragraph (1), during the three-year period beginning on the date of the return of such veterans from deployment in Operation Enduring Freedom or Operation Iraqi Freedom, education, support, counseling, and mental health services to assist in—

(A) the readjustment of such veterans to civilian life;

(B) in the case such veterans have an injury or illness incurred during such deployment, the recovery of such veterans from such injury or illness; and

(C) the readjustment of the family following the return of such veterans.

(b) CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS AND OTHER QUALIFIED ENTITIES.—In carrying out the program required by subsection (a), the Secretary may contract with community mental health centers and other qualified entities to provide the services required by such subsection only in areas the Secretary determines are not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting community health center or entity—

(1) to the extent practicable, to use telehealth services for the delivery of services required by subsection (a);

(2) to the extent practicable, to employ veterans trained under subsection (c) in the provision of services covered by that subsection;

(3) to participate in the training program conducted in accordance with subsection (d);

(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services required by subsection (a);

(5) for each veteran for whom a community mental health center or other qualified entity provides mental health services under such contract, to provide the Department with such clinical summary information as the Secretary shall require;

(6) to submit annual reports to the Secretary containing, with respect to the program required by subsection (a) and for the last full calendar year ending before the submittal of such report—

(A) the number of the veterans served, veterans diagnosed, and courses of treatment provided to veterans as part of the program required by subsection (a); and

(B) demographic information for such services, diagnoses, and courses of treatment; and

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

(c) TRAINING OF VETERANS FOR PROVISION OF PEER-OUTREACH AND PEER-SUPPORT SERVICES.—In carrying out the program required by subsection (a), the Secretary shall contract with a national not-for-profit mental health organization to carry out a national program of training for veterans described in subsection (a) to provide the services described in subparagraphs (A) and (B) of paragraph (1) of such subsection.

(d) TRAINING OF CLINICIANS FOR PROVISION OF SERVICES.—The Secretary shall conduct a training program for clinicians of community mental health centers or entities that have contracts with the Secretary under subsection (b) to ensure that such clinicians can

provide the services required by subsection (a) in a manner that—

(1) recognizes factors that are unique to the experience of veterans who served on active duty in Operation Enduring Freedom or Operation Iraqi Freedom (including their combat and military training experiences); and

(2) uses best practices and technologies.

(e) VET CENTER DEFINED.—In this section, the term ''vet center'' means a center for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

SEC. 305. TRAVEL REIMBURSEMENT FOR VETERANS RECEIVING TREATMENT AT FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) ENHANCEMENT OF ALLOWANCE BASED UPON MILEAGE TRAVELED.—Section 111 is amended—

(1) in subsection (a), by striking ''traveled,'' and inserting ''(at a rate of 41.5 cents per mile),''; and

(2) by amending subsection (g) to read as follows:

''(g)(1) Beginning one year after the date of the enactment of the Caregivers and Veterans Omnibus Health Services Act of 2010, the Secretary may adjust the mileage rate described in subsection (a) to be equal to 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) If an adjustment in the mileage rate under paragraph (1) results in a lower mileage rate than the mileage rate otherwise specified in subsection (a), the Secretary shall, not later than 60 days before the date of the implementation of the mileage rate as so adjusted, submit to Congress a written report setting forth the adjustment in the mileage rate under this subsection, together with a justification for the decision to make the adjustment in the mileage rate under this subsection.''.

(b) COVERAGE OF COST OF TRANSPORTATION BY AIR.—Subsection (a) of section 111, as amended by subsection (a)(1), is further amended by inserting after the first sentence the following new sentence: ''Actual necessary expense of travel includes the reasonable costs of airfare if travel by air is the only practical way to reach a Department facility.''.

(c) ELIMINATION OF LIMITATION BASED ON MAXIMUM ANNUAL RATE OF PENSION.—Subsection (b)(1)(D)(i) of such section is amended by inserting ''who is not traveling by air and'' before ''whose annual''.

(d) DETERMINATION OF PRACTICALITY.—Subsection (b) of such section is amended by adding at the end the following new paragraph:

''(4) In determining for purposes of subsection (a) whether travel by air is the only practical way for a veteran to reach a Department facility, the Secretary shall consider the medical condition of the veteran and any other impediments to the use of ground transportation by the veteran.''.

(e) NO EXPANSION OF ELIGIBILITY FOR BENEFICIARY TRAVEL.—The amendments made by subsections (b) and (d) of this section may not be construed as expanding or otherwise modifying eligibility for payments or allowances for beneficiary travel under section 111 of title 38, United States Code, as in effect on the day before the date of the enactment of this Act.

(f) CLARIFICATION OF RELATION TO PUBLIC TRANSPORTATION IN VETERANS HEALTH ADMINISTRATION HANDBOOK.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall revise the Veterans Health Administration Handbook to clarify that an allowance for travel based on mileage paid under section 111(a) of title 38, United States Code, may exceed the cost of such travel by public transportation regardless of medical necessity.

SEC. 306. PILOT PROGRAM ON INCENTIVES FOR PHYSICIANS WHO ASSUME INPATIENT RESPONSIBILITIES AT COMMUNITY HOSPITALS IN HEALTH PROFESSIONAL SHORTAGE AREAS.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasability and advisability of each of the following:

(1) The provision of financial incentives to eligible physicians who obtain and maintain inpatient privileges at community hospitals in health professional shortage areas in order to facilitate the provision by such physicians of primary care and mental health services to veterans at such hospitals.

(2) The collection of payments from third-party providers for care provided by eligible physicians to nonveterans while discharging inpatient responsibilities at community hospitals in the course of exercising the privileges described in paragraph (1).

(b) ELIGIBLE PHYSICIANS.—For purposes of this section, an eligible physician is a primary care or mental health physician employed by the Department of Veterans Affairs on a full-time basis.

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

(d) LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out at not less than five community hospitals in each of not less than two Veterans Integrated Services Networks. The hospitals shall be selected by the Secretary using the results of the survey required under subsection (e).

(2) QUALIFYING COMMUNITY HOSPITALS.—A community hospital may be selected by the Secretary as a location for the pilot program if—

(A) the hospital is located in a health professional shortage area; and

(B) the number of eligible physicians willing to assume inpatient responsibilities at the hospital (as determined using the result of the survey) is sufficient for purposes of the pilot program.

(e) SURVEY OF PHYSICIAN INTEREST IN PARTICIPATION.—

(1) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall conduct a survey of eligible physicians to determine the extent of the interest of such physicians in participating in the pilot program.

(2) ELEMENTS.—The survey shall disclose the type, amount, and nature of the financial incentives to be provided under subsection (h) to physicians participating in the pilot program.

(f) PHYSICIAN PARTICIPATION.—

(1) IN GENERAL.—The Secretary shall select physicians for participation in the pilot program from among eligible physicians who—

(A) express interest in participating in the pilot program in the survey conducted under subsection (e);

(B) are in good standing with the Department; and

(C) primarily have clinical responsibilities with the Department.

(2) VOLUNTARY PARTICIPATION.—Participation in the pilot program shall be voluntary. Nothing in this section shall be construed to require a physician working for the Department to assume inpatient responsibilities at a community hospital unless otherwise required as a term or condition of employment with the Department.

(g) ASSUMPTION OF INPATIENT PHYSICIAN RESPONSIBILITIES.—

(1) IN GENERAL.—Each eligible physician selected for participation in the pilot program shall assume and maintain inpatient responsibilities, including inpatient responsibilities with respect to nonveterans, at one or more community hospitals selected by the Secretary for participation in the pilot program under subsection (d).

(2) COVERAGE UNDER FEDERAL TORT CLAIMS ACT.—If an eligible physician participating in the pilot program carries out on-call responsibilities at a community hospital where privileges to practice at such hospital are conditioned upon the provision of services to individuals who are not veterans while the physician is on call for such hospital, the provision of such services by the physician shall be considered an action within the scope of the physician's office or employment for purposes of chapter 171 of title 28, United States Code (commonly referred to as the ''Federal Tort Claims Act'').

(h) COMPENSATION.—

(1) IN GENERAL.—The Secretary shall provide each eligible physician participating in the pilot program with such compensation (including pay and other appropriate compensation) as the Secretary considers appropriate to compensate such physician for the discharge of any inpatient responsibilities by such physician at a community hospital for which such physician would not otherwise be compensated by the Department as a full-time employee of the Department.

(2) WRITTEN AGREEMENT.—The amount of any compensation to be provided a physician under the pilot program shall be specified in a written agreement entered into by the Secretary and the physician for purposes of the pilot program.

(3) TREATMENT OF COMPENSATION.—The Secretary shall consult with the Director of the Office of Personnel Management on the inclusion of a provision in the written agreement required under paragraph (2) that describes the treatment under Federal law of any compensation provided a physician under the pilot program, including treatment for purposes of retirement under the civil service laws.

(i) COLLECTIONS FROM THIRD PARTIES.—In carrying out the pilot program for the purpose described in subsection (a)(2), the Secretary shall implement a variety and range of requirements and mechanisms for the collection from third-party payors of amounts to reimburse the Department for health care services provided to nonveterans under the pilot program by eligible physicians discharging inpatient responsibilities under the pilot program.

(j) REPORT.—Not later than one year after the date of the enactment of this Act and annually thereafter, the Secretary shall submit to Congress a report on the pilot program, including the following:

(1) The findings of the Secretary with respect to the pilot program.

(2) The number of veterans and nonveterans provided inpatient care by physicians participating in the pilot program.

(3) The amounts payable and collected under subsection (i).

(k) DEFINITIONS.—In this section:

(1) HEALTH PROFESSIONAL SHORTAGE AREA.—The term ''health professional shortage area'' has the meaning given the term in section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a)).

(2) INPATIENT RESPONSIBILITIES.—The term ''inpatient responsibilities'' means on-call responsibilities customarily required of a physician by a community hospital as a condition of granting privileges to the physician to practice in the hospital.

SEC. 307. GRANTS FOR VETERANS SERVICE ORGANIZATIONS FOR TRANSPORTATION OF HIGHLY RURAL VETERANS.

(a) GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a grant program to provide innovative transportation options to veterans in highly rural areas.

(2) ELIGIBLE RECIPIENTS.—The following may be awarded a grant under this section:

(A) State veterans service agencies.

(B) Veterans service organizations.

(3) USE OF FUNDS.—A State veterans service agency or veterans service organization awarded a grant under this section may use the grant amount to—

(A) assist veterans in highly rural areas to travel to Department of Veterans Affairs medical centers; and

(B) otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

(4) MAXIMUM AMOUNT.—The amount of a grant under this section may not exceed $50,000.

(5) NO MATCHING REQUIREMENT.—The recipient of a grant under this section shall not be required to provide matching funds as a condition for receiving such grant.

(b) REGULATIONS.—The Secretary shall prescribe regulations for—

(1) evaluating grant applications under this section; and

(2) otherwise administering the program established by this section.

(c) DEFINITIONS.—In this section:

(1) HIGHLY RURAL.—The term ''highly rural'', in the case of an area, means that the area consists of a county or counties having a population of less than seven persons per square mile.

(2) VETERANS SERVICE ORGANIZATION.—The term ''veterans service organization'' means any organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $3,000,000 for each of fiscal years 2010 through 2014 to carry out this section.

SEC. 308. MODIFICATION OF ELIGIBILITY FOR PARTICIPATION IN PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF CERTAIN VETERANS.

Subsection (b) of section 403 of the Veterans' Mental Health and other Care Improvements Act of 2008 (Public Law 110–387; 122 Stat. 4125; 38 U.S.C. 1703 note) is amended to read as follows:

''(b) COVERED VETERANS.—For purposes of the pilot program under this section, a covered veteran is any veteran who—

''(1) is—

''(A) enrolled in the system of patient enrollment established under section 1705(a) of title 38, United States Code, as of the date of the commencement of the pilot program under subsection (a)(2); or

''(B) eligible for health care under section 1710(e)(3) of such title; and

''(2) resides in a location that is—

''(A) more than 60 minutes driving distance from the nearest Department health care facility providing primary care services, if the veteran is seeking such services;

''(B) more than 120 minutes driving distance from the nearest Department health care facility providing acute hospital care, if the veteran is seeking such care; or

''(C) more than 240 minutes driving distance from the nearest Department health care facility providing tertiary care, if the veteran is seeking such care.''.

TITLE IV—MENTAL HEALTH CARE MATTERS

SEC. 401. ELIGIBILITY OF MEMBERS OF THE ARMED FORCES WHO SERVE IN OPERATION ENDURING FREEDOM OR OPERATION IRAQI FREEDOM FOR COUNSELING AND SERVICES THROUGH READJUSTMENT COUNSELING SERVICE.

(a) IN GENERAL.—Any member of the Armed Forces, including a member of the National Guard or Reserve, who serves on active duty in the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom is eligible for readjustment counseling and related mental health services under section 1712A of title 38, United States Code, through the Readjustment Counseling Service of the Veterans Health Administration.

(b) NO REQUIREMENT FOR CURRENT ACTIVE DUTY SERVICE.—A member of the Armed Forces who meets the requirements for eligibility for counseling and services under subsection (a) is entitled to counseling and services under that subsection regardless of whether or not the member is currently on active duty in the Armed Forces at the time of receipt of counseling and services under that subsection.

(c) REGULATIONS.—The eligibility of members of the Armed Forces for counseling and services under subsection (a) shall be subject to such regulations as the Secretary of Defense and the Secretary of Veterans Affairs shall jointly prescribe for purposes of this section.

(d) SUBJECT TO AVAILABILITY OF APPROPRIATIONS.—The provision of counseling and services under subsection (a) shall be subject to the availability of appropriations for such purpose.

SEC. 402. RESTORATION OF AUTHORITY OF READJUSTMENT COUNSELING SERVICE TO PROVIDE REFERRAL AND OTHER ASSISTANCE UPON REQUEST TO FORMER MEMBERS OF THE ARMED FORCES NOT AUTHORIZED COUNSELING.

Section 1712A is amended—

(1) by redesignating subsections (c) through (f) as subsections (d) through (g), respectively; and

(2) by inserting after subsection (b) the following new subsection (c):

''(c) Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, or air service but who is not otherwise eligible for such counseling, the Secretary shall—

''(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

''(2) if pertinent, advise such individual of such individual's rights to apply to the appropriate military, naval, or air service, and to the Department, for review of such individual's discharge or release from such service.''.

SEC. 403. STUDY ON SUICIDES AMONG VETERANS.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a study to determine the number of veterans who died by suicide between January 1, 1999, and the date of the enactment of this Act.

(b) COORDINATION.—In carrying out the study under subsection (a) the Secretary of Veterans Affairs shall coordinate with—

(1) the Secretary of Defense;

(2) veterans service organizations;

(3) the Centers for Disease Control and Prevention; and

(4) State public health offices and veterans agencies.

(c) REPORT TO CONGRESS.—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 on the study required under subsection (a) and the findings of the Secretary.

(d) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term ''veterans service organization'' means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

TITLE V—OTHER HEALTH CARE MATTERS

SEC. 501. REPEAL OF CERTAIN ANNUAL REPORTING REQUIREMENTS.

(a) NURSE PAY REPORT.—Section 7451 is amended—

(1) by striking subsection (f); and

(2) by redesignating subsection (g) as subsection (f).

(b) LONG-TERM PLANNING REPORT.—

(1) IN GENERAL.—Section 8107 is repealed.

(2) CONFORMING AMENDMENT.—The table of sections at the beginning of chapter 81 is amended by striking the item relating to section 8107.

SEC. 502. SUBMITTAL DATE OF ANNUAL REPORT ON GULF WAR RESEARCH.

Section 707(c)(1) of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102–585; 38 U.S.C. 527 note) is amended by striking ''Not later than March 1 of each year'' and inserting ''Not later than July 1, 2010, and July 1 of each of the five following years''.

SEC. 503. PAYMENT FOR CARE FURNISHED TO CHAMPVA BENEFICIARIES.

Section 1781 is amended by adding at the end the following new subsection:

''(e) Payment by the Secretary under this section on behalf of a covered beneficiary for medical care shall constitute payment in full and extinguish any liability on the part of the beneficiary for that care.''.

SEC. 504. DISCLOSURE OF PATIENT TREATMENT INFORMATION FROM MEDICAL RECORDS OF PATIENTS LACKING DECISIONMAKING CAPACITY.

Section 7332(b)(2) is amended by adding at the end the following new subparagraph:

''(F)(i) To a representative of a patient who lacks decision-making capacity, when a practitioner deems the content of the given record necessary for that representative to make an informed decision regarding the patient's treatment.

''(ii) In this subparagraph, the term 'representative' means an individual, organization, or other body authorized under section 7331 of this title and its implementing regulations to give informed consent on behalf of a patient who lacks decision-making capacity.''.

SEC. 505. ENHANCEMENT OF QUALITY MANAGEMENT.

(a) ENHANCEMENT OF QUALITY MANAGEMENT THROUGH QUALITY MANAGEMENT OFFICERS.—

(1) IN GENERAL.—Subchapter II of chapter 73 is amended by inserting after section 7311 the following new section:

''§ 7311A. Quality management officers

''(a) NATIONAL QUALITY MANAGEMENT OFFICER.—(1) The Under Secretary for Health shall designate an official of the Veterans Health Administration to act as the principal quality management officer for the quality-assurance program required by section 7311 of this title. The official so designated may be known as the 'National Quality Management Officer of the Veterans Health Administration' (in this section referred to as the 'National Quality Management Officer').

''(2) The National Quality Management Officer shall report directly to the Under Secretary for Health in the discharge of responsibilities and duties of the Officer under this section.

''(3) The National Quality Management Officer shall be the official within the Veterans Health Administration who is principally responsible for the quality-assurance program referred to in paragraph (1). In carrying out that responsibility, the Officer shall be responsible for the following:

''(A) Establishing and enforcing the requirements of the program referred to in paragraph (1).

''(B) Developing an aggregate quality metric from existing data sources, such as the Inpatient Evaluation Center of the Department, the National Surgical Quality Improvement Program, and the External Peer Review Program of the Veterans Health Administration, that could be used to assess reliably the quality of care provided at individual Department medical centers and associated community based outpatient clinics.

''(C) Ensuring that existing measures of quality, including measures from the Inpatient Evaluation Center, the National Surgical Quality Improvement Program, System-Wide Ongoing Assessment and Review reports of the Department, and Combined Assessment Program reviews of the Office of Inspector General of the Department, are monitored routinely and analyzed in a manner that ensures the timely detection of quality of care issues.

''(D) Encouraging research and development in the area of quality metrics for the purposes of improving how the Department measures quality in individual facilities.

''(E) Carrying out such other responsibilities and duties relating to quality management in the Veterans Health Administration as the Under Secretary for Health shall specify.

''(4) The requirements under paragraph (3) shall include requirements regarding the following:

''(A) A confidential system for the submittal of reports by Veterans Health Administration personnel regarding quality management at Department facilities.

''(B) Mechanisms for the peer review of the actions of individuals appointed in the Veterans Health Administration in the position of physician.

''(b) QUALITY MANAGEMENT OFFICERS FOR VISNS.—(1) The Regional Director of each Veterans Integrated Services Network shall appoint an official of the Network to act as the quality management officer of the Network.

''(2) The quality management officer for a Veterans Integrated Services Network shall report to the Regional Director of the Veterans Integrated Services Network, and to the National Quality Management Officer, regarding the discharge of the responsibilities and duties of the officer under this section.

''(3) The quality management officer for a Veterans Integrated Services Network shall—

''(A) direct the quality management office in the Network; and

''(B) coordinate, monitor, and oversee the quality management programs and activities of the Administration medical facilities in the Network in order to ensure the thorough and uniform discharge of quality management requirements under such programs and activities throughout such facilities.

''(c) QUALITY MANAGEMENT OFFICERS FOR MEDICAL FACILITIES.—(1) The director of each Veterans Health Administration medical facility shall appoint a quality management officer for that facility.

''(2) The quality management officer for a facility shall report directly to the director of the facility, and to the quality management officer of the Veterans Integrated Services Network in which the facility is located, regarding the discharge of the responsibilities and duties of the quality management officer under this section.

''(3) The quality management officer for a facility shall be responsible for designing, disseminating, and implementing quality management programs and activities for the facility that meet the requirements established by the National Quality Management Officer under subsection (a).

''(d) AUTHORIZATION OF APPROPRIATIONS.—(1) Except as provided in paragraph (2), there are authorized to be appropriated such sums as may be necessary to carry out this section.

''(2) There is authorized to be appropriated to carry out the provisions of subparagraphs (B), (C), and (D) of subsection (a)(3), $25,000,000 for the two-year period of fiscal years beginning after the date of the enactment of this section.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7311 the following new item:

''7311A. Quality management officers.''.

(b) REPORTS ON QUALITY CONCERNS UNDER QUALITY-ASSURANCE PROGRAM.—Section 7311(b) is amended by adding at the end the following new paragraph:

''(4) As part of the quality-assurance program, the Under Secretary for Health shall establish mechanisms through which employees of Veterans Health Administration facilities may submit reports, on a confidential basis, on matters relating to quality of care in Veterans Health Administration facilities to the quality management officers of such facilities under section 7311A(c) of this title. The mechanisms shall provide for the prompt and thorough review of any reports so submitted by the receiving officials.''.

(c) REVIEW OF CURRENT HEALTH CARE QUALITY SAFEGUARDS.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a comprehensive review of all current policies and protocols of the Department of Veterans Affairs for maintaining health care quality and patient safety at Department medical facilities. The review shall include a review and assessment of the National Surgical Quality Improvement Program, including an assessment of—

(A) the efficacy of the quality indicators under the program;

(B) the efficacy of the data collection methods under the program;

(C) the efficacy of the frequency with which regular data analyses are performed under the program; and

(D) the extent to which the resources allocated to the program are adequate to fulfill the stated function of the program.

(2) REPORT.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the review conducted under paragraph (1), including the findings of the Secretary as a result of the review and such recommendations as the Secretary considers appropriate in light of the review.

SEC. 506. PILOT PROGRAM ON USE OF COMMUNITY-BASED ORGANIZATIONS AND LOCAL AND STATE GOVERNMENT ENTITIES TO ENSURE THAT VETERANS RECEIVE CARE AND BENEFITS FOR WHICH THEY ARE ELIGIBLE.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of using community-based organizations and local and State government entities—

(1) to increase the coordination of community, local, State, and Federal providers of health care and benefits for veterans to assist veterans who are transitioning from military service to civilian life in such transition;

(2) to increase the availability of high quality medical and mental health services to veterans transitioning from military service to civilian life;

(3) to provide assistance to families of veterans who are transitioning from military service to civilian life to help such families adjust to such transition; and

(4) to provide outreach to veterans and their families to inform them about the availability of benefits and connect them with appropriate care and benefit programs.

(b) DURATION OF PROGRAM.—The pilot program shall be carried out during the two-year period beginning on the date that is 180 days after the date of the enactment of this Act.

(c) PROGRAM LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out at five locations selected by the Secretary for purposes of the pilot program.

(2) CONSIDERATIONS.—In selecting locations for the pilot program, the Secretary shall consider the advisability of selecting locations in—

(A) rural areas;

(B) areas with populations that have a high proportion of minority group representation;

(C) areas with populations that have a high proportion of individuals who have limited access to health care; and

(D) areas that are not in close proximity to an active duty military installation.

(d) GRANTS.—The Secretary shall carry out the pilot program through the award of grants to community-based organizations and local and State government entities.

(e) SELECTION OF GRANT RECIPIENTS.—

(1) IN GENERAL.—A community-based organization or local or State government entity seeking a grant under the pilot program shall submit to the Secretary an application therefor in such form and in such manner as the Secretary considers appropriate.

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

(A) A description of the consultations, if any, with the Department of Veterans Affairs in the development of the proposal under the application.

(B) A plan to coordinate activities under the pilot program, to the greatest extent possible, with the local, State, and Federal providers of services for veterans to reduce duplication of services and to enhance the effect of such services.

(f) USE OF GRANT FUNDS.—The Secretary shall prescribe appropriate uses of grant funds received under the pilot program.

(g) REPORT ON PROGRAM.—

(1) IN GENERAL.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

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

(A) The findings and conclusions of the Secretary with respect to the pilot program.

(B) An assessment of the benefits to veterans of the pilot program.

(C) The recommendations of the Secretary as to the advisability of continuing the pilot program.

SEC. 507. SPECIALIZED RESIDENTIAL CARE AND REHABILITATION FOR CERTAIN VETERANS.

Section 1720 is amended by adding at the end the following new subsection:

''(g) The Secretary may contract with appropriate entities to provide specialized residential care and rehabilitation services to a veteran of Operation Enduring Freedom or Operation Iraqi Freedom who the Secretary determines suffers from a traumatic brain

injury, has an accumulation of deficits in activities of daily living and instrumental activities of daily living, and because of these deficits, would otherwise require admission to a nursing home even though such care would generally exceed the veteran's nursing needs.''.

SEC. 508. EXPANDED STUDY ON THE HEALTH IMPACT OF PROJECT SHIPBOARD HAZARD AND DEFENSE.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with the Institute of Medicine of the National Academies to conduct an expanded study on the health impact of Project Shipboard Hazard and Defense (Project SHAD).

(b) COVERED VETERANS.—The study required by subsection (a) shall include, to the extent practicable, all veterans who participated in Project Shipboard Hazard and Defense.

(c) USE OF EXISTING STUDIES.—The study required by subsection (a) may use results from the study covered in the report titled ''Long-Term Health Effects of Participation in Project SHAD'' of the Institute of Medicine of the National Academies.

SEC. 509. USE OF NON-DEPARTMENT FACILITIES FOR REHABILITATION OF INDIVIDUALS WITH TRAUMATIC BRAIN INJURY.

Section 1710E is amended—

(1) by redesignating subsection (b) as subsection (c);

(2) by inserting after subsection (a) the following new subsection (b):

''(b) COVERED INDIVIDUALS.—The care and services provided under subsection (a) shall be made available to an individual—

''(1) who is described in section 1710C(a) of this title; and

''(2)(A) to whom the Secretary is unable to provide such treatment or services at the frequency or for the duration prescribed in such plan; or

''(B) for whom the Secretary determines that it is optimal with respect to the recovery and rehabilitation for such individual.''; and

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

''(d) STANDARDS.—The Secretary may not provide treatment or services as described in subsection (a) at a non-Department facility under such subsection unless such facility maintains standards for the provision of such treatment or services established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with traumatic brain injury.''.

SEC. 510. PILOT PROGRAM ON PROVISION OF DENTAL INSURANCE PLANS TO VETERANS AND SURVIVORS AND DEPENDENTS OF VETERANS.

(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing a dental insurance plan to veterans and survivors and dependents of veterans described in subsection (b).

(b) COVERED VETERANS AND SURVIVORS AND DEPENDENTS.—The veterans and survivors and dependents of veterans described in this subsection are as follows:

(1) Any veteran who is enrolled in the system of annual patient enrollment under section 1705 of title 38, United States Code.

(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1781 of such title.

(c) DURATION OF PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date that is 270 days after the date of the enactment of this Act.

(d) LOCATIONS.—The pilot program shall be carried out in such Veterans Integrated Services Networks as the Secretary considers appropriate for purposes of the pilot program.

(e) ADMINISTRATION.—The Secretary shall contract with a dental insurer to administer the dental insurance plan provided under the pilot program.

(f) BENEFITS.—The dental insurance plan under the pilot program shall provide such benefits for dental care and treatment as the Secretary considers appropriate for the dental insurance plan, including diagnostic services, preventative services, endodontics and other restorative services, surgical services, and emergency services.

(g) ENROLLMENT.—

(1) VOLUNTARY.—Enrollment in the dental insurance plan under the pilot program shall be voluntary.

(2) MINIMUM PERIOD.—Enrollment in the dental insurance plan shall be for such minimum period as the Secretary shall prescribe for purposes of this section.

(h) PREMIUMS.—

(1) IN GENERAL.—Premiums for coverage under the dental insurance plan under the pilot program shall be in such amount or amounts as the Secretary shall prescribe to cover all costs associated with the pilot program.

(2) ANNUAL ADJUSTMENT.—The Secretary shall adjust the premiums payable under the pilot program for coverage under the dental insurance plan on an annual basis. Each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

(3) RESPONSIBILITY FOR PAYMENT.—Each individual covered by the dental insurance plan shall pay the entire premium for coverage under the dental insurance plan, in addition to the full cost of any copayments.

(i) VOLUNTARY DISENROLLMENT.—

(1) IN GENERAL.—With respect to enrollment in the dental insurance plan under the pilot program, the Secretary shall—

(A) permit the voluntary disenrollment of an individual in the dental insurance plan if the disenrollment occurs during the 30-day period beginning on the date of the enrollment of the individual in the dental insurance plan; and

(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection, but only to the extent such disenrollment does not jeopardize the fiscal integrity of the dental insurance plan.

(2) ALLOWABLE CIRCUMSTANCES.—The circumstances prescribed under paragraph (1)(B) shall include the following:

(A) If an individual enrolled in the dental insurance plan relocates to a location outside the jurisdiction of the dental insurance plan that prevents use of the benefits under the dental insurance plan.

(B) If an individual enrolled in the dental insurance plan is prevented by a serious medical condition from being able to obtain benefits under the dental insurance plan.

(C) Such other circumstances as the Secretary shall prescribe for purposes of this subsection.

(3) ESTABLISHMENT OF PROCEDURES.—The Secretary shall establish procedures for determinations on the permissibility of voluntary disenrollments under paragraph (1)(B). Such procedures shall ensure timely determinations on the permissibility of such disenrollments.

(j) RELATIONSHIP TO DENTAL CARE PROVIDED BY SECRETARY.—Nothing in this section shall affect the responsibility of the Secretary to provide dental care under section 1712 of title 38, United States Code, and the participation of an individual in the dental insurance plan under the pilot program shall not affect the individual's entitlement to outpatient dental services and treatment, and related dental appliances, under that section.

(k) REGULATIONS.—The dental insurance plan under the pilot program shall be administered under such regulations as the Secretary shall prescribe.

SEC. 511. PROHIBITION ON COLLECTION OF COPAYMENTS FROM VETERANS WHO ARE CATASTROPHICALLY DISABLED.

(a) IN GENERAL.—Subchapter III of chapter 17 is amended by adding at the end the following new section:

''§ 1730A. Prohibition on collection of copayments from catastrophically disabled veterans

''Notwithstanding subsections (f) and (g) of section 1710 and section 1722A(a) of this title or any other provision of law, the Secretary may not require a veteran who is catastrophically disabled, as defined by the Secretary, to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1730 the following new item:

''1730A. Prohibition on collection of copayments from catastrophically disabled veterans.''.

SEC. 512. HIGHER PRIORITY STATUS FOR CERTAIN VETERANS WHO ARE MEDAL OF HONOR RECIPIENTS.

Section 1705(a)(3) is amended by inserting ''veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,'' after ''the Purple Heart,''.

SEC. 513. HOSPITAL CARE, MEDICAL SERVICES, AND NURSING HOME CARE FOR CERTAIN VIETNAM-ERA VETERANS EXPOSED TO HERBICIDE AND VETERANS OF THE PERSIAN GULF WAR.

Section 1710(e) is amended—

(1) in paragraph (3)—

(A) by striking ''subsection (a)(2)(F)—'' and all that follows through ''(C) in the case'' and inserting ''subsection (a)(2)(F) in the case''; and

(B) by redesignating clauses (i) and (ii) of the former subparagraph (C) as subparagraphs (A) and (B) of such paragraph (3) and by realigning the margin of such new subparagraphs two ems to the left; and

(2) in paragraph (1)(C)—

(A) by striking ''paragraphs (2) and (3)'' and inserting ''paragraph (2)''; and

(B) by inserting after ''on active duty'' the following: ''between August 2, 1990, and November 11, 1998,''.

SEC. 514. ESTABLISHMENT OF DIRECTOR OF PHYSICIAN ASSISTANT SERVICES IN VETERANS HEALTH ADMINISTRATION.

(a) IN GENERAL.—Section 7306(a) is amended by striking paragraph (9) and inserting the following new paragraph (9):

''(9) The Director of Physician Assistant Services, who shall—

''(A) serve in a full-time capacity at the Central Office of the Department;

''(B) be a qualified physician assistant; and

''(C) be responsible and report directly to the Chief Patient Care Services Officer of the Veterans Health Administration on all matters relating to the education and training, employment, appropriate use, and optimal participation of physician assistants within the programs and initiatives of the Administration.''.

(b) DEADLINE FOR IMPLEMENTATION.—The Secretary of Veterans Affairs shall ensure that an individual is serving as the Director

of Physician Assistant Services under paragraph (9) of section 7306(a) of title 38, United States Code, as amended by subsection (a), by not later than 120 days after the date of the enactment of this Act.

SEC. 515. COMMITTEE ON CARE OF VETERANS WITH TRAUMATIC BRAIN INJURY.

(a) ESTABLISHMENT OF COMMITTEE.—Subchapter II of chapter 73 is amended by inserting after section 7321 the following new section:

"§ 7321A. Committee on Care of Veterans with Traumatic Brain Injury

''(a) ESTABLISHMENT.—The Secretary shall establish in the Veterans Health Administration a committee to be known as the 'Committee on Care of Veterans with Traumatic Brain Injury'. The Under Secretary for Health shall appoint employees of the Department with expertise in the care of veterans with traumatic brain injury to serve on the committee.

''(b) RESPONSIBILITIES OF COMMITTEE.—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury. In carrying out that responsibility, the committee shall—

''(1) evaluate the care provided to such veterans through the Veterans Health Administration;

''(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

''(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

''(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

''(c) ADVICE AND RECOMMENDATIONS.—The committee shall—

''(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of veterans with traumatic brain injury; and

''(2) make recommendations to the Under Secretary—

''(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

''(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration;

''(C) regarding research needs and priorities relevant to the care of such veterans; and

''(D) regarding the appropriate allocation of resources for all such activities.

''(d) ANNUAL REPORT.—Not later than June 1, 2010, and each year thereafter, 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 this section. Each such report shall include the following for the calendar year preceding the year in which the report is submitted:

''(1) A list of the members of the committee.

''(2) The assessment of the Under Secretary for Health, after review of the findings of the committee, regarding the capability of the Veterans Health Administration, on a systemwide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

''(3) The plans of the committee for further assessments.

''(4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

''(5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7321 the following new item:

''7321A. Committee on Care of Veterans with Traumatic Brain Injury.''.

SEC. 516. INCREASE IN AMOUNT AVAILABLE TO DISABLED VETERANS FOR IMPROVEMENTS AND STRUCTURAL ALTERATIONS FURNISHED AS PART OF HOME HEALTH SERVICES.

(a) INCREASE.—Section 1717(a)(2) is amended by striking subparagraphs (A) and (B) and inserting the following:

''(A) in the case of medical services furnished under section 1710(a)(1) of this title, or for a disability described in section 1710(a)(2)(C) of this title—

''(i) in the case of a veteran who first applies for benefits under this paragraph before the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, $4,100; or

''(ii) in the case of a veteran who first applies for benefits under this paragraph on or after the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, $6,800; and

''(B) in the case of medical services furnished under any other provision of section 1710(a) of this title—

''(i) in the case of a veteran who first applies for benefits under this paragraph before the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, $1,200; or

''(ii) in the case of a veteran who first applies for benefits under this paragraph on or after the date of the Caregivers and Veterans Omnibus Health Services Act of 2010, $2,000.''.

(b) CONSTRUCTION.—A veteran who exhausts such veteran's eligibility for benefits under section 1717(a)(2) of such title before the date of the enactment of this Act, is not entitled to additional benefits under such section by reason of the amendments made by subsection (a).

SEC. 517. EXTENSION OF STATUTORILY DEFINED COPAYMENTS FOR CERTAIN VETERANS FOR HOSPITAL CARE AND NURSING HOME CARE.

Subparagraph (B) of section 1710(f)(2) is amended to read as follows:

''(B) before September 30, 2012, an amount equal to $10 for every day the veteran receives hospital care and $5 for every day the veteran receives nursing home care.''.

SEC. 518. EXTENSION OF AUTHORITY TO RECOVER COST OF CERTAIN CARE AND SERVICES FROM DISABLED VETERANS WITH HEALTH-PLAN CONTRACTS.

Subparagraph (E) of section 1729(a)(2) is amended to read as follows:

''(E) for which care and services are furnished before October 1, 2012, under this chapter to a veteran who—

''(i) has a service-connected disability; and

''(ii) is entitled to care (or payment of the expenses of care) under a health-plan contract.''.

TITLE VI—DEPARTMENT PERSONNEL MATTERS

SEC. 601. ENHANCEMENT OF AUTHORITIES FOR RETENTION OF MEDICAL PROFESSIONALS.

(a) SECRETARIAL AUTHORITY TO EXTEND TITLE 38 STATUS TO ADDITIONAL POSITIONS.—

(1) IN GENERAL.—Paragraph (3) of section 7401 is amended by striking ''and blind rehabilitation outpatient specialists.'' and inserting the following: ''blind rehabilitation outpatient specialists, and such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention needs of the Department subject to the following requirements:

''(A) Such other classes of health care occupations—

''(i) are not occupations relating to administrative, clerical, or physical plant maintenance and protective services;

''(ii) that would otherwise receive basic pay in accordance with the General Schedule under section 5332 of title 5;

''(iii) provide, as determined by the Secretary, direct patient care services or services incident to direct patient services; and

''(iv) would not otherwise be available to provide medical care or treatment for veterans.

''(B) Not later than 45 days before the Secretary appoints any personnel for a class of health care occupations that is not specifically listed in this paragraph, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Office of Management and Budget notice of such appointment.

''(C) Before submitting notice under subparagraph (B), the Secretary shall solicit comments from any labor organization representing employees in such class and include such comments in such notice.''.

(2) APPOINTMENT OF NURSE ASSISTANTS.—Such paragraph is further amended by inserting ''nurse assistants,'' after ''licensed practical or vocational nurses,''.

(b) PROBATIONARY PERIODS FOR REGISTERED NURSES.—Section 7403(b) is amended—

(1) in paragraph (1), by striking ''Appointments'' and inserting ''Except as otherwise provided in this subsection, appointments'';

(2) by redesignating paragraph (2) as paragraph (4); and

(3) by inserting after paragraph (1) the following new paragraphs:

''(2) With respect to the appointment of a registered nurse under this chapter, paragraph (1) shall apply with respect to such appointment regardless of whether such appointment is on a full-time basis or a part-time basis.

''(3) An appointment described in subsection (a) on a part-time basis of a person who has previously served on a full-time basis for the probationary period for the position concerned shall be without a probationary period.''.

(c) PROHIBITION ON TEMPORARY PART-TIME REGISTERED NURSE APPOINTMENTS IN EXCESS OF TWO YEARS.—Section 7405 is amended by adding at the end the following new subsection:

''(g)(1) Except as provided in paragraph (3), employment of a registered nurse on a temporary part-time basis under subsection (a)(1) shall be for a probationary period of two years.

''(2) Except as provided in paragraph (3), upon completion by a registered nurse of the probationary period described in paragraph (1)—

''(A) the employment of such nurse shall—

''(i) no longer be considered temporary; and

''(ii) be considered an appointment described in section 7403(a) of this title; and

''(B) the nurse shall be considered to have served the probationary period required by section 7403(b).

''(3) This subsection shall not apply to appointments made on a term limited basis of less than or equal to three years of—

''(A) nurses with a part-time appointment resulting from an academic affiliation or teaching position in a nursing academy of the Department;

''(B) nurses appointed as a result of a specific research proposal or grant; or

''(C) nurses who are not citizens of the United States and appointed under section 7407(a) of this title.''.

(d) RATE OF BASIC PAY FOR APPOINTEES TO THE OFFICE OF THE UNDER SECRETARY FOR HEALTH SET TO RATE OF BASIC PAY FOR SENIOR EXECUTIVE SERVICE POSITIONS.—

(1) IN GENERAL.—Section 7404(a) is amended—

(A) by striking ''The annual'' and inserting ''(1) The annual'';

(B) by striking ''The pay'' and inserting the following:

''(2) The pay'';

(C) by striking ''under the preceding sentence'' and inserting ''under paragraph (1)''; and

(D) by adding at the end the following new paragraph:

''(3)(A) The rate of basic pay for a position to which an Executive order applies under paragraph (1) and is not described by paragraph (2) shall be set in accordance with section 5382 of title 5 as if such position were a Senior Executive Service position (as such term is defined in section 3132(a) of title 5).

''(B) A rate of basic pay for a position may not be set under subparagraph (A) in excess of—

''(i) in the case the position is not described in clause (ii), the rate of basic pay payable for level III of the Executive Schedule; or

''(ii) in the case that the position is covered by a performance appraisal system that meets the certification criteria established by regulation under section 5307(d) of title 5, the rate of basic pay payable for level II of the Executive Schedule.

''(C) Notwithstanding the provisions of subsection (d) of section 5307 of title 5, the Secretary may make any certification under that subsection instead of the Office of Personnel Management and without concurrence of the Office of Management and Budget.''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on the first day of the first pay period beginning after the day that is 180 days after the date of the enactment of this Act.

(e) SPECIAL INCENTIVE PAY FOR DEPARTMENT PHARMACIST EXECUTIVES.—Section 7410 is amended—

(1) by striking ''The Secretary may'' and inserting the following:

''(a) IN GENERAL.—The Secretary may''; and

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

''(b) SPECIAL INCENTIVE PAY FOR DEPARTMENT PHARMACIST EXECUTIVES.—(1) In order to recruit and retain highly qualified Department pharmacist executives, the Secretary may authorize the Under Secretary for Health to pay special incentive pay of not more than $40,000 per year to an individual of the Veterans Health Administration who is a pharmacist executive.

''(2) In determining whether and how much special pay to provide to such individual, the Under Secretary shall consider the following:

''(A) The grade and step of the position of the individual.

''(B) The scope and complexity of the position of the individual.

''(C) The personal qualifications of the individual.

''(D) The characteristics of the labor market concerned.

''(E) Such other factors as the Secretary considers appropriate.

''(3) Special incentive pay under paragraph (1) for an individual is in addition to all other pay (including basic pay) and allowances to which the individual is entitled.

''(4) Except as provided in paragraph (5), special incentive pay under paragraph (1) for an individual shall be considered basic pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5, and other benefits.

''(5) Special incentive pay under paragraph (1) for an individual shall not be considered basic pay for purposes of adverse actions under subchapter V of this chapter.

''(6) Special incentive pay under paragraph (1) may not be awarded to an individual in an amount that would result in an aggregate amount of pay (including bonuses and awards) received by such individual in a year under this title that is greater than the annual pay of the President.''.

(f) PAY FOR PHYSICIANS AND DENTISTS.—

(1) NON-FOREIGN COST OF LIVING ADJUSTMENT ALLOWANCE.—Section 7431(b) is amended by adding at the end the following new paragraph:

''(5) The non-foreign cost of living adjustment allowance authorized under section 5941 of title 5 for physicians and dentists whose pay is set under this section shall be determined as a percentage of base pay only.''.

(2) MARKET PAY DETERMINATIONS FOR PHYSICIANS AND DENTISTS IN ADMINISTRATIVE OR EXECUTIVE LEADERSHIP POSITIONS.—Section 7431(c)(4)(B)(i) is amended by adding at the end the following: ''The Secretary may exempt physicians and dentists occupying administrative or executive leadership positions from the requirements of the previous sentence.''.

(3) EXCEPTION TO PROHIBITION ON REDUCTION OF MARKET PAY.—Section 7431(c)(7) is amended by striking ''concerned.'' and inserting ''concerned, unless there is a change in board certification or reduction of privileges.''.

(g) ADJUSTMENT OF PAY CAP FOR NURSES.—Section 7451(c)(2) is amended by striking ''level V'' and inserting ''level IV''.

(h) EXEMPTION FOR CERTIFIED REGISTERED NURSE ANESTHETISTS FROM LIMITATION ON AUTHORIZED COMPETITIVE PAY.—Section 7451(c)(2) is further amended by adding at the end the following new sentence: ''The maximum rate of basic pay for a grade for the position of certified registered nurse anesthetist pursuant to an adjustment under subsection (d) may exceed the maximum rate otherwise provided in the preceding sentence.''.

(i) INCREASED LIMITATION ON SPECIAL PAY FOR NURSE EXECUTIVES.—Section 7452(g)(2) is amended by striking ''$25,000'' and inserting ''$100,000''.

(j) LOCALITY PAY SCALE COMPUTATIONS.—

(1) EDUCATION, TRAINING, AND SUPPORT FOR FACILITY DIRECTORS IN WAGE SURVEYS.—Section 7451(d)(3) is amended by adding at the end the following new subparagraph:

''(F) The Under Secretary for Health shall provide appropriate education, training, and support to directors of Department health care facilities in the conduct and use of surveys, including the use of third-party surveys, under this paragraph.''.

(2) INFORMATION ON METHODOLOGY USED IN WAGE SURVEYS.—Section 7451(e)(4) is amended—

(A) by redesignating subparagraph (D) as subparagraph (E); and

(B) by inserting after subparagraph (C) the following new subparagraph (D):

''(D) In any case in which the director conducts such a wage survey during the period covered by the report and makes adjustment in rates of basic pay applicable to one or more covered positions at the facility, information on the methodology used in making such adjustment or adjustments.''.

(3) DISCLOSURE OF INFORMATION TO PERSONS IN COVERED POSITIONS.—Section 7451(e), as amended by paragraph (2) of this subsection, is further amended by adding at the end the following new paragraph:

''(6)(A) Upon the request of an individual described in subparagraph (B) for a report provided under paragraph (4) with respect to a Department health-care facility, the Under Secretary for Health or the director of such facility shall provide to the individual the most current report for such facility provided under such paragraph.

''(B) An individual described in this subparagraph is—

''(i) an individual in a covered position at a Department health-care facility; or

''(ii) a representative of the labor organization representing that individual who is designated by that individual to make the request.''.

(k) ELIGIBILITY OF PART-TIME NURSES FOR ADDITIONAL NURSE PAY.—

(1) IN GENERAL.—Section 7453 is amended—

(A) in subsection (a), by striking ''a nurse'' and inserting ''a full-time nurse or part-time nurse'';

(B) in subsection (b)—

(i) in the first sentence—

(I) by striking ''on a tour of duty'';

(II) by striking ''service on such tour'' and inserting ''such service''; and

(III) by striking ''of such tour'' and inserting ''of such service''; and

(ii) in the second sentence, by striking ''of such tour'' and inserting ''of such service'';

(C) in subsection (c)—

(i) by striking ''on a tour of duty''; and

(ii) by striking ''service on such tour'' and inserting ''such service''; and

(D) in subsection (e)—

(i) in paragraph (1), by striking ''eight hours in a day'' and inserting ''eight consecutive hours''; and

(ii) in paragraph (5)(A), by striking ''tour of duty'' and inserting ''period of service''.

(2) EXCLUSION OF APPLICATION OF ADDITIONAL NURSE PAY PROVISIONS TO CERTAIN ADDITIONAL EMPLOYEES.—Paragraph (3) of section 7454(b) is amended to read as follows:

''(3) Employees appointed under section 7408 of this title performing service on a tour of duty, any part of which is within the period commencing at midnight Friday and ending at midnight Sunday, shall receive additional pay in addition to the rate of basic pay provided such employees for each hour of service on such tour at a rate equal to 25 percent of such employee's hourly rate of basic pay.''.

(l) ENHANCED AUTHORITY TO INCREASE RATES OF BASIC PAY TO OBTAIN OR RETAIN SERVICES OF CERTAIN PERSONS.—Section 7455(c) is amended to read as follows:

''(c)(1) Subject to paragraph (2), the amount of any increase under subsection (a) in the minimum rate for any grade may not (except in the case of nurse anesthetists, licensed practical nurses, licensed vocational nurses, nursing positions otherwise covered by title 5, pharmacists, and licensed physical therapists) exceed the maximum rate of basic pay (excluding any locality-based comparability payment under section 5304 of title 5 or similar provision of law) for the grade or level by more than 30 percent.

''(2) No rate may be established under this section in excess of the rate of basic pay payable for level IV of the Executive Schedule.''.

SEC. 602. LIMITATIONS ON OVERTIME DUTY, WEEKEND DUTY, AND ALTERNATIVE WORK SCHEDULES FOR NURSES.

(a) OVERTIME DUTY.—

(1) IN GENERAL.—Subchapter IV of chapter 74 is amended by adding at the end the following new section:

''§ 7459. Nursing staff: special rules for overtime duty

''(a) LIMITATION.—Except as provided in subsection (c), the Secretary may not require nursing staff to work more than 40 hours (or 24 hours if such staff is covered under section 7456 of this title) in an administrative work week or more than eight consecutive hours (or 12 hours if such staff is covered under section 7456 or 7456A of this title).

''(b) VOLUNTARY OVERTIME.—(1) Nursing staff may on a voluntary basis elect to work hours otherwise prohibited by subsection (a).

''(2) The refusal of nursing staff to work hours prohibited by subsection (a) shall not be grounds—

''(A) to discriminate (within the meaning of section 704(a) of the Civil Rights Act of 1964 (42 U.S.C. 2000e–3(a))) against the staff;

''(B) to dismiss or discharge the staff; or

''(C) for any other adverse personnel action against the staff.

''(c) OVERTIME UNDER EMERGENCY CIRCUMSTANCES.—(1) Subject to paragraph (2), the Secretary may require nursing staff to work hours otherwise prohibited by subsection (a) if—

''(A) the work is a consequence of an emergency that could not have been reasonably anticipated;

''(B) the emergency is non-recurring and is not caused by or aggravated by the inattention of the Secretary or lack of reasonable contingency planning by the Secretary;

''(C) the Secretary has exhausted all good faith, reasonable attempts to obtain voluntary workers;

''(D) the nurse staff have critical skills and expertise that are required for the work; and

''(E) the work involves work for which the standard of care for a patient assignment requires continuity of care through completion of a case, treatment, or procedure.

''(2) Nursing staff may not be required to work hours under this subsection after the requirement for a direct role by the staff in responding to medical needs resulting from the emergency ends.

''(d) NURSING STAFF DEFINED.—In this section, the term 'nursing staff' includes the following:

''(1) A registered nurse.

''(2) A licensed practical or vocational nurse.

''(3) A nurse assistant appointed under this chapter or title 5.

''(4) Any other nurse position designated by the Secretary for purposes of this section.''.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by inserting after the item relating to section 7458 the following new item:

''7459. Nursing staff: special rules for overtime duty.''.

(b) WEEKEND DUTY.—Section 7456 is amended—

(1) by striking subsection (c); and

(2) by redesignating subsection (d) as subsection (c).

(c) ALTERNATE WORK SCHEDULES.—

(1) IN GENERAL.—Section 7456A(b)(1)(A) is amended by striking ''three regularly scheduled'' and all that follows through the period at the end and inserting ''six regularly scheduled 12-hour tours of duty within a 14-day period shall be considered for all purposes to have worked a full 80-hour pay period.''.

(2) CONFORMING AMENDMENTS.—Section 7456A(b) is amended—

(A) in the subsection heading, by striking ''36/40'' and inserting ''72/80'';

(B) in paragraph (2)(A), by striking ''40-hour basic work week'' and inserting ''80-hour pay period''; and

(C) in paragraph (3), by striking ''regularly''.

SEC. 603. REAUTHORIZATION OF HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE SCHOLARSHIP PROGRAM.

(a) IN GENERAL.—Section 7618 is amended by striking ''December 31, 1998'' and inserting ''December 31, 2014''.

(b) EXPANSION OF ELIGIBILITY REQUIREMENTS.—Section 7612(b)(2) is amended by striking ''(under section'' and all that follows through ''or vocational nurse.'' and inserting the following: ''as an appointee under paragraph (1) or (3) of section 7401 of this title.''.

(c) ADDITIONAL PROGRAM REQUIREMENTS.—Subchapter II of chapter 76, as amended by subsections (a) and (b), is further amended—

(1) by redesignating section 7618 as section 7619; and

(2) by inserting after section 7617 the following new section:

''§ 7618. Additional program requirements

''(a) PROGRAM MODIFICATION.—Notwithstanding any provision of this subchapter, the Secretary shall carry out this subchapter after the date of the enactment of this section by modifying the Scholarship Program in such a manner that the program and hiring processes are designed to fully employ Scholarship Program graduates as soon as possible, if not immediately, upon graduation and completion of necessary certifications, and to actively assist and monitor graduates to ensure certifications are obtained in a minimal amount of time following graduation.

''(b) CLINICAL TOURS.—The Secretary shall require participants in the Scholarship Program to perform clinical tours in assignments or locations determined by the Secretary while the participants are enrolled in the course of education or training for which the scholarship is provided.

''(c) MENTORS.—The Secretary shall ensure that at the commencement of the period of obligated service of a participant in the Scholarship Program, the participant is assigned to a mentor who is employed in the same facility where the participant performs such service.''.

(d) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 76 is amended by striking the item relating to section 7618 and inserting the following new items:

''7618. Additional program requirements.
''7619. Expiration of program.''.

SEC. 604. LOAN REPAYMENT PROGRAM FOR CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS.

(a) IN GENERAL.—The Secretary of Veterans Affairs may, in consultation with the Secretary of Health and Human Services, use the authorities available in section 487E of the Public Health Service Act (42 U.S.C. 288–5) for the repayment of the principal and interest of educational loans of appropriately qualified health professionals who are from disadvantaged backgrounds in order to secure clinical research by such professionals for the Veterans Health Administration.

(b) LIMITATIONS.—The exercise by the Secretary of Veterans Affairs of the authorities referred to in subsection (a) shall be subject to the conditions and limitations specified in paragraphs (2) and (3) of section 487E(a) of the Public Health Service Act (42 U.S.C. 288–5(a)(2) and (3)).

(c) FUNDING.—Amounts for the repayment of principal and interest of educational loans under this section shall be derived from amounts available to the Secretary of Veterans Affairs for the Veterans Health Administration for Medical Services.

TITLE VII—HOMELESS VETERANS MATTERS

SEC. 701. PER DIEM GRANT PAYMENTS TO NONCONFORMING ENTITIES.

Section 2012 is amended by adding at the end the following new subsection:

''(d) PER DIEM PAYMENTS TO NONCONFORMING ENTITIES.—(1) The Secretary may make funds available for per diem payments under this section to the following grant recipients or eligible entities:

''(A) Grant recipients or eligible entities that—

''(i) meet each of the transitional and supportive services criteria prescribed by the Secretary pursuant to subsection (a)(1); and

''(ii) furnish services to homeless individuals, of which less than 75 percent are veterans.

''(B) Grant recipients or eligible entities that—

''(i) meet at least one, but not all, of the transitional and supportive services criteria prescribed by the Secretary pursuant to subsection (a)(1); and

''(ii) furnish services to homeless individuals, of which not less than 75 percent are veterans.

''(C) Grant recipients or eligible entities that—

''(i) meet at least one, but not all, of the transitional and supportive services criteria prescribed by the Secretary pursuant to subsection (a)(1); and

''(ii) furnish services to homeless individuals, of which less than 75 percent are veterans.

''(2) Notwithstanding subsection (a)(2), in providing per diem payments under this subsection, the Secretary shall determine the rate of such per diem payments in accordance with the following order of priority:

''(A) Grant recipients or eligible entities described by paragraph (1)(A).

''(B) Grant recipients or eligible entities described by paragraph (1)(B).

''(C) Grant recipients or eligible entities described by paragraph (1)(C).

''(3) For purposes of this subsection, an eligible entity is a nonprofit entity and may be an entity that is ineligible to receive a grant under section 2011 of this title, but whom the Secretary determines carries out the purposes described in that section.''.

TITLE VIII—NONPROFIT RESEARCH AND EDUCATION CORPORATIONS

SEC. 801. GENERAL AUTHORITIES ON ESTABLISHMENT OF CORPORATIONS.

(a) AUTHORIZATION OF MULTI-MEDICAL CENTER RESEARCH CORPORATIONS.—

(1) IN GENERAL.—Section 7361 is amended—

(A) by redesignating subsection (b) as subsection (e); and

(B) by inserting after subsection (a) the following new subsection (b):

''(b)(1) Subject to paragraph (2), a corporation established under this subchapter may facilitate the conduct of research, education, or both at more than one medical center. Such a corporation shall be known as a 'multi-medical center research corporation'.

''(2) The board of directors of a multi-medical center research corporation under this subsection shall include the official at each Department medical center concerned who is, or who carries out the responsibilities of, the medical center director of such center as specified in section 7363(a)(1)(A)(i) of this title.

''(3) In facilitating the conduct of research, education, or both at more than one Department medical center under this subchapter, a multi-medical center research corporation

may administer receipts and expenditures relating to such research, education, or both, as applicable, performed at the Department medical centers concerned.''.

(2) EXPANSION OF EXISTING CORPORATIONS TO MULTI-MEDICAL CENTER RESEARCH CORPORATIONS.—Such section is further amended by adding at the end the following new subsection:

''(f) A corporation established under this subchapter may act as a multi-medical center research corporation under this subchapter in accordance with subsection (b) if—

''(1) the board of directors of the corporation approves a resolution permitting facilitation by the corporation of the conduct of research, education, or both at the other Department medical center or medical centers concerned; and

''(2) the Secretary approves the resolution of the corporation under paragraph (1).''.

(b) RESTATEMENT AND MODIFICATION OF AUTHORITIES ON APPLICABILITY OF STATE LAW.—(1) IN GENERAL.—Section 7361 as amended by subsection (a) of this section, is further amended by inserting after subsection (b) the following new subsection (c):

''(c) Any corporation established under this subchapter shall be established in accordance with the nonprofit corporation laws of the State in which the applicable Department medical center is located and shall, to the extent not inconsistent with any Federal law, be subject to the laws of such State. In the case of any multi-medical center research corporation that facilitates the conduct of research, education, or both at Department medical centers located in different States, the corporation shall be established in accordance with the nonprofit corporation laws of the State in which one of such Department medical centers is located.''.

(2) CONFORMING AMENDMENT.—Section 7365 is repealed.

(c) CLARIFICATION OF STATUS OF CORPORATIONS.—Section 7361, as amended by this section, is further amended—

(1) in subsection (a), by striking the second sentence; and

(2) by inserting after subsection (c) the following new subsection (d):

''(d)(1) Except as otherwise provided in this subchapter or under regulations prescribed by the Secretary, any corporation established under this subchapter, and its officers, directors, and employees, shall be required to comply only with those Federal laws, regulations, and executive orders and directives that apply generally to private nonprofit corporations.

''(2) A corporation under this subchapter is not—

''(A) owned or controlled by the United States; or

''(B) an agency or instrumentality of the United States.''.

(d) REINSTATEMENT OF REQUIREMENT FOR 501(C)(3) STATUS OF CORPORATIONS.—Subsection (e) of section 7361, as redesignated by subsection (a)(1), is further amended by inserting ''section 501(c)(3) of'' after ''exempt from taxation under''.

SEC. 802. CLARIFICATION OF PURPOSES OF CORPORATIONS.

(a) CLARIFICATION OF PURPOSES.—Subsection (a) of section 7362 is amended in the first sentence—

(1) by striking ''Any corporation'' and all that follows through ''facilitate'' and inserting ''A corporation established under this subchapter shall be established to provide a flexible funding mechanism for the conduct of approved research and education at one or more Department medical centers and to facilitate functions related to the conduct of''; and

(2) by inserting before the period at the end the following: ''or centers''.

(b) MODIFICATION OF DEFINED TERM RELATING TO EDUCATION AND TRAINING.—Subsection (b) of such section is amended in the matter preceding paragraph (1) by striking ''the term 'education and training' '' and inserting ''the term 'education' includes education and training and''.

(c) REPEAL OF ROLE OF CORPORATIONS WITH RESPECT TO FELLOWSHIPS.—Paragraph (1) of subsection (b) of such section is amended by striking the flush matter following subparagraph (C).

(d) AVAILABILITY OF EDUCATION FOR FAMILIES OF VETERAN PATIENTS.—Paragraph (2) of subsection (b) of such section is amended by striking ''to patients and to the families'' and inserting ''and includes education and training for patients and families''.

SEC. 803. MODIFICATION OF REQUIREMENTS FOR BOARDS OF DIRECTORS OF CORPORATIONS.

(a) REQUIREMENTS FOR DEPARTMENT BOARD MEMBERS.—Paragraph (1) of section 7363(a) is amended to read as follows:

''(1) with respect to the Department medical center—

''(A)(i) the director (or directors of each Department medical center, in the case of a multi-medical center research corporation);

''(ii) the chief of staff; and

''(iii) as appropriate for the activities of such corporation, the associate chief of staff for research and the associate chief of staff for education; or

''(B) in the case of a Department medical center at which one or more of the positions referred to in subparagraph (A) do not exist, the official or officials who are responsible for carrying out the responsibilities of such position or positions at the Department medical center; and''.

(b) REQUIREMENTS FOR NON-DEPARTMENT BOARD MEMBERS.—Paragraph (2) of such section is amended—

(1) by inserting ''not less than two'' before ''members''; and

(2) by striking ''and who'' and all that follows through the period at the end and inserting ''and who have backgrounds, or business, legal, financial, medical, or scientific expertise, of benefit to the operations of the corporation.''.

(c) CONFLICTS OF INTEREST.—Subsection (c) of section 7363 is amended by striking '', employed by, or have any other financial relationship with'' and inserting ''or employed by''.

SEC. 804. CLARIFICATION OF POWERS OF CORPORATIONS.

(a) IN GENERAL.—Section 7364 is amended to read as follows:

''§ 7364. General powers

''(a) IN GENERAL.—(1) A corporation established under this subchapter may, solely to carry out the purposes of this subchapter—

''(A) accept, administer, retain, and spend funds derived from gifts, contributions, grants, fees, reimbursements, and bequests from individuals and public and private entities;

''(B) enter into contracts and agreements with individuals and public and private entities;

''(C) subject to paragraph (2), set fees for education and training facilitated under section 7362 of this title, and receive, retain, administer, and spend funds in furtherance of such education and training;

''(D) reimburse amounts to the applicable appropriation account of the Department for the Office of General Counsel for any expenses of that Office in providing legal services attributable to research and education agreements under this subchapter; and

''(E) employ such employees as the corporation considers necessary for such purposes and fix the compensation of such employees.

''(2) Fees charged pursuant to paragraph (1)(C) for education and training described in that paragraph to individuals who are officers or employees of the Department may not be paid for by any funds appropriated to the Department.

''(3) Amounts reimbursed to the Office of General Counsel under paragraph (1)(D) shall be available for use by the Office of the General Counsel only for staff and training, and related travel, for the provision of legal services described in that paragraph and shall remain available for such use without fiscal year limitation.

''(b) TRANSFER AND ADMINISTRATION OF FUNDS.—(1) Except as provided in paragraph (2), any funds received by the Secretary for the conduct of research or education at a Department medical center or centers, other than funds appropriated to the Department, may be transferred to and administered by a corporation established under this subchapter for such purposes.

''(2) A Department medical center may reimburse the corporation for all or a portion of the pay, benefits, or both of an employee of the corporation who is assigned to the Department medical center if the assignment is carried out pursuant to subchapter VI of chapter 33 of title 5.

''(3) A Department medical center may retain and use funds provided to it by a corporation established under this subchapter. Such funds shall be credited to the applicable appropriation account of the Department and shall be available, without fiscal year limitation, for the purposes of that account.

''(c) RESEARCH PROJECTS.—Except for reasonable and usual preliminary costs for project planning before its approval, a corporation established under this subchapter may not spend funds for a research project unless the project is approved in accordance with procedures prescribed by the Under Secretary for Health for research carried out with Department funds. Such procedures shall include a scientific review process.

''(d) EDUCATION ACTIVITIES.—Except for reasonable and usual preliminary costs for activity planning before its approval, a corporation established under this subchapter may not spend funds for an education activity unless the activity is approved in accordance with procedures prescribed by the Under Secretary for Health.

''(e) POLICIES AND PROCEDURES.—The Under Secretary for Health may prescribe policies and procedures to guide the spending of funds by corporations established under this subchapter that are consistent with the purpose of such corporations as flexible funding mechanisms and with Federal and State laws and regulations, and executive orders, circulars, and directives that apply generally to the receipt and expenditure of funds by nonprofit organizations exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986.''.

(b) CONFORMING AMENDMENT.—Section 7362(a), as amended by section 802(a)(1) of this Act, is further amended by striking the last sentence.

SEC. 805. REDESIGNATION OF SECTION 7364A OF TITLE 38, UNITED STATES CODE.

(a) REDESIGNATION.—Section 7364A is redesignated as section 7365.

(b) CLERICAL AMENDMENTS.—The table of sections at the beginning of chapter 73 is amended—

(1) by striking the item relating to section 7364A; and

(2) by striking the item relating to section 7365 and inserting the following new item:

''7365. Coverage of employees under certain Federal tort claims laws.''.

SEC. 806. IMPROVED ACCOUNTABILITY AND OVERSIGHT OF CORPORATIONS.

(a) ADDITIONAL INFORMATION IN ANNUAL REPORTS.—Subsection (b) of section 7366 is amended to read as follows:

''(b)(1) Each corporation shall submit to the Secretary each year a report providing a detailed statement of the operations, activities, and accomplishments of the corporation during that year.

''(2)(A) A corporation with revenues in excess of $500,000 for any year shall obtain an audit of the corporation for that year.

''(B) A corporation with annual revenues between $100,000 and $500,000 shall obtain an audit of the corporation at least once every three years.

''(C) Any audit under this paragraph shall be performed by an independent auditor.

''(3) The corporation shall include in each report to the Secretary under paragraph (1) the following:

''(A) The most recent audit of the corporation under paragraph (2).

''(B) The most recent Internal Revenue Service Form 990 'Return of Organization Exempt from Income Tax' or equivalent and the applicable schedules under such form.''.

(b) CONFLICT OF INTEREST POLICIES.—Subsection (c) of such section is amended to read as follows:

''(c) Each director, officer, and employee of a corporation established under this subchapter shall be subject to a conflict of interest policy adopted by that corporation.''.

(c) ESTABLISHMENT OF APPROPRIATE PAYEE REPORTING THRESHOLD.—Subsection (d)(3)(C) of such section is amended by striking ''$35,000'' and inserting ''$50,000''.

TITLE IX—CONSTRUCTION AND NAMING MATTERS

SEC. 901. AUTHORIZATION OF MEDICAL FACILITY PROJECTS.

(a) AUTHORIZATION OF FISCAL YEAR 2010 MAJOR MEDICAL FACILITY PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2010, with each project to be carried out in the amount specified for such project:

(1) Construction (including acquisition of land) for the realignment of services and closure projects at the Department of Veterans Affairs Medical Center in Livermore, California, in an amount not to exceed $55,430,000.

(2) Construction (including acquisition of land) for a new medical facility at the Department of Veterans Affairs Medical Center in Louisville, Kentucky, in an amount not to exceed $75,000,000.

(3) Construction (including acquisition of land) for a clinical expansion for a Mental Health Facility at the Department of Veterans Affairs Medical Center in Dallas, Texas, in an amount not to exceed $15,640,000.

(4) Construction (including acquisition of land) for a replacement bed tower and clinical expansion at the Department of Veterans Affairs Medical Center in St. Louis, Missouri, in an amount not to exceed $43,340,000.

(b) EXTENSION OF AUTHORIZATION FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2010, as follows with each project to be carried out in the amount specified for such project:

(1) Replacement of the existing Department of Veterans Affairs Medical Center in Denver, Colorado, in an amount not to exceed $800,000,000.

(2) Construction of Outpatient and Inpatient Improvements in Bay Pines, Florida, in an amount not to exceed $194,400,000.

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2010, or the year in which funds are appropriated, for the Construction, Major Projects account—

(A) $189,410,000 for the projects authorized in subsection (a); and

(B) $994,400,000 for the projects authorized in subsection (b).

(2) LIMITATION.—The projects authorized in subsections (a) and (b) may only be carried out using—

(A) funds appropriated for fiscal year 2010 pursuant to the authorization of appropriations in paragraph (1);

(B) funds available for Construction, Major Projects for a fiscal year before fiscal year 2010 that remain available for obligation;

(C) funds available for Construction, Major Projects for a fiscal year after fiscal year 2010 that remain available for obligation;

(D) funds appropriated for Construction, Major Projects for fiscal year 2010 for a category of activity not specific to a project;

(E) funds appropriated for Construction, Major Projects for a fiscal year before 2010 for a category of activity not specific to a project; and

(F) funds appropriated for Construction, Major Projects for a fiscal year after 2010 for a category of activity not specific to a project.

SEC. 902. DESIGNATION OF MERRIL LUNDMAN DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, HAVRE, MONTANA.

(a) DESIGNATION.—The Department of Veterans Affairs outpatient clinic in Havre, Montana, shall after the date of the enactment of this Act be known and designated as the ''Merril Lundman Department of Veterans Affairs Outpatient Clinic''.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Merril Lundman Department of Veterans Affairs Outpatient Clinic.

SEC. 903. DESIGNATION OF WILLIAM C. TALLENT DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, KNOXVILLE, TENNESSEE.

(a) DESIGNATION.—The Department of Veterans Affairs Outpatient Clinic in Knoxville, Tennessee, shall after the date of the enactment of this Act be known and designated as the ''William C. Tallent Department of Veterans Affairs Outpatient Clinic''.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the William C. Tallent Department of Veterans Affairs Outpatient Clinic.

SEC. 904. DESIGNATION OF MAX J. BEILKE DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, ALEXANDRIA, MINNESOTA.

(a) DESIGNATION.—The Department of Veterans Affairs outpatient clinic in Alexandria, Minnesota, shall after the date of the enactment of this Act be known and designated as the ''Max J. Beilke Department of Veterans Affairs Outpatient Clinic''.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Max J. Beilke Department of Veterans Affairs Outpatient Clinic.

TITLE X—OTHER MATTERS

SEC. 1001. EXPANSION OF AUTHORITY FOR DEPARTMENT OF VETERANS AFFAIRS POLICE OFFICERS.

Section 902 is amended—

(1) in subsection (a)—

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

''(1) Employees of the Department who are Department police officers shall, with respect to acts occurring on Department property—

''(A) enforce Federal laws;

''(B) enforce the rules prescribed under section 901 of this title;

''(C) enforce traffic and motor vehicle laws of a State or local government (by issuance of a citation for violation of such laws) within the jurisdiction of which such Department property is located as authorized by an express grant of authority under applicable State or local law;

''(D) carry the appropriate Department-issued weapons, including firearms, while off Department property in an official capacity or while in an official travel status;

''(E) conduct investigations, on and off Department property, of offenses that may have been committed on property under the original jurisdiction of Department, consistent with agreements or other consultation with affected Federal, State, or local law enforcement agencies; and

''(F) carry out, as needed and appropriate, the duties described in subparagraphs (A) through (E) when engaged in duties authorized by other Federal statutes.'';

(B) by striking paragraph (2) and redesignating paragraph (3) as paragraph (2); and

(C) in paragraph (2), as redesignated by subparagraph (B) of this paragraph, by inserting '', and on any arrest warrant issued by competent judicial authority'' before the period; and

(2) by amending subsection (c) to read as follows:

''(c) The powers granted to Department police officers designated under this section shall be exercised in accordance with guidelines approved by the Secretary and the Attorney General.''.

SEC. 1002. UNIFORM ALLOWANCE FOR DEPARTMENT OF VETERANS AFFAIRS POLICE OFFICERS.

Section 903 is amended—

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

''(b)(1) The amount of the allowance that the Secretary may pay under this section is the lesser of—

''(A) the amount currently allowed as prescribed by the Office of Personnel Management; or

''(B) estimated costs or actual costs as determined by periodic surveys conducted by the Department.

''(2) During any fiscal year no officer shall receive more for the purchase of a uniform described in subsection (a) than the amount established under this subsection.''; and

(2) by striking subsection (c) and inserting the following new subsection (c):

''(c) The allowance established under subsection (b) shall be paid at the beginning of a Department police officer's employment for those appointed on or after October 1, 2010. In the case of any other Department police officer, an allowance in the amount established under subsection (b) shall be paid upon the request of the officer.''.

SEC. 1003. SUBMISSION OF REPORTS TO CONGRESS BY SECRETARY OF VETERANS AFFAIRS IN ELECTRONIC FORM.

(a) IN GENERAL.—Chapter 1 is amended by adding at the end the following new section:

"§ 118. Submission of reports to Congress in electronic form

''(a) IN GENERAL.—Whenever the Secretary or any other official of the Department is required by law to submit to Congress (or any committee of either chamber of Congress) a report, the Secretary or other official shall submit to Congress (or such committee) a copy of the report in an electronic format.

''(b) TREATMENT.—The submission of a copy of a report in accordance with this section shall be treated as meeting any requirement of law to submit such report to Congress (or any committee of either chamber of Congress).

''(c) REPORT DEFINED.—For purposes of this section, the term 'report' includes any certification, notification, or other communication in writing.''.

(b) TECHNICAL AND CLERICAL AMENDMENTS.—The table of sections at the beginning of chapter 1 is amended—

(1) by striking the item relating to section 117; and

(2) by adding at the end the following new items:

''117. Advance appropriations for certain medical care accounts.

''118. Reports to Congress: submission in electronic form.''.

SEC. 1004. DETERMINATION OF BUDGETARY EFFECTS FOR PURPOSES OF COMPLIANCE WITH STATUTORY PAY-AS-YOU-GO-ACT OF 2010.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. FILNER. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on S. 1963, as amended.

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

There was no objection.

Mr. FILNER. I yield myself 4 minutes.

Mr. Speaker, when I became chairman of the Committee on Veterans' Affairs 3 years ago, the VA was strained to the breaking point by years of chronic underfunding. We were a country at war; yet, the Department of Veterans Affairs remained unprepared to care for the hundreds of thousands of new veterans returning from Iraq and Afghanistan.

It is simply our duty as a Nation, no matter where we stand on the war, to put our men and women in harm's way under the care of our Nation when they return. Under the Democratic leadership, Congress has provided almost a 60 percent increase for VA medical care funding over the last 3 years, adding over $20 billion to the VA budget baseline.

S. 1963 demonstrates America's commitment to the dedicated servicemembers who have served in uniform and puts front and center the health care needs of veterans and their families. It is our pledge to them that we have not forgotten the sacrifices they have made in defense of this country. So in this bill, we help caregivers of injured veterans, women veterans, rural veterans, homeless veterans, and veterans with mental health issues.

S. 1963 provides immediate support to the mothers, fathers, husbands, and wives caring for warriors from the current conflicts as well as from previous conflicts. Today we have the opportunity to recognize their tremendous sacrifice and share their heavy burden.

The bill also expands and improves VA services for the 1.8 million women veterans currently receiving VA health care and goes a step further by anticipating the expected increase of women warriors over the next 5 years. This bill seeks to build a VA health care system respectful of the unique medical needs of women veterans.

S. 1963 also advances America's commitment to end veterans' homelessness. Hundreds of thousands of veterans are at risk of homelessness because of poverty and the lack of support from family and friends. An increasing number of veterans of operations in Afghanistan and Iraq are falling into this category, and we must be vigilant in providing support to this population.

We expand the number of places where homeless vets may receive supportive services; and for our veterans struggling without a roof over their heads, this small change in the law will make a big difference in their lives.

The bill also includes key provisions to improve health care provided to our rural veterans by authorizing stronger partnerships with community providers and the Department of Health and Human Services. These collaborations will allow VA to offer health care options to servicemembers living far from the nearest medical facility.

In addition, we address the troubling reality of posttraumatic stress disorder and troubling incidents of suicide amongst the veterans' population. The bill requires a much-needed and long-awaited study on veteran suicide and requires the VA to provide counseling referrals for former members of the Armed Forces who are not otherwise eligible for readjustment counseling.

S. 1963 provides higher priority status for Medal of Honor recipients, establishes a director of physician assistant services, and creates a committee on care of veterans with traumatic brain injury. It requires the VA to provide health care for herbicide-exposed Vietnam veterans and veterans of the Persian Gulf War who have insufficient medical evidence to establish a service-connected disability, and it prohibits the VA from collecting copayments from veterans who are catastrophically disabled.

This bill, Mr. Speaker, demands our immediate attention. We owe our veterans a great debt of gratitude, and this bill represents an understanding that the sacrifices of our veterans are shared amongst all Americans.

I urge all of my colleagues to support passage of S. 1963, as amended, and reserve the balance of my time.

EXPLANATORY STATEMENT SUBMITTED BY MR. FILNER, CHAIRMAN OF THE HOUSE COMMITTEE ON VETERANS' AFFAIRS, REGARDING THE AMENDMENT OF THE HOUSE OF REPRESENTATIVES TO S. 1963

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2010

S. 1963, as amended, the ''Caregivers and Veterans Omnibus Health Services Act of 2010,'' reflects the Compromise Agreement between the Committees on Veterans' Affairs of the Senate and the House of Representatives (the Committees) on health care and related provisions for veterans and their caregivers. The provisions in the Compromise Agreement are derived from a number of bills that were introduced and considered by the House and Senate during the 111th Congress. These bills include S. 1963, a bill to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes, which passed the Senate on November 19, 2009 (Senate bill); and H.R. 3155, a bill to provide certain caregivers of veterans with training, support, and medical care, and for other purposes, which passed the House on July 27, 2009 (House bill).

In addition, the Compromise Agreement includes provisions derived from the following bills which were passed by the House: H.R. 402, a bill to designate the Department of Veterans Affairs Outpatient Clinic in Knoxville, Tennessee, as the ''William C. Tallent Department of Veterans Affairs Outpatient Clinic,'' passed by the House on July 14, 2009; H.R. 1211, a bill to expand and improve health care services available to women veterans, especially those serving in Operation Enduring Freedom and Operation Iraqi Freedom, from the Department of Veterans Affairs, and for other purposes, passed by the House on June 23, 2009; H.R. 1293, a bill to provide for an increase in the amount payable by the Secretary of Veterans Affairs to veterans for improvements and structural alterations furnished as part of home health services, passed by the House on July 28, 2009; H.R. 2770, a bill to modify and update provisions of law relating to nonprofit research and education corporations, and for other purposes, passed by the House on July 27, 2009; H.R. 3157, a bill to name the Department of Veterans Affairs outpatient clinic in Alexandria, Minnesota, as the ''Max J. Beilke Department of Veterans Affairs Outpatient Clinic,'' passed by the House on November 3, 2009; H.R. 3219, a bill to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care, and for other purposes, passed by the House on July 27, 2009; and H.R. 3949, a bill to make certain improvements in the laws relating to benefits administered by the Secretary of Veterans Affairs, and for other purposes, passed by the House on November 3, 2009.

The Compromise Agreement also includes provisions derived from the following House bills, which were introduced and referred to the Subcommittee on Health of the House Committee on Veterans' Affairs: H.R. 919, to enhance the capacity of the Department of Veterans Affairs to recruit and retain nurses and other critical health care professionals, and for other purposes, which was introduced on February 9, 2009; H.R. 3796, to improve per

diem grant payments for organizations assisting homeless veterans, which was introduced on October 13, 2009; and H.R. 4166, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to educational assistance for health professionals, and for other purposes, which was introduced on December 1, 2009, and was concurrently referred to the Committee on Energy and Commerce.

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the Compromise Agreement. Differences between the provisions contained in the Compromise Agreement and the related provisions in the bills listed above are noted in this document, except for clerical corrections and conforming changes, and minor drafting, technical, and clarifying changes.

TITLE I—CAREGIVER SUPPORT

Assistance and Support Services for Family Caregivers (section 101)

The Senate bill contains a provision (section 102) that would create a new program to help caregivers of eligible veterans who, together with the veteran, submit a joint application requesting services under the new program. Eligible veterans are defined as those who have a serious injury, including traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated while on active duty on or after September 11, 2001. Within two years of program implementation, the Department of Veterans Affairs (VA) would be required to submit a report on the feasibility and advisability of extending the program to veterans of earlier periods of service. Severely injured veterans are defined as those who need personal care services because they are unable to perform one or more independent activities of daily living, require supervision as a result of neurological or other impairments, or need personal care services because of other matters specified by the VA. For accepted caregiver applicants, VA would be required to provide respite care as well as pay for travel, lodging and per-diem expenses while the caregiver of an eligible veteran is undergoing necessary training and education to provide personal care services. Once a caregiver completes training and is designated as the primary personal care attendant, this individual would receive ongoing assistance including direct technical support, counseling and mental health services, respite care of no less than 30 days annually, health care through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and a monthly financial stipend. The provision in the Senate bill would require VA to carry out oversight of the caregiver by utilizing the services of home health agencies. A home health agency would be required to visit the home of a veteran not less often than once every six months and report its findings to VA. Based on the findings, VA would have the final authority to revoke a caregiver's designation as a primary personal care attendant. The provision also would require an implementation and evaluation report, and provide for an effective date 270 days after the date of the enactment of this Act.

The House bill contains comparable provisions (section 2 and section 4) with some key differences. The provisions in the House bill would provide educational sessions, access to a list of comprehensive caregiver support services available at the county level, information and outreach, respite care, and counseling and mental health services to family and non-family caregivers of veterans of any era. For family caregivers of eligible veterans who served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), the House bill would require VA to provide a monthly financial stipend, health care service through CHAMPVA, and lodging and subsistence to the caregiver when the caregiver accompanies the veteran on medical care visits. Eligible OEF or OIF veterans are defined as those who have a service-connected disability or illness that is severe; in need of caregiver services without which the veteran would be hospitalized, or placed in nursing home care or other residential institutional care; and are unable to carry out activities (including instrumental activities) of daily living.

The Compromise Agreement contains the Senate provision modified to no longer require VA to enter into relationships with home health agencies to make home visits every six months. In addition, the Compromise Agreement follows the House bill in creating a separate program of general family caregiver support services for family and non-family caregivers of veterans of any era. Such support services would include training and education, counseling and mental health services, respite care, and information on the support services available to caregivers through other public, private, and nonprofit agencies. In the event that sufficient funding is not available to provide training and education services, the Secretary would be given the authority to suspend the provision of such services. The Secretary would be required to certify to the Committees that there is insufficient funding 180 days before suspending the provision of these services. This certification and the resulting suspension of services would expire at the end of the fiscal year concerned.

The overall caregiver support program for caregivers of eligible OEF or OIF veterans would authorize VA to provide training and supportive services to family members and certain others who wish to care for a disabled veteran in the home and to allow veterans to receive the most appropriate level of care. The newly authorized supportive services would include training and certification, a living stipend, and health care—including mental health counseling, transportation benefits, and respite.

The Compromise Agreement also includes an authorization for appropriations that is below the estimate furnished by the Congressional Budget Office. The lower authorization level is based on information contained in a publication (Economic Impact on Caregivers of the Seriously Wounded, Ill, and Injured, April 2009) of the Center for Naval Analyses (CNA). This study estimated that, annually, 720 post-September 11, 2001 veterans require comprehensive caregiver services. The Compromise Agreement limits the caregiver program only to ''seriously injured or very seriously injured'' veterans who were injured or aggravated an injury in the line of duty on or after September 11, 2001. CNA found that the average requirement for such caregiver services is 18 months, and that only 43 percent of veterans require caregiver services over the long-term. CNA also found that, on average, veterans need only 21 hours of caregiver services per week. Only 233 family caregivers were referred by VA for training and certification through existing home health agencies in FY 2008. This represented five percent of all home care referrals. In FY 2009, only 168 family caregivers were referred to home care agencies for training and certification.

Medical Care for Family Caregivers (section 102)

The Senate bill contains a provision (section 102) that would provide health care through the CHAMPVA program for individuals designated as the primary care attendant for eligible OEF or OIF veterans and who have no other insurance coverage.

The House bill contains a comparable provision (section 5), with a difference in the target population. Under the House bill, the target population would include all family caregivers of eligible OEF or OIF veterans, defined as those who have a service-connected disability or illness that is severe; are in need of caregiver services without which hospitalization, nursing home care, or other residential institutional care would be required; and, are unable to carry out activities (including instrumental activities) of daily living.

The Compromise Agreement contains the Senate provision.

Counseling and Mental Health Services for Family Caregivers (section 103)

The Senate bill contains a provision (section 102) that would provide counseling and mental health services for family caregivers of OEF or OIF veterans.

The House bill contains a comparable provision (section 3), except that counseling and mental health services would be available to caregivers of veterans of any era.

The Compromise Agreement contains the House provision.

Lodging and Subsistence for Attendants (section 104)

The Senate bill contains a provision (section 103) that would allow VA to pay for the lodging and subsistence costs incurred by any attendant who accompanies an eligible OEF or OIF veteran seeking VA health care.

The House bill contains a comparable provision (section 6), with a difference in the target population. Under the House bill, the target population would include all family caregivers of eligible OEF or OIF veterans, defined as those who have a service-connected disability or illness that is severe; are in need of caregiver services without which hospitalization, nursing home care, or other residential institutional care would be required; and, are unable to carry out activities (including instrumental activities) of daily living.

The Compromise Agreement contains the Senate provision.

TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

Study of Barriers for Women Veterans to Health Care from the Department of Veterans Affairs (section 201)

The Senate bill contains a provision (section 201) that would require VA to report, by June 1, 2010, on barriers facing women veterans who seek health care at VA, especially women veterans of OEF or OIF.

H.R. 1211 contains a comparable provision (section 101) that would require a similar study of health care barriers for women veterans. The House provision also would define the parameters of the research study sample; direct VA to build on the work of an existing study entitled ''National Survey of Women Veterans in Fiscal Year 2007–2008;'' mandate VA to share the barriers study data with the Center for Women Veterans and the Advisory Committee on Women Veterans; and authorize appropriations of $4 million to conduct the study. VA would be required to submit to Congress a report on the implementation of this section within six months of the publication of the ''National Survey of Women Veterans in Fiscal Year 2007–2008'', and the final report within 30 months of publication.

The Compromise Agreement contains the House provision.

Training and Certification for Mental Health Care Providers of the Department of Veterans Affairs on Care for Veterans Suffering from Sexual Trauma and Post-Traumatic Stress Disorder (section 202)

The Senate bill contains a provision (section 204) that would require VA to implement a program for education, training, certification, and continuing medical education

for mental health professionals, which would include principles of evidence-based treatment and care for sexual trauma. VA would also be required to submit an annual report on the counseling, care, and services provided to veterans suffering from sexual trauma, and to establish education, training, certification, and staffing standards for personnel providing treatment for veterans with sexual trauma.

H.R. 1211 contains a similar provision (section 202), except it included no provision requiring VA to establish education, training, certification, and staffing standards for the mental health professionals caring for veterans with sexual trauma.

The Compromise Agreement contains the House provision.

Pilot Program on Counseling in Retreat Settings for Women Veterans Newly Separated from Service in the Armed Forces (section 203)

The Senate bill contains a provision (section 205) that would require VA to establish, at a minimum of five locations, a two-year pilot program in which women veterans newly separated from the Armed Forces would receive reintegration and readjustment services in a group retreat setting. The provision also would require a report detailing the pilot program findings and providing recommendations on whether VA should continue or expand the pilot program.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision but specifies that the program be carried out at a minimum of three, not five, locations.

Service on Certain Advisory Committees of Women Recently Separated from Service in the Armed Forces (section 204)

The Senate bill contains a provision (section 207) that would amend the membership of the Advisory Committee on Women Veterans and the Advisory Committee on Minority Veterans to require that such committees include women recently separated from the Armed Forces and women who are minority group members and are recently separated from the Armed Forces, respectively.

H.R. 1211 contains a similar provision (section 204) except that it would allow either men or women who are members of a minority group to serve on the Advisory Committee on Minority Veterans.

The Compromise Agreement contains the Senate provision.

Pilot Program on Subsidies for Child Care for Certain Veterans Receiving Health Care (section 205)

The Senate bill contains a provision (section 208) that would require VA to establish a pilot program through which child care subsidies would be provided to women veterans receiving regular and intensive mental health care and intensive health care services. The pilot program would be carried out in no fewer than three Veterans Integrated Service Networks (VISNs) for a duration of two years and, at its conclusion, there would be a requirement for a report to be submitted within six months detailing findings related to the program and recommendations on its continuation or extension. The provision also would direct VA, to the extent practicable, to model the pilot program after an existing VA Child Care Subsidy Program.

H.R. 1211 contains a comparable provision (section 203), but it does not stipulate that the child care program shall be executed through stipends. Rather, stipends are one option among several listed, including partnership with private agencies, collaboration with facilities or program of other Federal departments or agencies, and the arrangement of after-school care.

The Compromise Agreement contains the Senate provision, with a modification to clarify that the child care subsidy payments shall cover the full cost of child care services. In addition, the provision expands the definition of veterans who qualify for the child care subsidy to women veterans who are in need of regular or intensive mental health care services but who do not seek such care due to lack of child care services. Finally, the Compromise Agreement follows the House provision by allowing for other forms of child care assistance. In addition to stipends, child care services may be provided through the direct provision of child care at an on-site VA facility, payments to private child care agencies, collaboration with facilities or programs of other Federal departments or agencies, and other forms as deemed appropriate by the Secretary.

Care for Newborn Children of Women Veterans Receiving Maternity Care (section 206)

The Senate bill contains a provision (section 209) that would authorize VA to provide post-delivery health care services to a newborn child of a woman veteran receiving maternity care from VA if the child was delivered in a VA facility or a non-VA facility pursuant to a VA contract for delivery. Such care would be authorized for up to seven days.

H.R. 1211 contains a comparable provision (section 201), but would allow VA to provide care for a set seven-day period for newborn children of women veterans receiving maternity care.

The Compromise Agreement contains the Senate provision.

TITLE III—RURAL HEALTH IMPROVEMENTS

Improvements to the Education Debt Reduction Program (section 301)

The Senate bill contains a provision (section 301) that would eliminate the cap in current law on the total amount of education debt reduction payments that can be made over five years so as to permit payments equal to the total amount of principal and interest owed on eligible loans.

H.R. 4166 contains a provision (section 3), that would expand the purpose of the Education Debt Reduction Program (EDRP), set forth in subchapter VII of chapter 76 of title 38, United States Code, to include retention in addition to recruitment, as well as to modify and expand the eligibility requirements for participation in the program. In addition, the provision would increase the total education debt reduction payments made by VA from $44,000 to $60,000 and raise the cap on payments to be made during the fourth and fifth years of the program from $10,000 to $12,000. The provision would also provide VA with the flexibility to waive the limitations of the EDRP and pay the full principal and interest owed by participants who fill hard-to-recruit positions at VA.

The Compromise Agreement contains the House provision.

Visual Impairment and Orientation and Mobility Professionals Education Assistance Program (section 302)

The Senate bill contains a provision (section 302) that would require VA to establish a scholarship program for students accepted or enrolled in a program of study leading to certification or a degree in the areas of visual impairment or orientation and mobility. The student would be required to agree to maintain an acceptable level of academic standing as well as join VA as a full-time employee for three years following their completion of the program. VA would be required to disseminate information on the scholarship program throughout educational institutions, with a special emphasis on those with a high number of Hispanic students and Historically Black Colleges and Universities.

H.R. 3949 contains the same provision (section 302).

The Compromise Agreement contains this provision.

Demonstration Projects on Alternatives for Expanding Care for Veterans in Rural Areas (section 303)

The Senate bill contains a provision (section 305) that would authorize VA to carry out demonstration projects to expand care to veterans in rural areas through the Department's Office of Rural Health. Projects could include VA establishing a partnership with the Centers for Medicare and Medicaid Services to coordinate care for veterans in rural areas at critical access hospitals, developing a partnership with the Department of Health and Human Services to coordinate care for veterans in rural areas at community health centers, and the expanding coordination with the Indian Health Service to enhance care for Native American veterans.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Program on Readjustment and Mental Health Care Services for Veterans who Served in Operation Enduring Freedom and Operation Iraqi Freedom (section 304)

The Senate bill contains a provision (section 306) that would require VA to establish a program providing OEF and OIF veterans with mental health services, readjustment counseling and services, and peer outreach and support. The program would also provide the immediate families of these veterans with education, support, counseling, and mental health services. In areas not adequately served by VA facilities, VA would be authorized to contract with community mental health centers and other qualified entities for the provision of such services, as well as provide training to clinicians and contract with a national non-profit mental health organization to train veterans participating in the peer outreach and support program. The provision would require an initial implementation report within 45 days after enactment of the legislation. Additionally, the Secretary would be required to submit a status report within one year of enactment of the legislation detailing the number of veterans participating in the program as well as an evaluation of the services being provided under the program.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision, but does not include the reporting requirement and authorizes rather than requires VA to contract with community mental health centers and other qualified entities in areas not adequately served by VA facilities.

Travel Reimbursement for Veterans Receiving Treatment at Facilities of the Department of Veterans Affairs (section 305)

The Senate bill contains a provision (section 308) that would authorize VA to increase the mileage reimbursement rate under section 111 of title 38, United States Code, to 41.5 cents per mile, and, a year after the enactment of this legislation, allow the Secretary to adjust the newly specified mileage rate to be equal to the rate paid to Government employees who use privately owned vehicles on official business. If such an adjustment would result in a lower mileage rate, the Secretary would be required to submit to Congress a justification for the lowered rate. The provision also would allow the Secretary to reimburse veterans for the reasonable cost of airfare when that is the only practical way to reach a VA facility.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Pilot Program on Incentives for Physicians Who Assume Inpatient Responsibilities at Community Hospitals in Health Professional Shortage Areas (section 306)

The Senate bill contains a provision (section 313) that would require VA to establish a pilot program under which VA physicians caring for veterans admitted to community hospitals would receive financial incentives, of an amount deemed appropriate by the Secretary, if they maintain inpatient privileges at community hospitals in health professional shortage areas. Participation in the pilot program would be voluntary. VA would be required to carry out the pilot program for three years, in not less than five community hospitals in each of not fewer than two VISNs. In addition, VA would be authorized to collect third party payments for care provided by VA physicians to nonveterans while carrying out their responsibilities at the community hospital where they are privileged.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Grants for Veterans Service Organizations for Transportation of Highly Rural Veterans (section 307)

The Senate bill contains a provision (section 315) that would require VA to establish a grant program to provide innovative transportation options to veterans in highly rural areas. Eligible grant recipients would include state veterans service agencies and veterans service organizations, and grant awards would not exceed $50,000.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Modifications of Eligibility for Participation in Pilot Program of Enhanced Contract Care Authority for Health Care Needs of Certain Veterans (section 308)

The Senate bill contains a provision (section 316) that would clarify the definition of eligible veterans who are covered under a pilot program of enhanced contract care authority for rural veterans, created by section 403(b) of the Veterans' Mental Health and Other Care Improvements Act of 2008 (P.L. 110–387, 122 Stat. 4110). Eligible veterans would be defined to include those living more than 60 minutes driving distance from the nearest VA facility providing primary care services, living more than 120 minutes driving distance from the nearest VA facility providing acute hospital care, and living more than 240 minutes driving distance from the nearest VA facility providing tertiary care.

H.R. 3219 contains the same provision (section 206).

The Compromise Agreement contains this provision.

TITLE IV—MENTAL HEALTH CARE MATTERS

Eligibility of Members of the Armed Forces Who Served in Operation Enduring Freedom or Operation Iraqi Freedom for Counseling and Services Through Readjustment Counseling Services (section 401)

The Senate bill contains a provision (section 401) that would allow any member of the Armed Forces, including members of the National Guard or Reserve, who served in OEF or OIF to be eligible for readjustment counseling services at VA Readjustment Counseling Centers, also known as Vet Centers. The provision of such services would be limited by the availability of appropriations so that this new provision would not adversely affect services provided to the veterans that Vet Centers are currently serving.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Restoration of Authority of Readjustment Counseling Service to Provide Referral and Other Assistance upon Request to Former Members of the Armed Forces Not Authorized Counseling (section 402)

The Senate bill contains a provision (section 402) that would require VA to help former members of the Armed Forces who have been discharged or released from active duty, but who are not otherwise eligible for readjustment counseling. VA would be authorized to help these individuals by providing them with referrals to obtain counseling and services from sources outside of VA, or by advising such individuals of their right to apply for a review of their release or discharge through the appropriate military branch of service.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Study on Suicides among Veterans (section 403)

The Senate bill contains a provision (section 403) that would require VA to conduct a study to determine the number of veterans who committed suicide between January 1, 1999 and the enactment of the legislation. To conduct this study, VA would be required to coordinate with the Secretary of Defense, veterans' service organizations, the Centers for Disease Control and Prevention, and state public health offices and veterans agencies.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

TITLE V—OTHER HEALTH CARE MATTERS

Repeal of Certain Annual Reporting Requirements (section 501)

The Senate bill contains a provision (section 501) that would eliminate the reporting requirements, set forth in sections 7451 and 8107 of title 38, United States Code, on pay adjustments for registered nurses. These reporting requirements date to a time when VA facility directors had the discretion to offer annual General Schedule (GS) comparability increases to nurses. Current law requires VA to provide GS comparability increases to nurses so that that pay adjustment report is no longer necessary. The provision would also eliminate the reporting requirement on VA's long-range health care planning which included the operations and construction plans for medical facilities. The information contained in this report is already submitted in other reports and plans, in particular the Department's annual budget request.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Submittal Date of Annual Report on Gulf War Research (section 502)

The Senate bill contains a provision (section 502) that would amend the due date of the Annual Gulf War Research Report from March 1 to July 1 of each of the five years with the first report due in 2010.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Payment for Care Furnished to CHAMPVA Beneficiaries (section 503)

The Senate bill contains a provision (section 503) that would clarify that payments made by VA to providers who provide medical care to a beneficiary covered under CHAMPVA shall constitute payment in full, thereby removing any liability on the part of the beneficiary.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Disclosure of Patient Treatment Information from Medical Records of Patients Lacking Decision-making Capacity (section 504)

The Senate bill contains a provision (section 504) that would authorize VA health care practitioners to disclose relevant portions of VA medical records to surrogate decision-makers who are authorized to make decisions on behalf of patients lacking decision-making capacity. The provision would only allow such disclosures where the information is clinically relevant to the decision that the surrogate is being asked to make.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Enhancement of Quality Management (section 505)

The Senate bill contains a provision (section 506) that would create a National Quality Management Officer to act as the principal officer responsible for the Veteran Health Administration's quality assurance program.μ The provision would require each VISN and medical facility to appoint a quality management officer, as well as require VA to carry out a review of policies and procedures for maintaining health care quality and patient safety.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Pilot Program on Use of Community-Based Organizations and Local and State Government Entities To Ensure That Veterans Receive Care and Benefits for Which They are Eligible (section 506)

The Senate bill contains a provision (section 508) that would require VA to create a pilot program to study the use of community organizations and local and State government entities in providing care and benefits to veterans. The grantees would be selected for their ability to increase outreach, enhance the coordination of community, local, state, and Federal providers of health care, and expand the availability of care and services to transitioning servicemembers and their families. The two-year pilot program would be required to be implemented in five locations and, in making the site selections, the Secretary would be required to give special consideration to rural areas, areas with high proportions of minority groups, areas with high proportions of individuals who have limited access to health care, and areas that are not in close proximity to an active duty military station.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision, but would give VA 180 days to implement the pilot program.

Specialized Residential Care and Rehabilitation for Certain Veterans (section 507)

The Senate bill contains a provision (section 509) that would authorize VA to contract for specialized residential care and rehabilitation services for certain veterans. Eligible veterans would be those who served in OEF or OIF, suffer from a traumatic brain injury (TBI), and possess an accumulation of deficits in activities of daily living and instrumental activities of daily living that would otherwise require admission to a nursing home.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Expanded Study on the Health Impact of Project Shipboard Hazard and Defense (section 508)

The Senate bill contains a provision (section 510) that would require VA to contract with the Institute of Medicine (IOM) to study the health impact of veterans' participation in Project Shipboard Hazard and Defense (SHAD). The study would be intended

to cover, to the extent practicable, all veterans who participated in Project SHAD and may utilize results from the study included in IOM's report on ''Long-Term Health Effects of Participation in Project SHAD.''

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Use of Non-Department Facilities for Rehabilitation of Individuals with Traumatic Brain Injury (section 509)

The Senate bill contains a provision (section 511) that would clarify when non-VA facilities may be utilized to provide treatment and rehabilitative services for veterans and members of the Armed Forces with TBI. Specifically, the provision would allow non-VA facilities to be used when VA cannot provide treatment or services at the frequency or duration required by the individual plan of the veteran or servicemember with TBI. The provision also would allow the use of non-VA facilities if VA determines that it is optimal for the recovery and rehabilitation of the veteran or servicemember. Such non-VA facility would be required to maintain standards that have been established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with TBI.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Pilot Program on Provision of Dental Insurance Plans to Veterans and Survivors and Dependents of Veterans (section 510)

The Senate bill contains a provision (section 513) that would require VA to carry out a three-year pilot program to provide specified dental services through a contract with a dental insurer. Additionally, the provision would provide that the pilot program should take place in at least two but no more than four VISNs and that enrollment would be voluntary. The program would provide diagnostic services, preventive services, endodontic and other restorative services, surgical services, emergency services, and such other services as VA considers appropriate.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision, modified to provide that the pilot program may take place in any number of VISNs the Secretary deems appropriate. The purpose of providing the Secretary with this authority is to ensure the capability, should it be required, to maximize the number of voluntary enrollees insured under the dental program so as to reduce premium expenditures.

Prohibition on Collection of Copayments from Veterans who are Catastrophically Disabled (section 511)

The Senate bill contains a provision (section 515) that would add a new section 1730A in title 38, United States Code, to prohibit VA from collecting copayments from catastrophically disabled veterans for medical services rendered, including prescription drug and nursing home care copayments.

H.R. 3219 contains the same provision (section 203).

The Compromise Agreement contains this provision.

Higher Priority Status for Certain Veterans who are Medal of Honor Recipients (section 512)

H.R. 3519 contains a provision (section 201) that would amend section 1705 of title 38, United States Code, to place Medal of Honor recipients in priority group 3 for the purposes of receiving health care through VA. This would situate Medal of Honor recipients in a priority group with former prisoners of war and Purple Heart recipients.

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision.

Hospital Care, Medical Services, and Nursing Home Care for Certain Vietnam-Era Veterans Exposed to Herbicide and Veterans of the Persian Gulf War (section 513)

H.R. 3219 contains a provision (section 202) that would amend section 1710 of title 38, United States Code, to provide permanent authorization for the special treatment authority of Vietnam-era veterans exposed to an herbicide and Gulf-War era veterans who have insufficient medical evidence to establish a service-connected disability.

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision.

Establishment of Director of Physician Assistant Services in Veterans Health Administration (section 514)

H.R. 3219 contains a provision (section 204) that would create the position of Director of Physician Assistant Services in VA central office who would report directly to the Under Secretary for Health on all matters related to education, training, employment, and proper utilization of physician assistants.

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision, modified to require the Director of Physician Assistant Services to report directly to the Chief of the Office of Patient Services instead of to the Under Secretary for Health.

Committee on Care of Veterans with Traumatic Brain Injury (section 515)

H.R. 3219 contains a provision (section 205) that would require VA to establish a Committee on Care of Veterans with Traumatic Brain Injury. This Committee would be required to evaluate VA's capacity to meet the treatment and rehabilitative needs of veterans with TBI, as well as make recommendations and advise the Under Secretary for Health on matters relating to this condition. Additionally, VA would be required to submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives an annual report on the Committee's findings and recommendations and the Department's response.

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision.

Increase in Amount Available to Disabled Veterans for Improvements and Structural Alterations Furnished as Part of Home Health Services (section 516)

H.R. 1293 contains a provision that would increase, from $4,100 to $6,800, the amount authorized to be paid to veterans who have service-connected disabilities rated 50 percent or more disabling for home improvements and structural alterations. The provision would also increase from $1,200 to $2,000, the amount authorized to be paid to veterans with service-connected disabilities rated less than 50 percent disabling.

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision.

Extension of Statutorily Defined Copayments for Certain Veterans for Hospital Care and Nursing Home Care (section 517)

Under current law, VA has the authority to provide hospital and nursing home care on a space available basis to veterans who do not otherwise qualify for such care. VA is authorized to collect from such a veteran an amount equal to $10 for every day that a veteran receives hospital care, and $5 for every day a veteran receives nursing home care. This authority expires on September 30, 2010.

Neither the House nor Senate bills contain a provision to extend this authority.

The Compromise Agreement contains a provision which would extend the statutorily defined copayments for certain veterans for hospital care and nursing home care to September 30, 2012.

Extension of Authority to Recover Cost of Certain Care and Services from Disabled Veterans with Health-Plan Contracts (section 518)

Under current law, VA is authorized to recover the costs associated with medical care provided to a veteran for a non-service-connected disability if, among other eligibility criteria, the veteran receives such care before October 1, 2010, the veteran has a service-connected disability, and the veteran is entitled to benefits for health care under a health-plan contract.

Neither the House nor Senate bills contain a provision to extend this authority.

The Compromise Agreement contains a provision which would extend the authority to recover the cost of such care and services from disabled veterans with health-plan contracts to October 1, 2012.

TITLE VI—DEPARTMENT PERSONNEL MATTERS

Enhancement of Authorities for Retention of Medical Professionals (section 601)

The Senate bill contains provisions (section 601) intended to improve VA's ability to recruit and retain health professionals. First, VA would be given the authority to apply the title 38 hybrid employment system to additional health care occupations to meet the recruitment and retention needs of VA. Next, the probationary period for full-time and part-time registered nurses would be set at two years; part-time registered nurses who served previously on a full-time basis would not be subject to a probationary period. In addition, VA would be authorized to waive the salary offset where the salary of an employee rehired after retirement from the Veterans Health Administration is reduced according to the amount of their annuity under a federal government retirement system.

Section 601 also would provide for a number of new or expanded pay authorities, including setting the pay for all senior executives in the Office of the Under Secretary for Health at Level II or Level III of the Executive Schedule; authorizing recruitment and retention special incentive pay for pharmacist executives of up to $40,000; amending the pay provisions of physicians and dentists by clarifying the determination of the non-foreign cost of living adjustment, exempting physicians and dentists in executive leadership positions from compensation panels, and allowing for a reduction in market pay for changes in board certification or a reduction of privileges; modifying the pay cap for registered nurses and other covered positions to Level IV of the Executive Schedule; allowing the pay for certified registered nurse anesthetists to exceed the pay caps for registered nurses; increasing the limitation on special pay for nurse executives from $25,000 to $100,000; adding licensed practical nurses, licensed vocational nurses, and nursing positions covered by title 5 to the list of occupations that are exempt from the limitations on increases in rates of basic pay; and expanding the eligibility for additional premium pay to part-time nurses. Finally, section 601 would improve VA's locality pay system by requiring VA to provide education, training, and support to the directors of VA health care facilities on the use of locality pay system surveys.

H.R. 919 contains a comparable provision (section 2) which would not, in contrast to

the Senate bill, restrict VA from applying hybrid title 38 status to positions that are administrative, clerical or physical plant maintenance and protective services, would otherwise be included under the authority of section 5332 of title 5, United States Code; do not provide direct patient care services, or would otherwise be available to provide medical care and treatment for veterans. The House provision also would not place restrictions on the categories of part-time nurses for whom the probationary period would be waived. The House section contains an additional provision which would provide comparability pay up to $100,000 per year to all individuals appointed by the Under Secretary for Health under the authority of section 7306 of title 38, United States Code, who are not physicians or dentists and who would be compensated at a higher rate in the private sector.

The Compromise Agreement contains the Senate provision, modified to eliminate the provision of the Senate bill that would provide VA with the authority to waive salary offsets for retirees who are reemployed in the Veterans Health Administration.

Limitations on Overtime Duty, Weekend Duty, and Alternative Work Schedules for Nurses (section 602)

The Senate bill contains a provision (section 602) that would prohibit VA from requiring nurses to work more than 40 hours in an administrative work week or more than 8 hours consecutively, except under unanticipated emergency conditions in which the nurses' skills are necessary and good faith efforts to find voluntary replacements have failed. The provision also would strike subsection 7456(c) of title 38, United States Code, which provides that nurses on approved sick or annual leave during a 12-hour work shift shall be charged at a rate of five hours of leave per three hours of absence. Finally, for recruitment and retention purposes, VA would be authorized to consider a nurse who has worked 6 regularly scheduled 12–hour work shifts within a 14–day period to have worked a full eighty-hour pay period.

H.R. 919 contains the same provision (section 3).

The Compromise Agreement contains this provision.

Reauthorization of Health Professionals Educational Assistance Scholarship Program (section 603)

H.R. 919 contains a provision (section 4) that would reinstate the Health Professionals Educational Assistance Scholarship Program. Section 2 of H.R. 4166 contains a similar provision which would also direct VA to fully employ program graduates as soon as possible following their graduation, require graduates to perform clinical rotations in assignments or locations determined by VA, and assign a mentor to graduates in the same facility in which they are serving.

The Senate bill contains a similar provision but did not include the requirement to fully employ graduates as soon as possible.

The Compromise Agreement contains the provision from section 2 of H.R. 4166.

Loan Repayment Program for Clinical Researchers from Disadvantaged Backgrounds (section 604)

H.R. 919 (section 4) and H.R. 4166 (section 4) contain identical provisions that would allow VA to utilize the authorities available in the Public Health Service Act for the repayment of the principal and interest of educational loans of health professionals from disadvantaged backgrounds in order to employ such professionals in the Veterans Health Administration to conduct clinical research.

The Senate bill contains the same provision (section 603).

The Compromise Agreement contains this provision.

TITLE VII—HOMELESS VETERANS MATTERS

Per Diem Grant Payments (section 701)

H.R. 3796 contains a provision that would authorize VA to make per diem payments to organizations assisting homeless veterans in an amount equal to the greater of the daily cost of care or $60 per bed, per day. The provision would also require VA to ensure that 25 percent of the funds available for per diem payments are distributed to organizations that meet some but not all of the criteria for the receipt of per diem payments. These would include (in order of priority) organizations that meet each of the transitional and supportive services criteria and serve a population that is less than 75 percent veterans; organizations that meet at least one but not all of the transitional and supportive services criteria, but have a population that is at least 75 percent veterans; or organizations that meet at least one but not all of the transitional and supportive services criteria and serve a population that is less than 75 percent veterans.

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision, but does not require the minimum amount of $60 per bed, per day for the Grant and Per Diem program. In addition, VA would be authorized but not required to award the per diem grants to nonprofit organizations meeting some but not all of the criteria for the receipt of such payments.

TITLE VIII—NONPROFIT RESEARCH AND EDUCATION CORPORATIONS

General Authorities on Establishment of Corporations (section 801)

H.R. 2770 contains a provision (section 2) that would authorize Nonprofit Research and Education Corporations (NPCs) to merge, thereby creating multi-medical center research corporations.

The Senate bill contains the same provision (section 801).

The Compromise Agreement contains this provision.

Clarification of Purposes of Corporations (section 802)

H.R. 2770 contains a provision (section 3) that would clarify the purpose of NPCs to include specific reference to their role as funding mechanisms for approved research and education, in addition to their role in facilitating research and education.

The Senate bill contains the same provision (section 802).

The Compromise Agreement contains this provision.

Modification of Requirements for Boards of Directors of Corporations (section 803)

The Senate bill contains a provision (section 803) that would require that a minimum of two members of the Board of Directors of an NPC be other-than-federal employees. Additionally, the provision would allow for the appointment of individuals with expertise in legal, financial, or business matters. The provision also would conform the law relating to NPCs to other federal conflict of interest regulations by removing the requirement that members of the NPC boards have no financial relationship with any entity that is a source of funding for research or education by VA.

H.R. 2770 contains a comparable provision (section 4), but provides that the executive director of the corporation may be a VA employee.

The Compromise Agreement contains the House provision, with a modification which removes the provision allowing VA employees to serve as executive directors.

Clarification of Powers of Corporations (section 804)

H.R. 2770 contains a provision (section 5) that would clarify the NPCs' authority to accept, administer, and transfer funds for various purposes. NPCs would be allowed to enter into contracts and set fees for the education and training facilitated through the corporation.

The Senate bill contains the same provision (section 804).

The Compromise Agreement contains this provision.

Redesignation of Section 7364A of Title 38, United States Code (section 805)

H.R. 2770 contains a provision (section 6) that would provide clerical amendments associated with implementing this legislation concerning Nonprofit Research and Education Corporations.

The Senate bill contains the same provision (section 805).

The Compromise Agreement contains this provision.

Improved Accountability and Oversight of Corporations (section 806)

The Senate bill contains a provision (section 806) that would strengthen VA's oversight of NPCs by requiring those NPCs with revenues of over $10,000 to obtain an independent audit once every three years, or with revenues of over $300,000 to obtain such an audit each year, and to submit certain Internal Revenue Service forms.

H.R. 2770 contains a comparable provision (section 7), but would instead raise to $100,000 the threshold for requiring three-year audits and to $500,000 the revenue threshold that would require yearly audits. The provision also would revise conflict of interest policies to apply to the policies adopted by the corporation.

The Compromise Agreement contains the House provision.

TITLE IX—CONSTRUCTION AND NAMING MATTERS

Authorization of Medical Facility Projects (section 901)

The Senate bill contains a provision (section 901) that would authorize funds for the following major medical facility projects in FY 2010: Livermore, California; Walla Walla, Washington; Louisville, Kentucky; Dallas, Texas; St. Louis, Missouri; Denver, Colorado and Bay Pines, Florida.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision, but strikes the authorization for the construction project in Walla Walla, Washington, since authorization for this construction project was provided in Public Law 111–98, enacted on November 11, 2009.

Designation of Merril Lundman Department of Veterans Affairs Outpatient Clinic, Havre, Montana (section 902)

The Senate bill contains a provision (section 903) that would name VA outpatient clinic in Havre, Montana, as the ''Merril Lundman Department of Veterans Affairs Outpatient Clinic.''

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Designation of William C. Tallent Department of Veterans Affairs Outpatient Clinic, Knoxville, Tennessee (section 903)

In the House, H.R. 402 contains a provision that would name the VA outpatient clinic in Knoxville, Tennessee as the ''William C. Tallent Department of Veterans Affairs Outpatient Clinic.''

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision.

Designation of Max J. Beilke Department of Veterans Affairs Outpatient Clinic, Alexandria, Minnesota (section 904)

In the House, H.R. 3157 contains a provision that would name the VA outpatient clinic in Alexandria, Minnesota as the ''Max J. Beilke Department of Veterans Affairs Outpatient Clinic.''

The Senate bill contains no comparable provision.

The Compromise Agreement contains the House provision.

TITLE X—OTHER MATTERS

Expansion of Authority for Department of Veterans Affairs Police Officers (section 1001)

The Senate bill contains a provision (section 1001) that would provide additional authorities to VA uniformed police officers, including the authority to carry a VA-issued weapon in an official capacity when off VA property and in official travel status, the authority to conduct investigations on and off VA property of offenses that may have been committed on VA property, expanded authority to enforce local and State traffic regulations when such authority has been granted by local or State law, and to make arrests based upon an arrest warrant issued by any competent judicial authority.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Uniform Allowance for Department of Veterans Affairs Police Officers (section 1002)

The Senate bill contains a provision (section 1002) that would modify VA's authority to pay an allowance to VA police officers for purchasing uniforms. The provision would provide a uniform allowance in an amount which is the lesser of the amount prescribed by the Office of Personnel Management or the actual or estimated cost as determined by periodic surveys conducted by VA.

There was no comparable House provision.

The Compromise Agreement contains the Senate provision.

Submission of Reports to Congress by Secretary of Veterans Affairs in Electronic Form (section 1003)

Under current law, there is no requirement for VA to submit Congressionally mandated reports in an electronic form.

Neither the House nor Senate bills contained a provision to change this procedure.

The Compromise Agreement contains a provision which would create a new section 118 in title 38, United States Code, which would require VA to submit reports to Congress, or any Committee thereof, in electronic format. Reports would be defined to include any certification, notification, or other communication in writing.

Determination of Budgetary Effects for Purposes of Compliance with Statutory Pay-As-You-Go-Act of 2010 (section 1004)

Neither the Senate nor House bills contain a provision relating to compliance with the Statutory Pay-As-You-Go-Act of 2010, Title I of P.L. 111–139, 124 Stat. 8.

The Compromise Agreement contains a procedural provision to require the determination of the budgetary effects of provisions contained in the Compromise Agreement to be based upon the statement entered into the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives.

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

I rise in support of S. 1963, as amended, the Caregivers and Veterans Omnibus Health Services Act of 2010.

This bill represents a bipartisan effort on behalf of the House and Senate, and I express my thanks to Chairman FILNER, Chairman AKAKA, and Ranking Member BURR for their leadership. I'd also like to thank Chairman MICHAUD and Ranking Member BROWN of the Subcommittee on Health for their efforts in bringing this legislation forward.

Reflecting the spirit of compromise and cooperation, S. 1963 is composed of a number of bills from both sides of the aisle. It would provide increased access to care, better outreach and support for wounded veterans, rural veterans, and homeless veterans, and also includes enhancements and provisions of mental health care and readjustment counseling for recent veterans of Iraq and Afghanistan.

I would like to thank my good friend and colleague from Kansas, JERRY MORAN, for his bill, H.R. 3103, that was included to help VA move forward with a pilot program to enhance contract care authority for highly rural veterans. This pilot, which was enacted in the last Congress, was Mr. MORAN's initiative.

I'd also like to thank my friend JOHN DUNCAN from Tennessee for introducing his bill, H.R. 402, which is included in this legislation. H.R. 402 would name the Veterans Affairs Outpatient Clinic in Knoxville, Tennessee, the William C. Tallent Veterans Outpatient Clinic. This gentleman honorably served in World War II and maintained a lifelong service to veterans.

S. 1963 would also establish a new, all-encompassing system of support for family caregivers. As we all know, some veterans of Iraq and Afghanistan have been severely wounded and will require a great deal of care for the rest of their lives. In previous wars, these veterans would probably not have survived their wounds, but significant improvements in battlefield medicine, the medicine logistics chain and the follow-up treatment have improved the survival rates for the most severely wounded combatants.

Family caregivers are more often than not at the core of what sustains the treatment and recovery of a severely wounded or injured soldier. Their commitment is strong and heartfelt; yet, it can be enormously challenging in a long recovery. There are many struggles that families face when assuming this role, including job absences, lost income, travel and relocation costs, child care concerns, exhaustion, and emotional and psychological stress. Many, understandably, become overwhelmed and eventually experience burnout. So there is a real problem, and the question is how to best address it.

I am concerned, however, about a provision in this bill that would establish an unprecedented stipend for certain family caregivers. I would have preferred to build upon and expand an existing successful Department of Veterans Affairs VA program known as Aid and Attendance. The Aid and Attendance program is paid directly to veterans so they can obtain the needed service in their own homes. The extent and types of services could be expanded, and last summer I proposed to do so in H.R. 3407, the Severely Injured Veterans' Benefits Act of 2009. It would provide a 50 percent increase in compensation for catastrophically injured veterans who are in need of assistance for daily personal needs, such as bathing and eating. It gives the veteran the choice of how to obtain services tailored to their unique needs and circumstances.

It is unclear how the caregiver stipend program in this bill will operate and how it will work in conjunction with the present Aid and Attendance or whether it replaces some of the current services.

Additionally, Mr. Speaker, we lack a Congressional Budget Office estimate of this compromised agreement. It appears that the Democrat majority has not been obtaining CBO cost estimates for discretionary bills, and we still don't have the official views of the administration on the compromised legislation. I am aware of their concerns. I requested the administration to address them in writing on March 18, 2010, and they were due on April 7. Although we have not yet read them, it is my understanding they are still in the concurrence process.

Based on legislative hearing testimony from last year, I believe the VA has concerns about the caregiver stipend as well as some of the other personnel provisions included in the bill. Dr. Cross, who is the principal deputy undersecretary for health, testified before the Senate Veterans Affairs Committee. This is in reference to the caregiver provisions. He stated, The VA does not support section 209. Currently we are able to contract for caregiver services with home health and similar public and private agencies. The contractor trains and pays them and affords them liability protection and oversees the quality of care. This remains the preferable arrangement as it does not divert VA from its primary mission of treating veterans and training clinicians. Moreover, it does not put VA in the position of having to tell family members how, at risk of losing their caregiver compensation, they have to care for their loved ones.

Mr. Speaker, it is unfortunate that the administration's concern regarding the caregiver stipend provision in this bill was not worked out because the bill, as a whole, does many good things for veterans. I hope this issue gets resolved with the administration, and I am pleased that legislation that I had sponsored, H.R. 1293, the Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009, is in this bill. This would increase the amount VA is authorized to pay under its home health services to make modifications to a veteran's home to enable the veteran to be cared for in their home rather than in a hospital or institutional setting.

We should always be reminded that while veterans may spend only a short time in uniform, the wounds they carry home with them can last a lifetime and profoundly impact their daily lives.

I reserve my time.

Mr. FILNER. Mr. Speaker, the chairman of our Health Subcommittee, Mr. MICHAUD, and ranking member, Mr. BROWN of South Carolina, were the chief hard workers on this bill. We thank them all.

I yield 3½ minutes to Chairman MICHAUD.

□ 1045

Mr. MICHAUD. Thank you very much, Mr. Speaker, and thank you, Mr. Chairman. I also want to thank Ranking Member BUYER for all his hard work on this bill before us today, as well as my colleague, Mr. BROWN, for working in a bipartisan manner throughout the years on veterans affairs issues.

I rise today in strong support on S. 1963, the Caregivers and Veterans Omnibus Health Services Act. This landmark bill reflects a strong commitment to family caregivers, who are often underappreciated in their efforts to care for our wounded servicemembers. We must recognize that family caregivers in Maine and throughout our country often put their lives on hold to care for our injured veterans, and their duties take a heavy toll on them financially, emotionally, and physically.

Our brave men and women who serve our country have come to rely on our spouses, parents, siblings, and close friends to be there with them. We owe it to these devoted caregivers to offer them the support they need.

That's why this bill creates a robust, supportive services program for caregivers. This includes counseling services and respite care to help relieve the heavy emotional and physical stress of caregivers.

The bill also attempts to alleviate the financial difficulties facing eligible caregivers by providing a monthly financial stipend, as well as access to health care through the CHAMPVA program. The bill also recognizes the importance of caregivers being by veterans' sides during every step of their medical treatment. The bill authorizes the VA to pay lodging and other costs incurred by caregivers for accompanying veterans during medical appointments.

In addition to addressing the needs of caregivers, this bill helps the VA deliver high quality health care for our rural veterans. The bill improves the VA ability to recruit and retain qualified medical personnel. It addresses the barriers of long trips to medical appointments by providing reimbursement for air travel.

The bill also creates a more robust health care infrastructure in our rural areas. It does this by supporting collaboration with other Federal providers and fostering the VA's ability to contract with community providers.

I urge my colleagues to support this critical bill that supports caregivers and expands health care for our rural veterans.

Mr. BUYER. I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, before I yield to our Speaker, I just want to say with gratitude, on the part of our Nation's veterans, in her 3½ years as Speaker and her years before that as minority leader, Ms. PELOSI focused like a laser on the needs of our veterans. We would not be here with this landmark bill were it not for our Speaker.

I yield 1 minute to the Speaker of the House, the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. I thank the gentleman for yielding, I thank him for his leadership, and I am very pleased today that we have bipartisan support for this important legislation to benefit our veterans.

I, too, join my colleagues in rising to honor the sacrifice and service of the bravest among us, the men and women of our Armed Forces. In the name of our safety, they lay their lives on the line. In the name of our security, they fight our enemies far from home. In the name of our values, they serve as our Nation's greatest ambassadors, as champions of America's families.

Each and every day our soldiers, sailors, airmen and marines earn the respect of a grateful Nation. And as long as those in uniform continue the battle abroad, we must do everything in our power to support them here at home.

I would like to thank all Members of Congress on both sides of the aisle who worked so hard to strengthen this bill and bring it to the floor today. Again, I want to commend BOB FILNER, the chairman of the Committee on Veterans' Affairs, Chairman MIKE MICHAUD of the Health Subcommittee of the Committee on Veterans' Affairs, and Chairwoman STEPHANIE HERSETH SANDLIN of the Economic Opportunity Subcommittee of the Committee on Veterans' Affairs.

I also want to recognize the hard work and commitment to those who have worn our Nation's uniform by three key freshmen Members of Congress, Congressman TOM PERRIELLO, Congresswoman DEBBIE HALVORSON, and Congressman HARRY TEAGUE.

In both Houses, this has been a bipartisan effort, and I commend Ranking Member BUYER for his leadership. I know that everything is not in this bill. There is an endless list of everything we want to do for our veterans, but we are very proud of Senator BURR and the role that he has played in the Senate and all of the Members here. Thank you, Mr. BUYER.

The Caregivers and Veterans Omnibus Health Services Act is a landmark moment in the ongoing effort to give back to our veterans and their families. It's a tribute to their service. In the words of the Paralyzed Veterans of America, it will ''provide valuable benefit for veterans and their families, benefits they need, have earned and so richly deserve.''

This legislation will support family members and others who care for the disabled, ill or injured veterans. This is very important to families, military families. Our wounded soldiers and their families have made a serious sacrifice for our country, and this bill will bring them some relief. It will expand mental health services and health care access for veterans in rural areas and prohibit copays for our most severely wounded warriors.

Thank you, Chairwoman HERSETH SANDLIN, as this bill marks a step forward for the 1.8 million women in uniform, removing existing barriers to female veterans seeking medical care. In a sweeping change long overdue and with strong bipartisan support, we will provide care for newborns in the first time in history. Thank you, Congressman HENRY BROWN, for your leadership as well, my friend.

Today's vote is one in a series of actions taken by this Congress to give back to America's veterans. Our signature achievement remains our new GI Bill, providing those who serve with a full, 4-year college education. This is also transferable to a family member, and also a new improvement that we made was if a serviceman or woman dies in combat, that this opportunity is provided for their children or another family member.

Late last year, again in a bipartisan way, we celebrated the passage of the Veterans Health Care Budget Reform and Transparency Act, ensuring that the VA has timely and predictable funding and our veterans receive the high quality care they have earned. Working to make sure that our economic recovery truly benefits all Americans, the American Recovery and Reinvestment Act offered a tax credit for hiring veterans and a $250 payment to disabled veterans.

Just this past month we passed the TRICARE Affirmation Act, stating explicitly that our health care reform legislation will not impact the excellent health coverage our veterans and servicemembers already receive. In the last 3 years, we have given our troops a pay raise, helped restore military readiness and bolstered support for our military families. Today we strengthen the benefits our men and women in uniform receive.

Mr. Speaker, in the course of our meetings with the veterans service organizations and with the families of our men and women in uniform and our veterans, we hear directly from them what their needs are and try to establish their priorities and to make it a priority in allocating the resources of our country. In the course of those conversations, we have heard from the families that in the survey they took of their own membership of Blue Star Families, that 94 percent of them thought that most Americans did not have a clear understanding of their needs.

We promised them that in all we do here we will remove doubt in anyone's mind among our military families that we understand their needs, especially if they present them in a prioritized way and will make them our priority in the Congress. In every action we strive to live up to that commitment.

Just as the military on the battlefield has said, on the battlefield we will leave no soldier behind. So too when they come home, we will leave no veteran behind.

As the leaders of the American Legion have stated, this legislation offers bold solutions to major challenges facing servicemembers, veterans and their families on behalf of every American who wears the uniform.

I urge my colleagues to vote ''yes'' on this bill.

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

I would like to thank the Speaker for her kind remarks and her support of the bill. Also, I ask for your support, we have a problem we have to get worked out, and that deals with the widows, orphans, and the Spina Bifida Program was left out of the health care bill that we recently passed to ensure that it's defined as minimum essential benefit.

Madam Speaker, I hope for your support for this. The issue has been addressed in the Senate. The Senate passed it, the bill is at the desk, but it has to originate in the House, so I ask for your support on this.

Ms. PELOSI. Thank you, Mr. BUYER. The chairman has this legislation, as you may be aware, and it is going to Ways and Means and we will be taking it up soon, but we will look forward to working with you and will bring it together in a bipartisan way in the spirit that we owe our veterans. They are all Americans and so are we.

Mr. BUYER. Thank you, I appreciate that.

Ms. PELOSI. Thank you, Mr. BUYER, and thank you, Mr. BROWN, for your leadership as well.

Mr. BUYER. I now yield 3 minutes to the gentleman from South Carolina (Mr. BROWN).

Mr. BROWN of South Carolina. I thank the gentleman from Indiana for yielding me this time.

I rise today to express my strong support for S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009. Chairman FILNER and Chairman MICHAUD, along with Ranking Member BUYER and I have brought this legislation forward in order to continue the great progress made by the VA toward providing the kind of health care veterans deserve, and I am proud to support it today.

I think it's pretty evident, as the Speaker alluded to earlier, that in the Committee on Veterans' Affairs, which I have had the privilege to serve now 10 years, we always leave our bipartisanship at the door when we enter that committee, and I am grateful that Mr. FILNER also continued in that same spirit when he became the chairman.

At a time when our soldiers are overseas keeping us safe here at home, the VA is faced with a number of unique challenges. It must respond to the signature wounds of the wars in Iraq and Afghanistan, to soldiers returning home who live far from VA facilities, to the ever-increasing number of women veterans, and to the families of veterans who cannot care for themselves, but it must also remain responsive to those whom it already serves. I believe this bill would accomplish this.

When soldiers return home from war, unable to care for themselves, their families often face difficult burdens. To help them help the veterans, this bill would establish a comprehensive assistance program for caregivers, making caregivers eligible to receive education and training and technical support, counseling, lodging and subsistence.

To serve the rural veterans, who may live a long distance from VA facilities, this bill would make the VA more flexible while increasing reach-out efforts. The VA would be allowed to partner with Medicare, Medicaid, the Department of Health and Human Services and the Indian Health Service in demonstration projects that could expand care.

Finally, two of the most common wounds of war in Iraq and Afghanistan have been post-traumatic stress disorder and traumatic brain injury. By expanding eligibility for readjustment counseling at Vet Centers to any members of the Armed Forces who have served in OIF/OEF and establishing the Committee on Care for Veterans with TBI, the VA will become more responsive to those who are transitioning back to civilian life.

In closing, I want to thank Chairman FILNER and Ranking Member BUYER of the Veterans' Affairs Committee, and Chairman MICHAUD of the Health Subcommittee, for their leadership in bringing this bill forward.

I urge my colleagues to stand up for America's true heroes and help continue to make the VA world class care even better.

Mr. FILNER. Mr. Speaker, I yield 2 minutes to Ms. HERSETH SANDLIN of South Dakota, the chair of our Economic Opportunity Subcommittee and the prime mover behind the section of this bill dealing with our women veterans.

Ms. HERSETH SANDLIN. I thank the gentleman from California for yielding.

I rise today in strong support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2010. I want to thank our full committee chairman, Mr. FILNER; our ranking member, Mr. BUYER; and Health Subcommittee Chairman MICHAUD and Ranking Member BROWN for their leadership, for their strong support of this legislation, which contains many important provisions related to caregiver support and rural health care for veterans. It also includes legislation I introduced, the Women Veterans Health Care Improvement Act.

This act will provide significant enhancements to the health care available for women veterans. Today women make up approximately 8 percent of veterans in the United States, and that percentage will continue to rise as more and more women answer the call to serve their country. With an increasing number of women seeking access to care within the VA, the challenge of providing adequate health care services for women veterans is one the VA must master, and I am confident that it can.

□ 1100

This legislation addresses this challenge by taking several important steps to ensure adequate attention is given to women veterans and their health care programs so that women can access the quality primary health care and the specialized services they deserve and have earned.

Among its provisions, this bill improves the VA's sexual trauma and post-traumatic stress disorder programs for women by requiring the Secretary of the VA to ensure that all mental health professionals have been properly and consistently trained in the best methods and practices so women veterans feel secure in seeking treatment.

Childcare is another crucial issue for women veterans—and for male veterans as well—and the bill before us today tackles current barriers to care by authorizing a childcare pilot program and requiring the VA to carry out this program in at least three veteran service networks. We anticipate that this is going to help veterans keep their appointments.

The legislation also requires the VA to provide 7 days of medical care for newborn children of women veterans, representing an important policy update in the VA. Currently, the VA has no provision to provide care for these infants, yet 86 percent of Operation Enduring Freedom and Operation Iraqi Freedom women veterans are under the age of 40.

Accordingly, I urge all of my colleagues on both sides of the aisle to support this important legislation.

Mr. BUYER. Mr. Speaker, at this time, I yield 2 minutes to Ms. GINNY BROWN-WAITE of Florida.

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

Mr. Speaker, I rise today in support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009.

As Members of Congress, we do have a responsibility to provide the best support we can to our Nation's veterans. With provisions for caregiver support, rural health improvement and mental health benefits, there are many reasons why I support this legislation. I could speak at length about these important and necessary benefits. However, in the interest of time, I would like to highlight just one: health care for women veterans.

While more and more women are joining the military, the VA's health care services for women veterans have not kept pace. Although approximately 14 percent of our troops are female, as a female veteran recently said in an interview with Good Housekeeping magazine, it is as if women are ''Martians, abnormalities descending on the VA health system.'' In fact, of the country's 153 VA medical centers, only about half even have a gynecologist on staff. This is despite the fact that between 23 and 29 percent of all female veterans seeking medical care through the VA have reported experiencing sexual assault. Is it any surprise, then, that the number of female veterans being treated for post-traumatic stress disorder rose from 1 to 19 percent in only 4 years?

For this reason, my colleague, Representative HERSETH SANDLIN, and I introduced H.R. 1211, the Women Veterans Health Care Improvement Act. Although the Senate has not acted on our legislation, I am happy to see some of the key provisions, like studying the barriers preventing women veterans from receiving VA health care and developing a plan to improve that care for women veterans both immediately and in the long term, that actually made it into this bill.

Mr. FILNER. Mr. Speaker, the freshman members of our committee have added a new level of commitment and enthusiasm and have played a major part in this bill. I would like to yield 1½ minutes to one of those great freshmen, Mrs. HALVORSON of Illinois.

Mrs. HALVORSON. Mr. Speaker, I rise today for those veterans who can't. I rise today for the catastrophically injured veterans who have to battle their injuries and their rising health care costs. I rise today for those caregivers who dedicate their lives to supporting our wounded warriors and our military families. I rise today to support S. 1963 and the two provisions in the bill that I was proud to author.

The first provision, H.R. 1335, would relieve the burden of costly copayments from catastrophically disabled veterans who receive medical or nursing home care from the VA. This was the first piece of legislation that I introduced when I came to Congress because I knew that there are men and women who have served honorably that need our help. These are brave men and women who have sacrificed so much so that we can enjoy the freedoms that we have every day. These are men and women who struggle through their routines in life that we take for granted, and they should not have to struggle to make their copays.

Passing this measure into law would be a great way to show our support for our wounded warriors and to show that we are truly dedicated to making their lives better.

However, it is not just our injured veterans who need our help. Every day in districts across the country caregivers provide essential services to our veterans. When my stepson, Jay, was injured in Afghanistan and recuperating at Walter Reed, I spoke to so many of these families who just began their second battle, the battle to rehabilitate. That is why I worked to include in this bill H.R. 2898, the Wounded Warrior Caregiver Assistance Act, to provide support services to those taking care of our wounded warriors. Just as it is our duty to care for a disabled soldier, passing this provision would help care for those who work tirelessly every day to look after our injured veterans.

I urge my colleagues to join me in honoring those who have sacrificed for us by supporting this legislation.

Mr. BUYER. Mr. Speaker, I continue to reserve and defer to the chairman.

Mr. FILNER. Mr. Speaker, I yield 1½ minutes to another one of our great freshmen, Mr. PERRIELLO from Virginia.

Mr. PERRIELLO. Mr. Speaker, today is a good day for America's veterans and their families. I rise in support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009, landmark legislation that makes good on our national commitment to our veterans and their families, including those in our rural communities. I also want to thank the chairs and the ranking members for putting our veterans ahead of our partisan divides.

Taking care of our veterans includes taking care of those who care for them when they are unable to care for themselves. Today, more than ever, revolutionary advances in military medicine have significantly increased servicemembers' chances of surviving a catastrophic injury sustained in combat, but in many cases surviving a catastrophic injury is only the first step in the battle. Recovering from such injuries requires a long-term commitment not only from the veteran, but also from those who love and care for them.

Once an injured veteran returns home from treatment at a DOD or VA facility, it is often a spouse, mother, father, or other loving family member who steps up to the challenge of providing ongoing care. And while this care is provided out of a sense of love, compassion, and devotion, it oftentimes shifts into a full-time commitment requiring the caregiver to make significant personal decisions regarding professional goals, commitments, and obligations.

To help better support family caregivers, I introduced H.R. 2734, the Health Care for Family Caregivers Act of 2009, a bill that will help provide much-needed assistance to those family caregivers facing the difficult decisions related to caring for a veteran confronting a catastrophic injury. I am pleased that this bill has included this, and I encourage its support.

Mr. FILNER. Mr. Speaker, Mr. TEAGUE from New Mexico authored an important provision in the bill, and I would yield to him 1½ minutes to explain that provision.

Mr. TEAGUE. Mr. Speaker, I rise today in support of S. 1963, which includes H.R. 2738, my bill to reimburse caregivers of disabled veterans for travel expenses to medical appointments. For those Members of Congress that represent vast rural districts with large veteran populations like mine, we know that this assistance has been needed for far too long.

Mr. Speaker, veterans throughout my district often volunteer their time to drive fellow veterans to medical appointments even though the drive can last over 3 or 4 hours. That means that veterans in Silver City must leave their homes at three in the morning to make a trip to the only VA hospital in our State. It means that many of my constituents must dedicate entire days to travel from their homes in Jal or Deming or Santa Rosa to a medical visit that may only take a few minutes.

This also means that the family of Airman Michael Malarsie, an airman from Bosque Farms who was blinded by an IED, would have to take time off work to travel to a VA medical center; and as the law currently stands, they must pay for that trip out of pocket whether they can afford it or not.

Mr. Speaker, that is just plain wrong. But we can right that wrong today by passing this bill and providing our wounded warriors and families with the help that they have earned and need. It is the very least that we can do to repay the debt that we as a Nation owe to our veterans and their courageous families.

Mr. FILNER. Mr. Speaker, another valued member of our committee, Mr. CIRO RODRIGUEZ of Texas, authored an important provision in this bill, and I would recognize him for 1½ minutes.

Mr. RODRIGUEZ. Mr. Speaker, our veterans deserve more. The proper care of our veterans is our most fervent duty to uphold. This bill permits us to advance this support even more with needed programs that will not only cover our veterans, but will also extend caregiver support to their families.

This bill makes marked improvements in rural health programs such as the partnering with the Department of Health and Human Services to expand care in rural areas. It also gives the Department of Veterans Affairs the flexibility it needs to contract mental health services in rural areas where there are no adequate VA facilities.

This bill also addresses the need for coordination between the Departments and the key stakeholders in the study to find solutions to the alarming suicide rates among our veterans and active duty forces and gives more resources to the Department of Veterans Affairs to address key areas such as veteran homelessness and women's health, and strengthens their quality assurance and other programs.

Additionally, this bill reestablishes the previous highly successful Health Professionals Education Assistance Scholarship Program in the Department of Veterans Affairs. Earlier this

year, I introduced H.R. 4166, a bill to bring back this successful program. I am glad that this bill includes my legislation.

We also need to recognize our soldiers and thank them for their service. We owe it to each and every one of our wounded warriors and all veterans to ensure their care and medical needs are properly taken care of. Their selfless sacrifices for our Nation's freedom and the sacrifices endured by their families warrant the passage of this bill.

Mr. FILNER. Mr. Speaker, how much time does each side have remaining?

The SPEAKER pro tempore. Four minutes.

Mr. FILNER. Mr. Speaker, one of the great provisions of this bill is an incentive program to get doctors in certain specialties into the VA. The author of that scholarship program is Ms. JACKSON LEE of Texas, and I would recognize her for 1 minute.

Ms. JACKSON LEE of Texas. Mr. Chairman, I am particularly grateful for your leadership and that of the ranking member. Thank you for guiding me on this legislation.

I rise to support S. 1963, the Caregivers and Veterans Omnibus Health Services Act, for the work it is doing on caregivers and dealing with suicide and unfortunate tragedies that occur among our military.

This morning I was with the United States Air Force and their Air Force Cares program. I am pleased that this legislation included H.R. 228, the Blind Veterans of America, an organization chartered by Congress in 1958, which has been for nearly 50 years the only veterans service organization exclusively dedicated to serving America's blind and visually impaired veterans.

There are approximately 160,000 legally blind veterans in the United States, but only approximately 35,000 are currently enrolled in the Veterans Health Administration services. It is estimated that there are 1 million low-vision veterans in the United States, and incidences of blindness among the approximate total veteran population of 26 million are expected to increase by about 40 percent over the next few years. This is because the most prevalent cause of blindness and low vision are age-related. This bill provides scholarships for training individuals, and I ask my colleagues to support it. And thank you for including H.R. 228.

I rise in support of S. 1963—to provide needed support to caregivers of our nation's veterans, to improve the full spectrum of healthcare and access provided to those we honor and recognize as our country's present and past warriors and defenders.

There are few if any higher obligations of the Congress, the President, and the American people than keeping faith with the men and women who have worn the uniform in service to our country.

I applaud the work of the all those who have worked on this bill and who are charged with legislative, oversight and investigative jurisdiction over education of veterans, employment and training of veterans, vocational rehabilitation, veterans' housing programs, and readjustment of servicemembers to civilian life.

S. 1963 addresses many of the important needs of our veterans relating to services for women's health care, rural health care, homelessness, employment, health, and education.

WOMEN VETERANS HEALTH CARE

The bill will expand and improve VA health care services for the 1.8 million women who have bravely served their country. It requires the VA to:

Conduct a study of barriers to women veterans seeking health care,

Educate and train mental health professionals caring for veterans with sexual trauma;

Implement a reintegration and readjustment pilot program;

Establish a child care pilot program for women receiving regular and intensive mental health care and intensive health care services, or who are in need of such services but do not seek care due to the lack of child care services;

Provide up to 7 days of post-delivery health care to a newborn child of a women veteran.

RURAL HEALTH IMPROVEMENTS

Improves health care for veterans living in rural areas, including by expanding transportation for veterans to local VA hospitals and clinics through VA grants to local Veterans Service Organizations.

MENTAL HEALTH CARE

Provides access to counseling and other mental health centers to any member of the Armed Forces (including members of the National Guard and Reserves, who served during Operation Iraqi Freedom and Operation Enduring Freedom but who are no longer on active duty) and Requires the VA to conduct a veterans' suicide study.

OTHER HEALTH CARE ISSUES

Prohibits the VA from collecting copayments from veterans who are catastrophically disabled.

Creates a pilot program, which would provide specified dental services to veterans, survivors, and dependents of veterans through a dental insurer.

Requires the VA to provide hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and Gulf War era veterans who have insufficient medical evidence to establish a service-connected disability.

Provides higher priority status for certain veterans who are Medal of Honor recipients.

HOMELESS VETERANS

Expands the organizations offering transitional housing and other support for homeless veterans that can receive grants or per diems from the VA, which is particularly important to veterans in rural areas.

I am extremely pleased to help answer the needs of America's veterans and am pleased that H.R. 228, a bill I introduced to establish a scholarship program for students learning to care for veterans with visual impairments is included in Title III, Section 302 of S. 1963. As we work to strengthen our efforts nationally to provide better care for veterans we can not afford to leave any issue unexamined or unaddressed. We must especially ensure that veterans have the access to the quality healthcare that they deserve.

The Blind Veterans of America, an organization chartered by Congress in 1958, and which has been for nearly 50 the only veterans service organization exclusively dedicated to serving America's blind and visually impaired veterans.

Mr. Speaker, there are approximately 160,000 legally blind veterans in the United States, but approximately only 35,000 are currently enrolled in Veterans Health Administration services.

In addition, it is estimated that there are over 1 million low-vision veterans in the United States, and incidences of blindness among the approximate total veteran population of 26 million are expected to increase by about 40% over the next few years. This is because the most prevalent causes of legal blindness and low vision are age-related, and the average age of the veteran population is increasing; the current average age is about 80 years old.

Members of the Armed Forces are important to our nation and we show them our appreciation by taking care of them even after they have completed their service. But the fact is that there are not enough blind rehabilitation specialists to serve all legally blind and low-vision veterans in the United States.

Blind rehabilitation training helps give these veterans awareness of and functioning in their surroundings and enables them to retain their independence and dignity. Veterans without these services may find it difficult to be self-sufficient, relying on others to perform certain skills or even simple tasks on their behalf.

Mr. Speaker, Public Law 104–262, the Eligibility Reform Act 1996, requires the Department of Veterans Affairs to maintain its capacity to provide specialized rehabilitative services to disabled veterans, but it cannot do so when there are not enough specialists to address these needs. That is why we must work harder to provide for the needs of our men and women who have served this Nation so valiantly.

We should all take a day to reflect on the sacrifices U.S. veterans and servicemembers have made, and are still making, for their country. However, to truly honor and pay tribute to these special Americans requires our commitment for the other 364 days of the year.

Veterans continue to have many unanswered needs, and we should continue to fight for the rights of our most patriotic Americans. I am a strong believer in the fact that veterans have kept their promise to serve our nation; they have willingly risked their lives to protect the country we all love. We must now ensure that we keep our promises to our veterans because the way a nation treats those who have stood in harms way to defend it, risking life, limb and psychological injury is extremely telling.

Members of the Armed Forces are important to our nation, and we show them our appreciation by passing this all encompassing healthcare legislation which directly impacts the Nation's ability to take care of servicemembers after they have completed their service.

There are 25.9 million veterans in the United States who have protected this country in military conflicts as early as WWI. The wars in Iraq and Afghanistan are however producing a new wave of veterans. Of 1.4 million who have served, more than 205,000 have sought to obtain health care this year. In part this is good news. Thanks to medical and technological advances, the survival and recovery rate is several times higher than in previous conflicts. However there are still many

inequities and system failures that mitigate veterans' getting proper and timely care.

Consequently, equipping veterans to navigate civilian life, often with severe mental and physical illnesses, has to be a national priority. Yet the Veterans Affairs Department, which provides millions of injured veterans with payments and care, has had issues responding to the inundation. Additionally, the Veterans' Disability Benefits Commission (VDBC) has reported that the VA falls woefully short in providing timely and fair disability payments, as well as adequate mental health care. The report cited an average delay of nearly six months in handing out payments. This legislation directly responds to these and many other pertinent issues which will allow us to meet the needs of all of our veterans, their families and caregivers.

Mr. FILNER. Mr. Speaker, this bill adds an important position to the Department of Veterans Affairs. The author of that legislation is Mr. HARE of Illinois. He was on our committee; I wish we had him back. I yield him 1 minute.

Mr. HARE. Mr. Speaker, this Congress, under the leadership of Speaker PELOSI and Chairman FILNER, has honored our veterans by dramatically increasing funding for VA health care and making it more timely, efficient, and predictable, hiring additional benefits claims processors and improving VA facilities. The bill before us builds on our earlier victories to improve the quality of health care for our Nation's veterans.

Mr. Speaker, I am particularly pleased that this veterans package includes a bill I introduced with Congressman JERRY MORAN to elevate the Department of Veterans Affairs physician assistant adviser to a full-time director. My bill would give 2,000 physician assistants employed at the VA who manage care for one-quarter of all primary care patients a fair and long-overdue voice within the VA.

With the director of physician assistant services, we can ensure that the PA workforce will continue to be an integral component within the VA health system and PAs are able to provide the best possible care to our veterans, especially those in underserved rural areas.

Mr. Speaker, I urge all of my colleagues to vote for S. 1963.

Mr. FILNER. Mr. Speaker, the gentlelady from Texas (Ms. EDDIE BERNICE JOHNSON), added an important provision with regard to retention and recruitment of the kind of professionals we need in the VA. I would yield to her 1 minute and thank her for her efforts.

Ms. EDDIE BERNICE JOHNSON of Texas. Let me thank the chairman and the ranking member for this bill, and I rise in strong support of the bill, the Caregivers and Veterans Omnibus Health Services Act.

It is our duty to ensure that our veterans who so courageously serve our country receive the medical support they deserve.

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My professional career as a nurse was spent in the veterans' system. I visited at a hospital after they had four suicides from the psychiatric unit, and one of the problems they had was noncompetitiveness with nurses' salaries, so I have introduced a bill to attempt to correct that. This bill has been incorporated, and I am pleased that it has been. The Senate companion bill is also included. It increases the pay limitations for VA nurses from level V to level IV of the executive schedule to address pay disparities, and also to increase special pay for nurse executives.

It is my pleasure to present this because I know firsthand what it is like to try to recruit good nurses.

I rise in strong support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act.

I would like to thank Chairman FILNER and the Committee on Veterans' Affairs for their work on this legislation.

It is our duty to ensure that our veterans, who have so courageously served our country, receive the medical support they deserve.

The VA system must be able to successfully compete for the best health care providers in the United States.

I am also pleased that provisions in my bill, H.R. 919 and its Senate companion bill, are included in this legislation.

This bill will increase the pay limitations for VA nurses from Level V to Level IV of the Executive Schedule to address pay disparity, and also increase Special Pay for Nurse Executives.

As a result, the VA will be able to recruit and retain highly qualified Nurse Executives and raise their standing to be on par with other executive personnel.

Part-time nurses will now also be eligible for Title 38 status and additional nurse pay.

As a non-practicing Registered Nurse, I am pleased with these improvements for nurses who are on the front lines of care.

Overall, this legislation will recognize and treat our VA nurses, physicians, dentists, and pharmacist executives as the true professionals they are.

I am pleased to support this bill and urge my colleagues to do the same.

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

Mr. Speaker, in an exchange I just had in a colloquy with Speaker PELOSI with regard to her commitment to correct an error in the President's health package, I would like to place that commitment in some context.

Since late July of last year, when the debate on the President's health care package started, I tried on multiple occasions to ensure that the care our Nation's veterans and their families received from the Department would be considered minimum essential coverage. I did that during the markup in the Subcommittee on Health, in the Energy and Commerce Committee, and in the full committee. My efforts included trying to obtain jurisdiction for the Veterans' Affairs Committee on H.R. 3200 back in August of last year.

In November, during the floor debate on H.R. 3962, I again sought to obtain protections for our Nation's veterans and their families. At that time, not only I but Chairman FILNER received assurances in writing from the chairman of the House Ways and Means Committee, from the chairman of the House Energy and Commerce Committee, and from the Energy and Labor Committee that veterans and their families would, in fact, be protected.

I think this will be helpful to us, Mr. FILNER, as your bill proceeds.

Most recently, in March, I and Ranking Member BUCK MCKEON of the House Armed Services Committee offered an amendment to H.R. 3590, which would ensure that benefits offered under TRICARE and the Department of Veterans Affairs programs would be considered minimum essential coverage. However, our amendment was not allowed then under the rule, and I made that appeal to the Rules Committee.

This amendment was then introduced in a form of legislation, H.R. 4894, which then was referred to the Energy and Commerce Committee.

I raised the issue again, because in that recently passed Senate health bill, it did not include some of the veterans' programs in the definition of ''minimum essential coverage.'' Unfortunately, the bill did not mention the ''other veterans' programs'' under chapter 17. It mentioned veterans' programs but not the other veterans' programs under chapter 17 of title 38, which includes widows, orphans, and dependents covered by the Civilian Health and Medical Program of the VA, known as CHAMPVA. It also did not mention chapter 18, which includes the spina bifida program for the children of Korea and Vietnam veterans who have spina bifida as a result of their parents' exposure to Agent Orange.

I brought up that issue. When Chairman SKELTON recognized that the Senate health bill mentioned TRICARE for Life but did not mention TRICARE, he immediately brought a bill to the floor, and it was considered. I tried to amend that bill. I tried to get it withdrawn. At that time, I received a commitment from the chairman of the House Ways and Means Committee that he would work with us to get that corrected. I even raised the issue during the markup of the President's health bill, itself, on the floor. I know the VFW was very concerned, along with the American Legion.

Yet, as I raised these concerns that this bill had a large error, I was marginalized. I was marginalized by some in the House who said, Oh, those issues are not real. Even the White House issued a press release, along with the Secretary of Veterans Affairs, which read that it was unfounded. Well, it is founded. It is a problem that we have to fix. Senator AKAKA passed a bill to protect the veterans. It passed on unanimous consent. It is currently at the Speaker's desk. However, the parliamentarian has ruled that it is a revenue bill. Otherwise, I would immediately call it forward.

So what has happened? A little magic dust again.

I appreciate, with regard to this issue, that the chairman has recognized that there is an error which needs to be corrected. I am deeply appreciative. So is the Speaker. She has just exercised her commitment to correct the error in the bill.

Chairman FILNER has taken the language of the Akaka bill and has introduced his own bill. It has been referred now to the Ways and Means Committee. I have written a letter as a follow-up. From the colloquy I had with Chairman LEVIN of the House Ways and Means Committee, I have asked him to expedite Mr. FILNER's bill and to have it brought to the floor so that we can correct this error in the President's health bill and so that we may cover the widows, the orphans, the spina bifida program, and CHAMPVA, all of which were excluded from the definition of ''minimum essential coverage.'' That will correct the error, and I think that needs to be done. I had hoped that Mr. FILNER's bill would have been included in the bill we are presently considering. That would have cleaned this up now, but that didn't occur.

So I've taken every opportunity to try to correct this error, but for whatever reason, it just hasn't gotten done. It needs to be done. I think it was an error in the drafting. No one intended for widows, for orphans, and for the beneficiaries of the spina bifida program to be left out. I believe it was unintentional, but it is a real issue, and we need to correct it. Hopefully, we are going to do that.

I want to thank the chairman for his leadership to correct that error, and I want to thank the staff on both sides of the aisle for all of their efforts in the bill.

I would ask my colleagues to pass the bill that is before us, and I yield back the balance of my time.

Mr. FILNER. I yield myself the balance of my time, and I want to return the debate to the bill under consideration.

Mr. Speaker, this is a landmark bill. Finally, it gives some help to the caregivers of wounded warriors—family members who have to, perhaps, give up their jobs and spend almost full time with their loved ones. There is the issue of women veterans, which is a rising percentage in what was always a male institution, and we have to change the culture there in the VA. We help our homeless veterans. We help those who are in rural areas, and we provide more money for mental health care for all of our Nation's veterans. This is an important bill, and I urge unanimous approval.

Ms. GIFFORDS. Mr. Speaker, I rise today in support of the Caregivers and Veterans Omnibus Health Services Act. This bill will provide a number of additional benefits to our servicemembers and their families and I am pleased that the Chairman and the Ranking Member were able to get it to the floor.

I am particularly pleased that language from two of my behavioral healthcare bills, H.R. 2698 and 2699, were included in the final version of this landmark bill.

My language will provide increased access to Vet Centers for our Guardsmen and Reservists, ensuring they are never again turned away for the behavioral health care they need and deserve.

My language also authorizes the Vet Centers to provide veterans and servicemembers with referrals for behavioral health care so they can see their own doctor in their own community when they need it.

These two items will help remove some of the stigma from behavioral health issues and specifically grant access to care for those who need it the most.

When our men and women in uniform come home from war, it is our responsibility to ensure they receive the care they need and deserve.

My language and this bill provide them and their families with the care and peace of mind they have earned and we owe to them.

I strongly urge passage of this bill.

Mr. QUIGLEY. Mr. Speaker, I rise today in support of the house amendments to S. 1963, the Caregivers and Veterans Omnibus Health Services Act.

Today we are taking action to begin to address the needs of not only those who serve, but their families as well.

All too often we see families and friends altering their lives to care for those who served our country and then return home wounded or disabled.

Many caregivers have lost their jobs and benefits, and have had to dip into their hard-earned savings just to provide the care our wounded warriors so desperately need.

S. 1963 will begin to ensure that disabled veterans and their families will have the resources and support, both technical and financial, needed to provide care.

We can never fully repay our veterans and their families for their service and the personal sacrifices they continue to make.

The passage of this bill is a start—and will go a long way to ensure they receive the benefits they need, deserve, and have courageously earned.

Ms. SLAUGHTER. Mr. Speaker, over the past year, I have become increasingly concerned about veterans access to benefits, care and job training. We must encourage soldiers completing their active duty service to sign up with the U.S. Department of Veterans Affairs. This is a critical message we must reiterate to all our returning service men and women.

As the heroes of our country, we believe our veterans and their families deserve the very best benefits to ensure peace of mind. With this in mind, Congress has provided more than 185,000 servicemembers and veterans with $500 for every month they were forced to serve under stop-loss orders since 2001. In addition, we've created new claims processors to make sure our veterans earn their benefits in a timely manner. We built new transition centers for wounded warriors, more military child care centers, and better barracks and military family housing. With veterans' families in mind, Congress has increased support for veteran caregivers. And lastly, those disabled veterans can rest assured that their benefits will keep pace with the cost of living and their needs.

Today I rise in support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act. This landmark legislation will provide support to family and others who care for disabled, ill, or injured veterans; will enhance health services for the 1.8 million women veterans, including care for newborns for the first time in history; to expand mental health services for veterans and health care access for veterans in rural areas; and to prohibit copayments for veterans who are catastrophically disabled.

To help meet the many hardships and sacrifices associated with lengthy recovery and rehabilitation from severe injuries of veterans, S. 1963 will provide support services to family and other caregivers of veterans, including education on how to be a better caregiver, counseling and mental health services, and respite care for family and other caregivers of all veterans. It also provides health care and a stipend for caregivers living with severely wounded veterans of Iraq and Afghanistan.

This support is vital for the wounded veterans of Iraq and Afghanistan and their families, as about 20 percent of active duty, 15 percent of reserve and 25 percent of retired and separated members have a family member or friend who has been forced to leave a job to care for the veteran full-time, according to the Dole/Shalala report.

The bill also expands and improves VA health care services for the women who have bravely served their country, working to remove existing barriers to women veterans seeking health care, providing up to seven days of care of newborn children of women veterans for the first time in history, and enhancing treatment for sexual trauma for women at the VA.

I urge my colleagues to vote ''yes'' in favor of this historic legislation for the sake of our heroes and their families. Our veterans deserve our gratitude and support at the very least.

Mr. SALAZAR. Mr. Speaker, I rise today to support S. 1963 the Caregivers and Veterans Omnibus Health Services Act of 2009.

As a veteran, I am proud to lend my support to this landmark bill.

With its provisions for women, homeless and rural veterans, S. 1963 addresses many critical sectors of the veteran's community.

Mr. Speaker, Colorado is home to over 427,000 veterans, 70,000 of which live in my district.

These veterans and their families face many of the same issues as their urban counterparts but must also deal with unique issues of accessibility and availability of resources.

This historic bill contains provisions that will be of particular importance to America's rural veterans.

I am encouraged that the bill specifically looks to improve health care for veterans living in rural areas and will provide financial assistance to help transport veterans to local VA hospitals and clinics.

S. 1963 will create a demonstration project to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas in addition to establishing goals for the recruitment of personnel in rural areas.

I encourage my colleagues on both sides of the aisle to support this legislation.

Mr. SKELTON. Mr. Speaker, let me share my support for the House Amendment to S. 1963, the Caregivers and Veterans Omnibus Health Services Act. This is a good bill for our nation's veterans and those who care for them, and I am thankful for all the hard work that has gone in to this legislation.

Missouri's Fourth Congressional District, which I have the honor to represent, is a rural district consisting of small towns, farms, and patriotic Americans, so I am particularly pleased with the provisions of the bill that focus on the needs of rural veterans. Veterans of all of our nation's conflicts, from World War II to today, call the Fourth District home, but the advantages of living in rural Missouri often come with long drives to the closest VA hospital or clinic. This legislation takes a number of steps to improve access to care for rural veterans, including increasing the mileage reimbursement rate for traveling to a VA health facility and partnering with veterans service organizations to provide transportation options for veterans living in rural areas. These moves would help address some of the concerns I often hear from veterans.

I am also pleased with the provisions of the legislation that impact the caregivers of our veterans. Oftentimes, the day-to-day care of a seriously injured or ill veteran is provided by a spouse, a child or a parent. These individuals give of themselves gladly, but many are forced to take time off of work or school, or to leave their jobs or their pursuit of higher education altogether. And many caregivers do not have the experience or training to provide the most effective care for their loved one. The bill before us today expands training and education for caregivers, provides access to them for counseling and mental health services, and for those caring for veterans of Operation Iraqi Freedom and Operation Enduring Freedom, provides a monthly stipend and health care through the CHAMPVA program. These caregivers are providing an important service for our veterans and this legislation gives proper consideration for their needs.

Mr. FALEOMAVAEGA. Mr. Speaker, I rise in strong support of the ''Caregivers and Veterans Omnibus Health Services Act of 2009.'' I want to thank Chairman BOB FILNER and my colleagues in the U.S. House Committee on Veterans' Affairs for their support and for bringing this bill before the House for consideration. I also want to commend the chief cosponsor of this bill and Chairman of the US Senate Committee on Veterans' Affairs, my good friend from the State of Hawaii, Senator AKAKA, for continuing to look out for the interest and the needs of those that have served in the armed forces of this great nation.

The bill before us today reaffirms our commitment to provide for the needs and to share the sacrifice borne by our veterans. Among other things, it will: provide immediate support for veteran caregivers; improve health care access for women veterans; improve rural health care delivery; and increase access to mental health support for servicemembers and veterans.

Mr. Speaker, I am very pleased that Congress recognizes the needs of the families and those that are taking care of our veterans. Today, more servicemembers are surviving the wounds of war than those injured in previous conflicts. For example, the ratio of wounded per fatality averaged approximately 1.7 in the first two World Wars compared to 3.1 in the Korea and Vietnam wars. This number jumped to 7.1 during Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), mainly due to improved body armor and superior battlefield medicine techniques.

As a result of this improvement, there is a growing need to provide continuing care to those injured and wounded from recent conflicts once they reach veterans status. Providing support and resources to caregivers and attendants that take care of our wounded and injured veterans is of a major concern.

The bill before us today makes it easier for a veteran to be accompanied by a family member when traveling to and from a treatment facility. In addition to mileage, lodging and subsistence will be provided for, especially for those veterans that want to stay close to their families. A caregiver support program is also created where caregivers of veterans of all eras would receive supportive services such as caregiver training and education, counseling and mental health services, and respite care. More significantly, our veterans would receive better treatment and quality of care.

I urge my colleagues to vote in support of this important piece of legislation.

Mrs. MCCARTHY of New York. Today, the House will consider an important bill—the Caregivers and Veterans Omnibus Health Services Act. This legislation will provide much-needed support for our veterans and their families.

According to the Dole/Shalala report, 20 percent of active duty, 15 percent of reserve, and 25 percent of retired and separated members of the military have a family member of friend who has been forced to leave a job to care for the veteran full-time. This places an incredible burden on many, many families across our country.

Today's bill offers an important array of support services for veterans and their caregivers such as: training and education, counseling and mental health services, lodging and subsistence payments for the caregiver when accompanying the veteran on medical care visits, and monthly financial stipends for caregivers. This bill takes important steps towards supporting those individuals who care for our veterans.

The bill also makes important investments in health care for women veterans. Over 1.8 million women have served our country and for too long many of their health care needs have gone unaddressed. This bill builds on the previous efforts of our Congress to correct that inequity.

S. 1963 expands and improves Veterans Administration health care for women by requiring the VA to conduct a study of barriers to women veterans seeking health care, educate and train mental health professionals caring for female veterans with sexual trauma, implement a reintegration and readjustment pilot program aimed a helping women veterans, establish a child care pilot program, and provide post-delivery health care to a new born child of a woman veteran.

I support this legislation and our Majority's efforts to support those men and women who have risked their lives for our country.

Mr. ETHERIDGE. Mr. Speaker, I rise in support of S. 1963, the Caregivers and Veterans Omnibus Health Services Act. This legislation keeps the promises made to our troops, wounded warriors, and veterans. It is simply our duty as a Nation, when we put our men and women in harm's way, to care for them when they return home.

S. 1963 will provide support to families and those who care for disabled or injured veterans. This bill helps ease the many hardships and sacrifices that many families face during lengthy recovery and rehabilitation of severe injuries of their loved one. S. 1963 will provide support services to family members and other caregivers of veterans, including education on how to be a better caregiver, counseling and mental health services. The bill also provides health care and a stipend for caregivers living with severely wounded veterans of the Iraq and Afghanistan wars.

As a veteran myself, I strongly support making sure Congress honors its commitments to our veterans. Our support system should work for all those who sacrifice for our country and this bill improves health care for the women who have bravely served their country. It also improves mental health as an important part of overall health for our veterans.

Finally, this bill recognizes that more and more of our soldiers are women, and it removes existing barriers to women veterans seeking health care. Our military health care needs to provide everyone who has served our nation receives the services he or she needs. In particular, the legislation enables female veterans to receive up to seven days of care for newborn children and enhances sexual trauma treatment for women at the VA.

It is time to change the way we care for veterans by providing better support and training for those that care for them. The sacrifice of our veterans is appreciated by all Americans. S. 1963 represents compassion for those who served our country, and support for those who now serve them.

Mr. Speaker, this bill takes care of those who are keeping America safe. I urge my colleagues to join me in support of S. 1963, to fulfill our continued obligations to our nation's military.

Mr. STARK. Mr. Speaker, the service men and women serving overseas have born the brunt of the cost of the wars in Iraq and Afghanistan. The Caregivers and Veterans Omnibus Health Services Act ensures that when they return, they will obtain the quality treatment and health care they deserve.

This legislation addresses many of our veterans' most urgent needs. Record numbers of service men and women returning home are suffering from posttraumatic stress, and this bill ensures that mental health services are more accessible. The bill ensures that women don't get second-class health care by expanding coverage for women's health, including care for newborns. The bill also eliminates health care copayments for veterans who are catastrophically disabled.

Many politicians use the slogan ''support the troops'' when they mean ''support this war.'' This bill actually supports our troops—by providing them the care and support services they need when they return home. I urge my colleagues to support this bill.

Mr. CONYERS. Mr. Speaker, I rise in strong support of S. 1963, the ''Caregivers and Veterans Omnibus Health Services Act of 2009.'' As a Korean War veteran, I understand the various challenges that veterans face when returning home. This bill takes a significant step forward in terms of improving the overall access to quality, affordable health care for our nation's veterans and provides much needed assistance to the devoted families across this nation that provide housing, food, and full-time care for wounded veterans.

Under S. 1963, veterans who are catastrophically disabled would no longer be required to pay copayments for their medical

care. As we all know, in America, the sicker you are, the more you must pay in out-of-pocket costs. Passage of this bill means veterans and their caretakers will be able to live with less financial stress.

This bill also increases funding to expand VA clinics in rural areas where VA programs currently do not exist. Veterans living in rural areas must often travel hundreds of miles in order to receive care at a Veterans hospital—a crushing burden for veterans who need frequent health care services, and must pay for expensive travel due to increasing transportation costs.

The bill will also help address the many hardships and sacrifices associated with the lengthy recovery and rehabilitation associated with severe injuries. In particular, the bill improves access to counseling and mental health services. S. 1963 also provides health care and a stipend for caregivers living with severely wounded veterans of the wars Iraq and Afghanistan. This stipend should help reduce the enormous financial pressures on caregivers who are providing food, clothing, transportation, and housing to their wounded loved ones during one of the worst economic downturns since the Great Depression.

Again, I thank the Democratic leadership for introducing this important bill, which will go a long way in improving the lives of scores of veterans and their caregivers for years to come. I encourage my colleagues to support the bill.

Mr. FILNER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, S. 1963, as amended.

The question was taken.

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

Mr. FILNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CONGRATULATING REVEREND DANIEL P. COUGHLIN ON 10TH YEAR OF SERVICE AS HOUSE CHAPLAIN

Mr. CAPUANO. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1216) congratulating Reverend Daniel P. Coughlin on his 10th year of service as Chaplain of the House of Representatives.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1216

Whereas Reverend Daniel P. Coughlin has served honorably and faithfully as Chaplain of the House of Representatives since being sworn in as the 59th Chaplain on March 23, 2000;

Whereas Reverend Coughlin was born on November 8, 1934, in Chicago, Illinois;

Whereas Reverend Coughlin graduated from St. Mary of the Lake University in Mundelein, Illinois, becoming a Licentiate of Sacred Theology in 1960, and from Loyola University in Chicago, Illinois, with a degree in Pastoral Studies in 1968;

Whereas Reverend Coughlin was ordained for the Archdiocese of Chicago on May 3, 1960;

Whereas Reverend Coughlin was appointed the first Director of the Office for Divine Worship for the Archdiocese of Chicago;

Whereas Reverend Coughlin spent a year-long sabbatical in residence with the Trappist monks of the Abbey of Gethsemani in Kentucky, and served the poor through the Missionaries of Charity in Calcutta, India, in 1984;

Whereas Reverend Coughlin served as scholar-in-residence at North American College in Vatican City;

Whereas Reverend Coughlin was pastor at St. Francis Xavier Parish in La Grange, Illinois, from 1985 through 1990;

Whereas Reverend Coughlin worked as Vicar for Priests of the Archdiocese of Chicago under both Joseph Cardinal Bernardin and Francis Cardinal George from 1995 through 2000;

Whereas the Office of the Chaplain of the House of Representatives has served the House since May 1, 1789;

Whereas Reverend Coughlin is the first person of Roman Catholic faith to hold the Office of Chaplain of the House of Representatives; and

Whereas Reverend Coughlin opens proceedings in the House of Representatives with prayer, and additionally provides pastoral counseling and arranges memorial services for the House and its staff: Now, therefore, be it

Resolved, That the House of Representatives congratulates Reverend Daniel P. Coughlin on his 10th year of faithful service as Chaplain of the House of Representatives.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Massachusetts (Mr. CAPUANO) and the gentleman from California (Mr. DANIEL E. LUNGREN) each will control 20 minutes.

The Chair recognizes the gentleman from Massachusetts.

GENERAL LEAVE

Mr. CAPUANO. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous matter on House Resolution 1216.

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

There was no objection.

Mr. CAPUANO. I yield myself such time as I may consume.

Mr. Speaker, this resolution recognizes the Reverend Daniel Coughlin. Where is he?

Come on, Father. Come on up if you're watching. We want to see you.

This resolution recognizes the service of Rev. Daniel P. Coughlin as the Chaplain of the U.S. House of Representatives.

Rev. Coughlin was sworn in as the 59th Chaplain of the House of Representatives on March 23 of the year 2000. The passing of that date this year marked a decade of providing spiritual counseling and prayer to both Members and staff. Rev. Coughlin follows in a tradition that has served this House since May 1, 1789, when Rev. William Linn was elected Chaplain of the House.

I urge all Members to support this resolution and to support Father Coughlin.

I would like to mention that Father Coughlin is the first Roman Catholic to serve this House, and as not necessarily the best Roman Catholic in the world, I will tell you that I have the deepest appreciation for what Father Coughlin has done for this House as our Chaplain, as a friend and also in service to this country. I've had many personal discussions with him, and I will tell you, in my opinion, if more of our religious leaders had the same demeanor, the same personality, the same openheartedness, the same attempt to understand the differences between us, and the same obvious willingness to forgive our differences and our difficulties, I think this world would be a much better place.

I will tell you that I not only want to congratulate him on his 10 years, but I also want to personally thank him for the many services rendered to so many Members of this House and for his ability to stand in such an esteemed position and to earn the respect of the Members here.

I reserve the balance of my time.

Mr. DANIEL E. LUNGREN of California. I yield myself such time as I may consume.

Mr. Speaker, I rise today to join others in expressing our support for House Resolution 1216, congratulating our Chaplain, the Reverend Daniel Coughlin, on his 10th year of distinguished service to the United States House of Representatives. I think the only thing Father Coughlin is going to be upset about is that we're going to reveal his age here on the floor today.

Since the very first Congress, Members of the House have benefited from the services of chaplains and ministers. Throughout history, they have helped all of us, the individuals serving in the Congress. They have helped us navigate our responsibilities to the American people, and they have aided us in our quest to integrate faith and reason in our execution of the law.

As has been mentioned, Father Coughlin is the first Roman Catholic House Chaplain. Following after the Reverend James Ford, Father Coughlin has diligently, humbly, compassionately, and intelligently served this House, its Members, our families, and this Nation.

Born during the Great Depression, Father Coughlin has a prestigious record, one that demonstrates his deep desire to heal a broken society. A graduate of St. Mary of the Lake University in Illinois, he was ordained for the Archdiocese of Chicago in the spring of 1960. In addition to serving as a pastor and as a director in various offices within the Chicago diocese, Father Coughlin has studied world religions, has lived with Trappist monks, has