

having 25,000 nuclear weapons stored in various locations on this planet is not healthy for the long-term prospect of life on Earth. So it is our responsibility. It is an important step, a step only in the direction because it is not the giant step. But an important first step is to ratify this START treaty.

The Russians and the Americans worked very hard to construct a treaty that I think has great merit and will provide for a safer world. Following the ratification of this treaty, then there is even more work to do, much more work to do. But this is the step along the way that is important for all of us to embrace.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

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

#### CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT

Mr. DORGAN. Madam President, I ask the Chair to lay before the Senate a message from the House with respect to S. 1963.

The PRESIDING OFFICER. The Chair lays before the Senate a message from the House, which the clerk will report.

The assistant legislative clerk read as follows:

S. 1963

*Resolved*, That the bill from the Senate (S. 1963) entitled "An Act 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," do pass with an amendment.

Mr. AKAKA. Mr. President, as chairman of the Committee on Veterans' Affairs, I am proud to urge our colleagues to support S. 1963, the proposed "Caregivers and Veterans Omnibus Health Services Act of 2010," as amended. This bill reflects a compromise agreement between the Committees on Veterans' Affairs of the Senate and the House of Representatives on health care and related provisions for veterans and their caregivers. The House passed this bill, by a vote of 419-0, on April 21, 2009.

When this bill was passed by the Senate on November 19, 2009, it would have greatly expanded assistance for veterans and family members. The bill in its current form, after being reconciled with legislation in the other body, provides even more robust services, but is also significantly less expensive than when this legislation was originally approved unanimously by the Senate.

The centerpiece of this bill is a new program of caregiver assistance for our most seriously wounded veterans. The Committee has heard over and over about family members who quit their jobs, go through their savings, and lose

their health insurance as they stay home to care for their wounded family members from the current conflicts. For those family members who manage to keep their jobs, their employers, including many small businesses already struggling in these difficult economic times, lose money from absenteeism and declining productivity. The toll on the caregivers who try to do it all can be measured in higher rates of depression, and worse health status as they struggle to care for their seriously injured family members, an obligation that ultimately belongs to the Federal Government.

The caregiver program that will be established by this compromise bill will help VA to fulfill its obligation to care for the Nation's wounded veterans by providing their caregivers with vital support services and a living stipend. These vital caregiver support services include training, education, counseling, mental health services, and respite care. This measure also provides health care to the family caregivers of injured veterans through CHAMPVA. These caregivers deserve our support and assistance and this new program will begin to meet that obligation.

Another key part of the bill relates to women veterans. Women make up a significantly increasing portion of the overall veteran population. Thanks to the leadership of Senator MURRAY, this bill will increase funding for mental health services for women who have suffered military sexual trauma, and for medical services for newborn children. In addition, this bill requires VA to report on the barriers facing women veterans who seek health care at VA.

With the help of Senator TESTER, this bill also will improve veteran access to care in rural areas by authorizing VA to carry out demonstration projects for expanding care for veterans in rural areas through partnerships with other federal entities, such as the Centers for Medicare and Medicaid Services and the Indian Health Service. States which have an especially high number of veterans living in rural areas will benefit greatly from these programs.

This bill also expands the scope of VA's Education Debt Reduction Program to include retention in addition to recruitment so that VA can address staff shortages in rural areas. Where VA has a shortage of qualified employees due to location or hard-to-recruit positions, this legislation would increase the total education debt reduction payments made by VA from \$44,000 to \$60,000.

The bill also attacks another very difficult and painful problem—that of homeless veterans. On any given night, the best estimate is that more than 107,000 veterans are homeless. We know that homelessness is often a consequence of multiple factors, including unstable family support, job loss, and health problems. This bill will create programs to help ease the burden of veteran homelessness and, in so doing,

support Secretary Shinseki's efforts to end homelessness among veterans.

Senator DURBIN has helped keep attention on issues of overall quality management in VA, and resolving and preventing such problems as those identified at the Marion, IL, VA medical center, and other facilities. Provisions of this bill will make needed improvements in these areas.

I am grateful to all who have worked diligently on this bipartisan bill—including the committee's ranking member, Senator BURR—and the veterans service organizations, who made this one of their priorities. We are particularly indebted to the Disabled American Veterans and the Wounded Warrior Project for being in the vanguard on advocating for family caregivers and for their unrelenting support for this legislation.

Various other advocates have supported this bill as well, including the American Legion, the Veterans of Foreign Wars, the Paralyzed Veterans of America, the Nurses Organization of Veterans Affairs, the Brain Injury Association of America, the American Academy of Ophthalmology, the American Association of Colleges of Nursing, and many others.

It has taken us several years to see this legislation through to what I hope will be final passage today. As we reach this final point in the legislative process, I take a moment to thank the members of the committee staff who worked so hard on this legislation, including former committee staffers who helped craft many of the provisions in this bill, Alexandra Sardegna, Aaron Sheldon, and Andrea Buck. I also thank current committee staff, Ryan Pettit, Preethi Raghavan, Nancy Hogan, and Lexi Simpson, and all the others who, in addition to their work on specific elements of the final agreement, have worked to bring this legislation to final passage.

We have promised to care for veterans when they return from service to the Nation. The provisions in this bill will help us keep our promise by going beyond words and ceremony, and providing the care that veterans have earned through their sacrifices.

I ask my colleagues to give this legislation their unanimous support.

I ask unanimous consent that an explanatory statement developed jointly with our counterparts in the House to accompany this compromise bill be printed in the RECORD at the conclusion of my remarks.

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

EXPLANATORY STATEMENT SUBMITTED BY  
SENATOR AKAKA, CHAIRMAN OF THE SENATE  
COMMITTEE ON VETERANS' AFFAIRS

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 ma-

ternity 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. 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 fa-

cility 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 pro-

vide 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 80-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 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 Merrill 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 "Merrill 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 au-

thority 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 jointly entered into the Congressional Record by the Chairmen of the Committees on the Budget of the Senate and the House of Representatives.

Mr. COBURN. Madam President, our Nation has been at war for nearly a decade now in Afghanistan and nearly as long in Iraq and we owe a huge debt of gratitude to the men and women who have fought on the front lines as well as to their families who have sacrificed so much.

The Senate is considering S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2009. While I will support its passage, I believe this legislation represents a significant failure of Congress to uphold the responsibility entrusted to us by the citizens of this Nation and our obligation to military families and taxpayers.

While there will be self-congratulating press releases from Members of Congress and some Veteran Service Organization lauding the bill's passage, I believe the shortcomings of this legislation—discriminating against most veterans and adding billions of dollars to our national debt—represent a failure of leadership and lack of responsibility.

I had hoped that the House of Representatives would make some significant improvements to the legislation over the Senate. Sadly, they did not.

The legislation that the Senate will consider still unfairly discriminates against severely disabled veterans from wars and combat prior to September 11, 2001.

Many of these brave men and women have needed the assistance of caregivers for decades and have done so without help from the Department of Veterans Affairs. Many of these veterans were not the beneficiary of recent advancements in military medical care. The caregivers of these veterans will be left out of this benefits package.

There are currently 35,000 veterans receiving aid and attendance benefits from the Department of Veterans Affairs, which is approximately the number of veterans in need of caregiver assistance. Out of this population, around 2,000 veterans received their injuries after September 11 and would qualify for extra caregiver assistance in this bill.

Caregivers for almost 95 percent of severely disabled veterans from combat would not receive the level of caregiver assistance afforded to those veterans who were injured after September 11, 2001. When I offered an amendment that would provide equivalent caregiver benefits for all severely disabled veterans of all wars, the Senate summarily rejected that idea.

Unfortunately the House of Representatives also ignored the danger that our massive debt poses to our Nation and did not eliminate or reduce any current programs in the Federal budget to pay for this legislation. The bill is not paid for by trimming any wasteful, duplicative, obsolete, or lower priority Federal programs.

The Congressional Budget Office estimates that the bill will cost \$3.6 billion over 5 years, which is slightly less than the version the Senate passed. The Senate also rejected my attempt to pay for this legislation out of the fraud, waste, and abuse of taxpayer dollars that we send each year to the United Nations.

Instead the Congress has decided, as it always does, to pass the debt onto our children and grandchildren, rather than bear the cost and sacrifice today as our veterans have done.

I fear that if we do not start paying for new spending then the sacrifice made by our veterans for future generations will have been in vain. At some point, the debt we are incurring today must be paid for and when that day comes, the promises we are making to veterans, caregivers, and others will no longer be affordable because Congress refused to be responsible by being fiscally responsible by trimming lower priority spending.

When the Senate first considered this legislation last fall, some of the proponents of the Caregivers and Veterans Omnibus Health Services Act attempted to rebut my facts about our

growing national debt by saying that the bill does not actually appropriate any money for these programs.

In a technical sense, they are correct. I suspect that these same proponents will issue statements celebrating its passage, which will disappoint any caregiver of a disabled veteran expecting the promised assistance soon.

No caregiver will be helped unless the appropriations committee allocates the funding for this new program authorized in this bill.

Until then, this bill is an empty promise to veterans and benefits no one except perhaps the career politicians who will claim credit for doing something to help veterans without really having to make any difficult choices.

We owe an enormous sacrifice to our veterans who fought and died in our defense. This debt, which was incurred on a battlefield far from home, should be borne by this generation so that we ensure that the future they fought to secure for our children and grandchildren is not threatened by our own fiscal irresponsibility and shortsightedness.

Congress has once again failed taxpayers, veterans, and their families today.

Mr. DORGAN. I ask unanimous consent the Senate concur in the House amendment; that the motion to reconsider be laid upon the table with no intervening action or debate, and any statements relating to the bill be printed in the RECORD.

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

#### TEMPORARY EXTENSION OF SMALL BUSINESS PROGRAMS

Mr. DORGAN. Madam President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 3253, introduced earlier today.

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

The assistant legislative clerk read as follows:

A bill (S. 3253) to provide for additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958, and for other purposes.

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

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

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

The bill (S. 3253) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 3253

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

#### SECTION 1. ADDITIONAL TEMPORARY EXTENSION OF AUTHORIZATION OF PROGRAMS UNDER THE SMALL BUSINESS ACT AND THE SMALL BUSINESS INVESTMENT ACT OF 1958.

(a) IN GENERAL.—Section 1 of the Act entitled “An Act to extend temporarily certain authorities of the Small Business Administration”, approved October 10, 2006 (Public Law 109-316; 120 Stat. 1742), as most recently amended by section 1 of Public Law 111-136 (124 Stat. 6), is amended by striking “April 30, 2010” each place it appears and inserting “July 31, 2010”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on April 29, 2010.

#### NATIONAL ADOPT A LIBRARY DAY

Mr. DORGAN. Madam President, I ask unanimous consent the Senate proceed to the immediate consideration of S. Res. 496, submitted earlier today.

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

The assistant legislative clerk read as follows:

A bill (S. Res. 496) designating April 23, 2010, as “National Adopt A Library Day.”

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

Mr. DORGAN. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table with no intervening action or debate, and any statements be printed in the RECORD as if read.

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

The resolution (S. Res. 496) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 496

Whereas libraries are an essential part of the communities and the national system of education in the United States;

Whereas the people of the United States benefit significantly from libraries that serve as an open place for people of all ages and backgrounds to make use of books and other resources that offer pathways to learning, self-discovery, and the pursuit of knowledge;

Whereas the libraries of the United States depend on the generous donations and support of individuals and groups to ensure that people who are unable to purchase books still have access to a wide variety of resources;

Whereas certain nonprofit organizations facilitate the donation of books to schools and libraries across the United States—

(1) to extend the joys of reading to millions of people of the United States; and

(2) to prevent used books from being thrown away;

Whereas, as of the date of agreement to this resolution, the libraries of the United States have provided valuable resources to individuals affected by the economic crisis by encouraging continued education and job training; and

Whereas several States that recognize the importance of libraries and reading have adopted resolutions commemorating April 23 as “Adopt A Library Day”: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates April 23, 2010, as “National Adopt A Library Day”;

(2) honors the organizations that facilitate donations to schools and libraries;

(3) urges all people of the United States who own unused books to donate the unused books to local libraries;

(4) strongly supports children and families who take advantage of the resources provided by schools and libraries; and

(5) encourages the people of the United States to observe the day with appropriate ceremonies and activities.

#### NATIONAL SHAKEN BABY SYNDROME AWARENESS WEEK

Mr. DORGAN. Madam President, I ask unanimous consent the Senate proceed to the immediate consideration of S. Res. 497, submitted earlier today.

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

The assistant legislative clerk read as follows:

A resolution (S. Res. 497) designating the third week of April, 2010 as “National Shaken Baby Syndrome Awareness Week.”

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

Mr. DORGAN. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

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

The resolution (S. Res. 497) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 497

Whereas the month of April has been designated “National Child Abuse Prevention Month” as an annual tradition initiated in 1979 by President Jimmy Carter;

Whereas the National Child Abuse and Neglect Data System reports that 772,000 children were victims of abuse and neglect in the United States in 2008, causing unspeakable pain and suffering for our most vulnerable citizens;

Whereas approximately 95,000 of those children were younger than 1 year old;

Whereas more than 4 children die each day in the United States as a result of abuse or neglect;

Whereas children younger than 1 year old accounted for over 40 percent of all child abuse and neglect fatalities in 2008, and children younger than 4 years old accounted for nearly 80 percent of all child abuse and neglect fatalities in 2008;

Whereas abusive head trauma, including the trauma known as Shaken Baby Syndrome, is recognized as the leading cause of death among physically abused children;

Whereas Shaken Baby Syndrome can result in loss of vision, brain damage, paralysis, seizures, or death;

Whereas medical professionals believe that thousands of additional cases of Shaken Baby Syndrome and other forms of abusive head trauma are being misdiagnosed or left undetected;

Whereas Shaken Baby Syndrome often results in permanent and irreparable brain damage or death of the infant and may result in extraordinary costs for medical care