

to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2758. Mr. COBURN (for himself, Mr. MCCAIN, and Mr. BURR) submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2759. Mr. COBURN (for himself, Mr. MCCAIN, and Mr. BURR) submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2760. Mr. COBURN (for himself, Mr. MCCAIN, and Mr. BURR) submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2761. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2762. Mr. COBURN (for himself, Mr. MCCAIN, Mr. BURR, Mr. LEE, and Mr. FLAKE) submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2763. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2764. Ms. BALDWIN submitted an amendment intended to be proposed by her to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2765. Ms. STABENOW submitted an amendment intended to be proposed by her to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2766. Mr. REID proposed an amendment to amendment SA 2747 proposed by Mr. SANDERS to the bill S. 1982, supra.

SA 2767. Mr. REID proposed an amendment to the bill S. 1982, supra.

SA 2768. Mr. REID proposed an amendment to amendment SA 2767 proposed by Mr. REID to the bill S. 1982, supra.

SA 2769. Mr. REID proposed an amendment to amendment SA 2768 proposed by Mr. REID to the amendment SA 2767 proposed by Mr. REID to the bill S. 1982, supra.

SA 2770. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2771. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2772. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2773. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2774. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2775. Mrs. SHAHEEN (for herself, Mr. UDALL of Colorado, Mrs. GILLIBRAND, Mr. BLUMENTHAL, and Ms. BALDWIN) submitted an amendment intended to be proposed by her to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2776. Mr. UDALL, of New Mexico (for himself and Mr. HELLER) submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2777. Mr. UDALL, of New Mexico submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2778. Mr. BOOKER submitted an amendment intended to be proposed by him to the bill S. 1982, supra; which was ordered to lie on the table.

SA 2779. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 1982, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2754. Mr. Kaine submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 33, after line 18, add the following:

SEC. 207. COURSES UNDER EDUCATIONAL ASSISTANCE AUTHORITIES ADMINISTERED BY SECRETARY OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 3679 is amended by adding at the end the following new subsection:

“(c) A course offered by an educational institution in a State that is a required element of the curriculum to be satisfied to obtain employment in an occupation or profession requiring the approval or licensure of a board or agency of that State may be treated as approved for purposes of this chapter by an individual seeking to obtain employment in that occupation or profession only if—

“(1) the successful completion of the curriculum fully qualifies a student to—

“(A) take any examination required for entry into the occupation or profession, including satisfying any State or professionally mandated programmatic and specialized accreditation requirements; and

“(B) be certified or licensed or meet any other academically related pre-conditions that are required for entry into the occupation or profession; and

“(2) in the case of State licensing or professionally mandated requirements for entry into the occupation or profession that require specialized accreditation, the curriculum meets the requirement for specialized accreditation through its accreditation or pre-accreditation by an accrediting agency or association recognized by the Secretary of Education or designated by that State as a reliable authority as to the quality or training offered by the institution in that program.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on August 1, 2014, and shall apply with respect to courses pursued on or after that date.

SEC. 208. REVIVAL OF PROFESSIONAL CERTIFICATION AND LICENSURE ADVISORY COMMITTEE OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall reestablish the Professional Certification and Licensure Advisory Committee of the Department of Veterans Affairs provided for under section 3689(e) of title 38, United States Code. The Committee shall be reestablished in accordance with the provisions of such section 3689(e), as amended by subsection (b), and shall carry out its duties in conformance with, and subject to the requirements of such section, as so amended.

(b) MODIFICATION OF AUTHORITIES AND REQUIREMENTS.—Section 3689(e) is amended—

(1) in paragraph (2)—

(A) by inserting “(A)” after “(2)”; and

(B) by adding at the end the following new subparagraph:

“(B) In addition to the duties under subparagraph (A), the Committee shall—

“(i) develop, in coordination with other appropriate agencies, guidance to be used by the Department or other entities to perform periodic audits of licensure and certification

programs to ensure the highest quality education is available to veterans and members of the Armed Forces; and

“(ii) develop, in coordination with the Department of Defense, appropriate certification agencies, and other appropriate non-profit organizations, a plan to improve outreach to veterans and members of the Armed Forces on the importance of licensing and certification, as well as educational benefits available to them.”;

(2) in paragraph (3)(B), by striking “and the Secretary of Defense” and inserting “the Secretary of Defense, and the Secretary of Education”;

(3) in paragraph (4), by striking subparagraph (B) and inserting the following new subparagraph:

“(B) The Committee shall meet with such frequency as the Committee determines appropriate.”; and

(4) in paragraph (5), by striking “December 31, 2006” and inserting “December 31, 2019”.

(c) REPORT.—Not later than 180 days after the date of the reestablishment of the Professional Certification and Licensure Advisory Committee of the Department of Veterans Affairs pursuant to this section, the Committee shall submit to Congress a report setting forth an assessment of the feasibility and advisability of permitting members of the Armed Forces to use educational assistance to which they are entitled under chapters 30 and 33 of title 38, United States Code, to obtain or pursue civilian employment certifications or licenses without the use of such assistance for that purpose being charged against the entitlement of such members to such educational assistance.

SA 2755. Mr. BOOZMAN (for himself and Mr. BEGICH) submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 233, strike line 20 and all that follows through page 236, line 25, and insert the following:

SEC. 504. ADVANCE APPROPRIATIONS FOR CERTAIN ACCOUNTS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 117 is amended—

(1) by striking “medical care accounts of the Department” each place it appears and inserting “covered accounts of the Department”;

(2) in subsection (c)—

(A) by striking “medical care accounts of the Veterans Health Administration, Department of Veterans Affairs account” and inserting “accounts of the Department of Veterans Affairs account”;

(B) in paragraph (1), by inserting “Veterans Health Administration,” after “(1)”;

(C) in paragraph (2), by inserting “Veterans Health Administration,” after “(2)”;

(D) in paragraph (3), by inserting “Veterans Health Administration,” after “(3)”;

(E) by redesignating paragraphs (1) through (3) as paragraphs (7) through (9), respectively;

(F) by inserting before paragraph (7), as redesignated by subparagraph (E), the following new paragraphs:

“(1) Veterans Benefits Administration, Compensation and Pensions.

“(2) Veterans Benefits Administration, Readjustment Benefits.

“(3) Veterans Benefits Administration, Veterans Insurance and Indemnities.

“(4) Veterans Benefits Administration, Veterans Housing Benefit Program Fund.

“(5) Veterans Benefits Administration, Vocational Rehabilitation Loans Program Account.

“(6) Veterans Benefits Administration, Native American Veteran Housing Loan Program Account.”; and

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

“(10) Veterans Health Administration, Medical and Prosthetic Research.

“(11) National Cemetery Administration.

“(12) Departmental Administration, General Administration.

“(13) Departmental Administration, General Operating Expenses, Veterans Benefits Administration.

“(14) Departmental Administration, Information Technology Systems.

“(15) Departmental Administration, Office of Inspector General.

“(16) Departmental Administration, Construction, Major Projects.

“(17) Departmental Administration, Construction, Minor Projects.

“(18) Departmental Administration, Grants for Construction of State Extended Care Facilities.

“(19) Departmental Administration, Grants for Construction of Veterans Cemeteries.”;

(H) in the subsection heading, by striking “MEDICAL CARE ACCOUNTS” and inserting “COVERED ACCOUNTS”; and

(3) in the section heading, by striking “CERTAIN MEDICAL CARE ACCOUNTS” and inserting “CERTAIN ACCOUNTS”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to fiscal year 2016 and each subsequent fiscal year.

(c) CONFORMING AMENDMENT.—Section 1105 of title 31, United States Code, is amended by striking the first paragraph (37) and inserting the following:

“(37) information on estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the following accounts of the Department of Veterans Affairs:

“(A) Veterans Benefits Administration, Compensation and Pensions.

“(B) Veterans Benefits Administration, Readjustment Benefits.

“(C) Veterans Benefits Administration, Veterans Insurance and Indemnities.

“(D) Veterans Benefits Administration, Veterans Housing Benefit Program Fund.

“(E) Veterans Benefits Administration, Vocational Rehabilitation Loans Program Account.

“(F) Veterans Benefits Administration, Native American Veteran Housing Loan Program Account.

“(G) Veterans Health Administration, Medical Services.

“(H) Veterans Health Administration, Medical Support and Compliance.

“(I) Veterans Health Administration, Medical Facilities.

“(J) Veterans Health Administration, Medical and Prosthetic Research.

“(K) National Cemetery Administration.

“(L) Departmental Administration, General Administration.

“(M) Departmental Administration, General Operating Expenses, Veterans Benefits Administration.

“(N) Departmental Administration, Information Technology Systems.

“(O) Departmental Administration, Office of the Inspector General.

“(P) Departmental Administration, Construction, Major Projects.

“(Q) Departmental Administration, Construction, Minor Projects.

“(R) Departmental Administration, Grants for Construction of State Extended Care Facilities.

“(S) Departmental Administration, Grants for Construction of Veterans Cemeteries.”.

(d) TECHNICAL CORRECTION.—Such section is further amended by redesignating the sec-

ond paragraph (37), as added by section 11(a)(2) of the GPRA Modernization Act of 2010 (Public Law 111-352; 124 Stat. 3881), as paragraph (39).

SA 2756. Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 291, after line 21, add the following:

Subtitle E—Other Matters

SEC. 641. IMPROVEMENTS TO AUTHORITY FOR PERFORMANCE OF MEDICAL DISABILITIES EXAMINATIONS BY CONTRACT PHYSICIAN.

(a) EXTENSION OF TEMPORARY AUTHORITY.—Subsection (c) of section 704 of the Veterans Benefits Act of 2003 (Public Law 108-183; 38 U.S.C. 5101 note) is amended by striking “December 31, 2014” and inserting “December 31, 2016”.

(b) LICENSURE OF CONTRACT PHYSICIANS.—

(1) TEMPORARY AUTHORITY.—Such section 704 is further amended—

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

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

“(d) LICENSURE OF CONTRACT PHYSICIANS.—

“(1) IN GENERAL.—Notwithstanding any law regarding the licensure of physicians, a physician described in paragraph (2) may conduct an examination pursuant to a contract entered into under subsection (b) at any location in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, so long as the examination is within the scope of the authorized duties under such contract.

“(2) PHYSICIAN DESCRIBED.—A physician described in this paragraph is a physician who—

“(A) has a current license to practice the health care profession of the physician; and

“(B) is performing authorized duties for the Department of Veterans Affairs pursuant to a contract entered into under subsection (b).”.

(2) PILOT PROGRAM.—Section 504 of the Veterans' Benefits Improvement Act of 1996 (Public Law 104-275; 38 U.S.C. 5101 note) is amended—

(A) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

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

“(c) LICENSURE OF CONTRACT PHYSICIANS.—

“(1) IN GENERAL.—Notwithstanding any law regarding the licensure of physicians, a physician described in paragraph (2) may conduct an examination pursuant to a contract entered into under subsection (a) at any location in any State, the District of Columbia, or a Commonwealth, territory, or possession of the United States, so long as the examination is within the scope of the authorized duties under such contract.

“(2) PHYSICIAN DESCRIBED.—A physician described in this paragraph is a physician who—

“(A) has a current license to practice the health care profession of the physician; and

“(B) is performing authorized duties for the Department of Veterans Affairs pursuant to a contract entered into under subsection (a).”.

(c) EXPANSION OF PILOT PROGRAM.—Subsection (b) of such section 504 is amended to read as follows:

“(b) LOCATIONS.—

“(1) NUMBER.—The Secretary may carry out the pilot program under this section

through not more than 15 regional offices of the Department of Veterans Affairs.

“(2) SELECTION.—The Secretary shall select the regional offices under paragraph (1) by analyzing appropriate data to determine the regional offices that require support. Such appropriate data shall include—

“(A) the number of backlogged claims;

“(B) the total pending case workload;

“(C) the length of time cases have been pending;

“(D) the accuracy of completed cases;

“(E) the overall timeliness of completed cases;

“(F) the availability and workload of the examination units and physicians of the medical centers in the regional office; and

“(G) any other data the Secretary determines appropriate.

“(3) ANNUAL ANALYSIS.—The Secretary shall carry out the data analysis of the regional offices under paragraph (2) during each year in which the program under this section is carried out to determine the regional offices selected under paragraph (1) for such year.”.

SA 2757. Mr. HELLER (for himself, Ms. HEITKAMP, and Mr. MANCHIN) submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title IX, add the following:

SEC. 918. EXCLUSION FROM INCOME.

Section 3(b)(4) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(4)) is amended—

(1) by striking “and any amounts” and inserting “, any amounts”;

(2) by striking “or any deferred” and inserting “, any deferred”; and

(3) by inserting after “prospective monthly amounts” the following: “, and any reimbursement related to aid and attendance as detailed under section 1521 of title 38, United States Code”.

SA 2758. Mr. COBURN (for himself, Mr. MCCAIN, and Mr. BURR) submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 76, between lines 8 and 9, insert the following:

SEC. 330. PUBLICATION OF INFORMATION ON PROVISION OF HEALTH CARE BY DEPARTMENT OF VETERANS AFFAIRS.

(a) PUBLICATION OF INFORMATION.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and every 180 days thereafter, the Secretary of Veterans Affairs shall publish on an Internet database of the Department of Veterans Affairs available to the public information on the provision of health care by the Department of Veterans Affairs.

(2) ELEMENTS.—

(A) IN GENERAL.—Each publication required by paragraph (1) shall include, with respect to each medical facility of the Department during the 180-day period preceding such publication, the following:

(i) An assessment of the outcomes of each surgical procedure with respect to each patient, including—

(I) the quality of such procedure;

(II) any complications that occurred during such procedure; and

(III) the safety of such patient in connection with such procedure.

(ii) The average length of stay for inpatient care.

(iii) A description of any hospital-acquired condition acquired by any patient.

(iv) The rate of readmission of patients within 30 days of release.

(v) The rate of mortality of patients within 30 days of release.

(vi) The rate at which opioids are prescribed to each patient.

(vii) An assessment of the outcomes of mental health treatment with respect to each patient, including—

(I) the suicide rate; and

(II) the safety of such patient in connection with such mental health treatment.

(viii) An assessment of the outcomes of nursing home treatment, if any, with respect to each patient, including the safety of such patient in connection with such nursing home treatment.

(ix) The average wait time for emergency room treatment.

(x) A description of any scheduling backlog with respect to patient appointments.

(B) **ADDITIONAL ELEMENTS.**—The Secretary may include in each publication required by paragraph (1) any additional information on the safety of facilities of the Department, health outcomes at such facilities, and quality of care at such facilities as the Secretary considers appropriate.

(3) **SEARCHABILITY.**—The Secretary shall ensure that the Internet database required by paragraph (1) is searchable by State, city, and facility.

(4) **PERSONAL INFORMATION.**—The Secretary shall ensure that personal information connected to information published under paragraph (1) is protected from disclosure as required by applicable law.

(b) **COMPTROLLER GENERAL REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report setting forth recommendations for additional elements to be included with the information published under subsection (a) to improve the evaluation and assessment of the safety and health of individuals receiving care under the laws administered by the Secretary and the quality of care received by such individuals.

SA 2759. Mr. COBURN (for himself, Mr. MCCAIN, and Mr. BURR) submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 34, strike line 6 and all that follows through page 38, line 22.

SA 2760. Mr. COBURN (for himself, Mr. MCCAIN, and Mr. BURR) submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 76, between lines 8 and 9, insert the following:

SEC. 330. PROGRAM TO ALLOW INDIVIDUALS ELIGIBLE FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS TO RECEIVE SUCH CARE FROM NON-DEPARTMENT ENTITIES.

(a) **IN GENERAL.**—Chapter 17 is amended by inserting after section 1703 the following new section:

“§ 1703A. Program to allow individuals eligible for health care from Department to receive such care from non-Department entities

“(a) **IN GENERAL.**—(1) Commencing not later than one year after the date of the enactment of the Comprehensive Veterans Health and Benefits and Military Retirement Pay Restoration Act of 2014, the Secretary shall carry out a program to provide health care and services to eligible individuals described in subsection (b) through non-Department providers and suppliers.

“(2) For purposes of this section:

“(A) The term ‘provider’ means a provider of services, as that term is defined in subsection (u) of section 1861 of the Social Security Act (42 U.S.C. 1395x), participating in the Medicare program under title XVIII of such Act.

“(B) The term ‘supplier’ means a supplier, as that term is defined in subsection (d) of such section, participating in the Medicare program under title XVIII of such Act.

“(b) **ELIGIBLE INDIVIDUALS.**—An eligible individual described in this subsection is an individual who—

“(1) is a veteran, surviving spouse of a veteran, spouse of a veteran, or a child of a veteran; and

“(2) is eligible for health care and services under the laws administered by the Secretary.

“(c) **RESTRICTION ON CERTAIN PROVIDERS AND SUPPLIERS.**—The Secretary may restrict a provider or supplier from providing care and services under the program if the Secretary determines that veterans have received substandard care from that provider or supplier.

“(d) **PAYMENTS TO PROVIDERS AND SUPPLIERS.**—(1) Subject to paragraph (2), payment rates to providers and suppliers for the provision of care and services under the program shall not exceed the payment rates under the fee-for-service program under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1355 et seq.) for a comparable item or service.

“(2) The Secretary shall ensure that the aggregate amount paid to non-Department providers and suppliers for the provision of care and services under the program does not exceed the cost of providing such care and services through the Department.”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1703 the following new item:

“1703A. Program to allow individuals eligible for health care from Department to receive such care from non-Department entities.”.

SA 2761. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 76, between lines 8 and 9, insert the following:

SEC. 330. PILOT PROGRAM TO ALLOW INDIVIDUALS ELIGIBLE FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS TO RECEIVE SUCH CARE FROM NON-DEPARTMENT ENTITIES.

(a) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a pilot program to assess the feasibility and advisability of providing health care and services to eligible individuals described in subsection (b) through non-Department providers and at non-Department facilities.

(b) **ELIGIBLE INDIVIDUALS.**—Eligible individuals described in this subsection are veterans, surviving spouses of veterans, spouses of veterans, and children of veterans (as those terms are defined in section 101 of title 38, United States Code) who are eligible for health care and services under the laws administered by the Secretary.

(c) **PROVIDERS AND FACILITIES.**—In carrying out the pilot program under this section, the Secretary shall select such non-Department providers and such non-Department facilities as the Secretary considers appropriate to provide health care and services as described in subsection (a).

(d) **LOCATIONS.**—

(1) **IN GENERAL.**—Subject to paragraph (3), the Secretary shall carry out the pilot program at not more than 40 locations selected by the Secretary for purposes of the pilot program, which shall include at least one location within each Veterans Integrated Service Network (VISN).

(2) **PRIORITY.**—In selecting locations under paragraph (1), the Secretary shall give priority consideration to those locations in which individuals seeking primary care appointments at the nearest medical facility of the Department of Veterans Affairs have the longest average wait time.

(3) **ADDITIONAL LOCATIONS.**—The Secretary may expand the pilot program to include more than 40 locations as the Secretary considers appropriate on the earlier of—

(A) the date that the Secretary determines that the pilot program—

(i) is cost effective, feasible, and advisable; and

(ii) has equal or better outcomes and satisfaction among veterans as compared to health care and services received through providers and facilities of the Department; or

(B) three years after the date of the commencement of the pilot program.

(e) **PAYMENTS TO PROVIDERS AND FACILITIES.**—

(1) **PAYMENT RATES.**—Subject to paragraph (2), in carrying out the pilot program under this section, the Secretary shall specify the rates by which non-Department providers and non-Department facilities are paid for the provision of care and services under the pilot program.

(2) **LIMITATION.**—The Secretary shall ensure that the aggregate amount paid to non-Department providers and non-Department facilities for the provision of care and services under the pilot program does not exceed the cost of providing such care and services through providers and facilities of the Department.

SA 2762. Mr. COBURN (for himself, Mr. MCCAIN, Mr. BURR, Mr. LEE, and Mr. FLAKE) submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 367, after line 14, insert the following:

SEC. 817. LIMITATION ON IMPLEMENTATION OF NEW PROGRAMS AND EXPANSION OF EXISTING PROGRAMS.

Notwithstanding any other provision of this Act, the Secretary of Veterans Affairs may not implement any new program or expand any existing program pursuant to any provision of this Act until the Comptroller General of the United States certifies to Congress that the Secretary is meeting all strategic targets for every program measure established in the report of the Department

of Veterans Affairs entitled “2013 Performance and Accountability Report”.

SA 2763. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 291, after line 21, add the following:

Subtitle E—Other Claims Processing Matters
SEC. 641. INSPECTOR GENERAL INVESTIGATION INTO WHETHER EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS DESTROYED FILES TO MISREPRESENT BACKLOG OF CLAIMS.

(a) **IN GENERAL.**—Not later than 30 days after the date of the enactment of this Act, the Inspector General of the Department of Veterans Affairs shall commence an investigation to assess whether employees of the Department of Veterans Affairs have destroyed files in order to misrepresent the backlog of claims filed with the Secretary of Veterans Affairs for benefits under laws administered by the Secretary.

(b) **INITIAL REPORT.**—Not later than 90 days after the date of the enactment of this Act, the Inspector General shall submit to Congress a report on the findings of the Inspector General with respect to the investigation carried out pursuant to subsection (a).

SA 2764. Ms. BALDWIN submitted an amendment intended to be proposed by her to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 131, after line 19, add the following:

SEC. 365. AGREEMENTS WITH ORGANIZATIONS TO PROVIDE SERVICES TO VETERANS WHO ARE SURVIVORS OF MILITARY SEXUAL TRAUMA.

(a) **MEMORANDA OF UNDERSTANDING.**—The Secretary of Veterans Affairs may enter into a memorandum of understanding with an organization described in subsection (b) to provide services to veterans who are survivors of military sexual trauma.

(b) **COVERED ORGANIZATIONS.**—Organizations described in this subsection are civilian organizations, including the following:

(1) Nonprofit, nongovernmental organizations.

(2) Religious or community-based organizations.

(3) Federally qualified health centers.

(4) The Indian Health Service.

(c) **PURPOSE.**—The purpose of a memorandum of understanding entered into under subsection (a) shall be to facilitate working and collegial relationships between the senior leadership of the Department of Veterans Affairs and an organization described in subsection (b) in order to assist the Department in better addressing military sexual trauma in one or more veteran communities.

(d) **ANNUAL REPORTS.**—

(1) **IN GENERAL.**—Not less frequently than once each year, the Secretary shall submit to Congress a report on any memoranda of understanding entered into under subsection (a).

(2) **IN GENERAL.**—Each report submitted under paragraph (1) shall include the following:

(A) How many memoranda have been entered into and are currently in force.

(B) The strategies in such memoranda.

(C) The outcomes of the relationships sought through such memoranda.

(D) Such recommendations as the Secretary may have for legislative or administrative action to facilitate a relationship described in subsection (c) or otherwise better address military sexual trauma in a veteran community.

SEC. 366. REPORT ON FEASIBILITY AND ADVISABILITY OF SUPPORTING PARTNERSHIPS TO PROVIDE SERVICES TO VETERANS WHO ARE SURVIVORS OF MILITARY SEXUAL TRAUMA.

(a) **REPORT REQUIRED.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the feasibility and advisability of supporting partnerships between local medical facilities (as defined in section 8101 of title 38, United States Code) with organizations described in subsection (b) to provide services (including mental health services and trauma-informed services) to veterans who are survivors of military sexual trauma.

(b) **COVERED ORGANIZATIONS.**—Organizations described in this subsection are civilian organizations, including the following:

(1) Nonprofit, nongovernmental organizations.

(2) Religious or community-based organizations.

(3) Federally qualified health centers.

(4) The Indian Health Service.

(c) **CONTENTS.**—The report required by subsection (a) shall include the following:

(1) An assessment of the effect of the Patient-Center Community Care program of the Department of Veterans Affairs on the provision of specialty care for survivors of military sexual trauma.

(2) An assessment of the feasibility and advisability of supporting partnerships as described in subsection (a) in not fewer than three Veterans Integrated Service Networks.

(3) Recommendations as to the kinds or types of organizations to which medical facilities should partner as described in subsection (a), including recommendations on the following:

(A) Nonprofit, nongovernmental organizations, the primary purpose of which is to provide services to survivors of military sexual trauma, sexual assault, domestic violence, family violence, or stalking.

(B) Religious or community-based organizations that specialize in working with survivors described in subparagraph (A).

SA 2765. Ms. STABENOW submitted an amendment intended to be proposed by her to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 109, strike lines 18 through 22 and insert the following:

(2) The number of individuals participating in the pilot program at each site, disaggregated by—

(A) age;

(B) sex;

(C) disability rating;

(D) any illness or condition co-occurring with the mental health disorder for which the individual is receiving treatment under the pilot program and with which the individual has been previously diagnosed by the Department; and

(E) whether or not the individual is homeless.

(3) A detailed assessment of the effectiveness of the pilot program, including a survey of each veteran participating in the pilot program, to determine the impact of the program on—

(A) the success of such veteran in obtaining and maintaining gainful employment;

(B) the success of such veteran in pursuing and completing educational opportunities;

(C) the interpersonal relationships of such veteran, including relationships with family members; and

(D) the success of such veteran in achieving stable housing.

SA 2766. Mr. REID proposed an amendment to amendment SA 2747 proposed by Mr. SANDERS to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; as follows:

At the end, add the following:

This Act shall become effective 1 day after enactment.

SA 2767. Mr. REID proposed an amendment to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; as follows:

At the end, add the following:

This Act shall become effective 3 days after enactment.

SA 2768. Mr. REID proposed an amendment to amendment SA 2767 proposed by Mr. REID to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; as follows:

In the amendment, strike “3 days” and insert “4 days”.

SA 2769. Mr. REID proposed an amendment to amendment SA 2768 proposed by Mr. REID to the amendment SA 2767 proposed by Mr. REID to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; as follows:

In the amendment, strike “4 days” and insert “5 days”.

SA 2770. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 155, strike line 8 and all that follows through page 157, line 17.

SA 2771. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 132, strike line 13 and all that follows through the matter preceding line 1 on page 134.

SA 2772. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 39, strike lines 18 through 25.

SA 2773. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the

provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 122, after line 20, insert the following:

SEC. 356. TERMINATION OF CERTAIN PROGRAMS RELATING TO DENTAL CARE.

(a) PILOT PROGRAM ON EXPANSION OF FURNISHING OF DENTAL CARE TO VETERANS.—Notwithstanding subsection (b) of section 352, the pilot program required by such section shall terminate not later than three years after the date of the enactment of this Act.

(b) PROGRAM OF EDUCATION TO PROMOTE DENTAL HEALTH FOR VETERANS.—The program required by section 353 shall terminate not later than three years after the date of the enactment of this Act.

(c) PILOT PROGRAM ON DENTAL INSURANCE.—Notwithstanding section 354(b), the dental insurance pilot program established by section 17.169 of title 38, Code of Federal Regulations, shall terminate not later than three years after the date of the enactment of this Act.

SA 2774. Mr. LEE submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 53, strike line 13 and all that follows through page 61, line 5.

SA 2775. Mrs. SHAHEEN (for herself, Mr. UDALL of Colorado, Mrs. GILLIBRAND, Mr. BLUMENTHAL, and Ms. BALDWIN) submitted an amendment intended to be proposed by her to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

At the end, add the following:

SEC. 918. DEFINITION OF SPOUSE FOR PURPOSES OF VETERAN BENEFITS TO REFLECT NEW STATE DEFINITIONS OF SPOUSE.

(a) SPOUSE DEFINED.—Section 101 is amended—

(1) in paragraph (3), by striking “of the opposite sex”; and

(2) by striking paragraph (31) and inserting the following new paragraph (31):

“(31)(A) An individual shall be considered a ‘spouse’ if—

“(i) the marriage of the individual is valid in the State in which the marriage was entered into; or

“(ii) in the case of a marriage entered into outside any State—

“(I) if the marriage of the individual is valid in the place in which the marriage was entered into; and

“(II)(aa) the marriage could have been entered into in a State; or

“(bb) the marriage was valid in the place in which all parties to the marriage resided at the time the marriage was entered into.

“(B) In this paragraph, the term ‘State’ has the meaning given that term in paragraph (20), except that the term also includes the Commonwealth of the Northern Mariana Islands.”

(b) MARRIAGE DETERMINATION.—Section 103(c) is amended by striking “according to” and all that follows through the period at the end and inserting “in accordance with section 101(31) of this title.”

SA 2776. Mr. UDALL of New Mexico (for himself and Mr. HELLER) submitted

an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 155, between lines 2 and 3, insert the following:

Subtitle I—Health Care for Rural Veterans

SEC. 391. PROVISION OF MENTAL HEALTH CARE TO CERTAIN VETERANS IN RURAL AND HIGHLY RURAL AREAS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall provide mental health care to eligible veterans described in subsection (c) for which a determination has been made under subsection (d).

(b) USE OF OTHER PROVIDERS.—

(1) IN GENERAL.—The Secretary may provide mental health care under this section by contracting with or providing payments to mental health care providers that are not otherwise affiliated with the Department of Veterans Affairs and shall, to the extent feasible, use health care resources pursuant to existing arrangements, contracts, or agreements entered into under section 8153 of title 38, United States Code.

(2) PAYMENTS.—The Secretary may not provide payments described in paragraph (1) that exceed the amount that the Secretary would otherwise expend in providing similar mental health care through the Department or under such existing arrangements, contracts, or agreements.

(c) ELIGIBLE VETERANS.—An eligible veteran described in this subsection is a veteran that—

(1) has a mental health issue resulting from post-traumatic stress disorder, traumatic brain injury, or any other health condition that was incurred or aggravated in line of duty in the active military, naval, or air service; and

(2) lives in a rural area or highly rural area.

(d) DETERMINATION.—The Secretary shall provide the care required by subsection (a) to an eligible veteran if the Secretary determines any of the following:

(1)(A) A mental health care provider affiliated with the Department is not available to provide mental health care services to the eligible veteran at the medical facility of the Department that is nearest to the residence of the eligible veteran; and

(B)(i) in-person and telehealth mental health care services from the Department are not available to the eligible veteran;

(ii) the eligible veteran requests that a mental health care provider affiliated with the Department provide mental health care services to the eligible veteran in private and the provider is unable or unwilling to do so; or

(iii) travel by the eligible veteran to a regional medical center of the Department is impractical or severely detrimental to the health of the eligible veteran.

(2) That—

(A)(i) a mental health care provider affiliated with the Department has recommended that a complementary and alternative therapy approved by the Food and Drug Administration be administered to the eligible veteran;

(ii) the eligible veteran is a member of an Indian tribe or a Native Hawaiian and requests a healing method that is a cultural tradition of the eligible veteran; or

(iii) a mental health care provider has recommended a treatment for the eligible veteran that, based on the medical knowledge of the health care provider, is safe and would assist the eligible veteran in coping with post-traumatic stress disorder, traumatic

brain injury, or another mental health issue; and

(B)(i) the eligible veteran has not received the therapy, healing method, or treatment described in subparagraph (A) because of the inaccessibility or unavailability of such treatment from a medical facility of the Department; and

(ii) the eligible veteran, as a result of the mental health condition of the eligible veteran—

(I) cannot work or maintain employment;

(II) is at increased risk of doing physical harm to the eligible veteran or others; or

(III) cannot adequately manage activities of daily life.

(e) INDIAN TRIBE DEFINED.—In this section, the term “Indian tribe” has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

SEC. 392. GRANTS TO PROVIDE TRANSPORTATION TO COMMUNITY-BASED OUTPATIENT CLINICS FOR VETERANS IN RURAL AND HIGHLY RURAL AREAS.

(a) GRANTS AUTHORIZED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs may award grants to eligible entities to provide transportation to veterans in rural and highly rural areas who would otherwise be eligible for reimbursement for or payment of travel expenses by the Department of Veterans Affairs pursuant to section 111 or section 111A of title 38, United States Code.

(2) MAXIMUM AMOUNT.—The Secretary may not award a grant under this section in an amount that exceeds \$100,000.

(3) NO MATCHING REQUIRED.—The Secretary may not require that an eligible entity provide a contribution of funds as a condition of receiving the grant.

(b) ELIGIBLE ENTITIES.—The Secretary may award grants under this section to any of the following entities:

(1) State veterans agencies.

(2) Veterans service organizations.

(3) Tribal organizations.

(c) USE OF GRANTS.—Eligible entities in receipt of a grant under this section may use the grant amount as follows:

(1) To provide transportation to veterans in rural and highly rural areas to and from medical centers of the Department of Veterans Affairs, including transportation by air or sea if necessary.

(2) To otherwise assist veterans in rural and highly rural areas with transportation in connection with the provision of medical care to those veterans, including transportation by air or sea if necessary.

(d) APPLICATION.—

(1) IN GENERAL.—Each eligible entity seeking a grant under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

(2) CONTENTS.—Each application submitted pursuant to paragraph (1) shall contain a proposal for the manner in which the eligible entity seeks to provide the transportation described in subsection (a).

(e) PRIORITY.—The Secretary shall give priority in the awarding of grants under this section to applications submitted under subsection (d) that contain proposals that comply with section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and regulations issued by the Secretary of Transportation under such section 504.

(f) DEFINITIONS.—In this section:

(1) TRIBAL ORGANIZATION.—The term “tribal organization” has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

(2) VETERANS SERVICE ORGANIZATION.—The term “veterans service organization” means

an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

SEC. 393. PILOT PROGRAM ON HOUSING ALLOWANCES FOR HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS ACCEPTING ASSIGNMENT AT RURAL AND HIGHLY RURAL COMMUNITY-BASED OUTPATIENT CLINICS.

(a) **PILOT PROGRAM AUTHORIZED.**—The Secretary of Veterans Affairs may carry out a pilot program to assess the feasibility and advisability of providing a housing allowance to health care providers of the Department of Veterans Affairs who accept assignment at rural or highly rural community-based outpatient clinics as a means of encouraging such health care providers to accept assignment to such Clinics.

(b) **ELIGIBILITY.**—An individual is eligible for participation in the pilot program if the individual—

(1) is a health care provider;

(2) is, or agrees to become, an employee of the Veterans Health Administration on a full-time basis in a health care position designated by the Secretary for purposes of the pilot program; and

(3) accepts an assignment in such position for a term of not less than 36 months at a rural or highly rural community-based outpatient clinic selected by the Secretary for purposes of the pilot program.

(c) **CONDITIONS ON PAYMENT OF HOUSING ALLOWANCE.**—Except as provided in subsection (d)(3), an individual may be provided a housing allowance under the pilot program only while—

(1) in good standing as a health care provider within the Veterans Health Administration; and

(2) assigned as a health care provider at a rural or highly rural community-based outpatient clinic.

(d) **AMOUNT OF HOUSING ALLOWANCE.**—

(1) **MONTHLY AMOUNT DURING INITIAL TERM.**—During the first 36 months of participation in the pilot program, the housing allowance provided a health care provider participating in the pilot program shall be provided on a monthly basis at a rate that is equivalent to the monthly rate of basic allowance for housing (BAH) payable under section 403 of title 37, United States Code, to members of the uniformed services whose grade, dependency status, and geographic location most closely equals, as determined by the Secretary, the grade of such provider under section 7404 of title 38, United States Code, and the dependency status and geographic location of such provider.

(2) **MONTHLY AMOUNT FOR CERTAIN PROVIDERS FOR ADDITIONAL TERM.**—If upon completion of the first 36 months in the pilot program a health care provider accepts continuing participation in the pilot program at a rural or highly rural community-based outpatient clinic for a term of not less than 12 additional months, the housing allowance provided the health care provider under the pilot program shall be provided on a monthly basis for such additional months at a rate determined in accordance with paragraph (1).

(3) **BONUS AMOUNT.**—

(A) **COMPLETION OF INITIAL TERM.**—Any health care provider who successfully completes 36 months of participation in the pilot program shall be paid upon completion of participation in the pilot program an amount equal to three months of the monthly rate of housing allowance provided the health care provider under paragraph (1) during the last month before the provider's completion of participation in the pilot program.

(B) **COMPLETION OF ADDITIONAL ONE-YEAR TERM.**—Any health care provider who suc-

cessfully completes 48 months of participation in the pilot program shall be paid upon completion of participation in the pilot program an amount equal to 12 months of the monthly rate of housing allowance provided the health care provider under paragraph (2) during the last month before the provider's completion of participation in the pilot program.

(C) **COMPLETION OF ADDITIONAL TWO-YEAR TERM.**—Any health care provider who successfully completes 60 months of participation in the pilot program shall be paid upon completion of participation in the pilot program an amount equal to 13 months of the monthly rate of housing allowance provided the health care provider under paragraph (2) during the last month before the provider's completion of participation in the pilot program.

(D) **NO REQUIREMENT TO REMAIN ON ASSIGNMENT.**—An amount payable under this paragraph shall be paid whether or not the health care provider concerned remains in an assignment at a rural or highly rural community-based outpatient clinic.

(e) **NATURE OF ALLOWANCE.**—

(1) **SUPPLEMENTAL AMOUNT.**—Any housing allowance provided under the pilot program shall be in addition to any pay (including basic pay, special pay, and retirement or other bonus pay) payable to personnel of the Veterans Health Administration personnel under chapter 74 of title 38, United States Code, or any other provision of law.

(2) **EXEMPTION FROM TAXATION.**—For purposes of the Internal Revenue Code of 1986, any housing allowance provided under the pilot program shall not be included in gross income.

(f) **ANNUAL REPORTS.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act and not less frequently than once each year thereafter while the pilot program is in effect, 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 pilot program.

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

(A) A current description of the pilot program, including the current number of participants in the pilot program and the amounts of housing allowance being provided such participants.

(B) A current assessment of the value of the housing allowance under the pilot program in encouraging health care providers in accepting assignment to rural and highly rural community-based outpatient clinics.

(g) **FUNDING.**—Amounts for housing allowances under the pilot program shall be derived from amounts available for the Veterans Health Administration for Medical Services.

(h) **SUNSET.**—

(1) **IN GENERAL.**—No individual may commence participation in the pilot program on or after the date that is five years after the date of the enactment of this Act.

(2) **CONTINUATION OF ON-GOING PROVISION OF ALLOWANCE.**—Nothing in paragraph (1) shall be construed to prohibit the Secretary from providing housing allowances under the pilot program to individuals who commence participation in the pilot program before the date that is five years after the date of the enactment of this Act.

(i) **RURAL OR HIGHLY RURAL COMMUNITY-BASED OUTPATIENT CLINIC DEFINED.**—In this section, the term "rural or highly rural community-based outpatient clinic" means a community-based outpatient clinic of the Veterans Health Administration that pre-

dominantly serves veterans who live in rural and highly rural areas.

SEC. 394. PROGRAM ON TRAINING HEALTH CARE PROFESSIONALS FOR ASSIGNMENT AT COMMUNITY-BASED OUTPATIENT CLINICS THAT PREDOMINANTLY SERVE VETERANS WHO LIVE IN RURAL AND HIGHLY RURAL AREAS.

(a) **PROGRAM REQUIRED.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall establish a program to train health care professionals for assignment at community-based outpatient clinics that predominantly serve veterans who live in rural and highly rural areas.

(2) **PARTNERSHIP WITH EDUCATIONAL INSTITUTIONS.**—

(A) **IN GENERAL.**—In carrying out the program, the Secretary may enter into partnerships with educational institutions.

(B) **CONSULTATION.**—If the Secretary enters into a partnership with an educational institution to carry out the program, the Secretary shall consult with the head of such educational institution with respect to the training and curriculum provided under the program at such educational institution.

(b) **TRAINING.**—The training provided to health care professionals under the program shall include the following courses:

(1) Courses on general professional development of health care professionals.

(2) Courses on providing health care to rural populations and specifically to rural veterans.

(c) **CURRICULUM.**—The program shall include training with respect to health issues that commonly afflict veterans as specified by the Secretary.

(d) **HIRING PREFERENCE.**—

(1) **IN GENERAL.**—Each health care professional that completes the program and completes a three-year assignment at a community-based outpatient clinic that predominantly serves veterans who live in rural and highly rural areas shall receive a preference in selection for employment in the Veterans Health Administration at the end of such three-year assignment.

(2) **DEGREE OF PREFERENCE.**—

(A) **IN GENERAL.**—The preference received under paragraph (1) shall be less than the preference given a veteran.

(B) **VETERANS.**—A veteran that receives a preference under paragraph (1) shall receive a greater preference than an individual that receives a preference under such paragraph who is not a veteran.

SEC. 395. ENCOURAGING AND FACILITATING TRANSITION OF MILITARY MEDICAL PROFESSIONALS INTO EMPLOYMENT WITH VETERANS HEALTH ADMINISTRATION.

(a) **ENCOURAGING EMPLOYMENT WITH VETERANS HEALTH ADMINISTRATION.**—The Secretary of Veterans Affairs and the Secretary of Defense shall jointly establish a program to encourage an individual who serves in the Armed Forces with a military occupational specialty relating to the provision of health care to seek employment with the Veterans Health Administration when the individual has been discharged or released from service in the Armed Forces or is contemplating separating from such service.

(b) **MATCHING OF MILITARY OCCUPATIONAL SPECIALTIES.**—The Secretary of Veterans Affairs and the Secretary of Defense shall jointly identify military occupational specialties relating to the provision of health care and match such occupational specialties with occupations and positions of employment within the Veterans Health Administration for which experience in such military occupational specialty qualifies one for employment in such occupation or position of employment.

(c) **FACILITATION OF TRANSITION TO EMPLOYMENT WITH VETERANS HEALTH ADMINISTRATION.**—The Secretary of Veterans Affairs and

the Secretary of Defense shall prescribe such regulations and take such actions as may be necessary to facilitate the transition of individuals with military occupational specialties identified under subsection (b) into the corresponding occupations and positions of employment with the Veterans Health Administration under such subsection.

SEC. 396. ASSESSMENT OF COMMUNITY-BASED OUTPATIENT CLINICS IN RURAL AND HIGHLY RURAL AREAS.

(a) **ASSESSMENT.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall conduct a periodic assessment of community-based outpatient clinics in rural and highly rural areas to determine whether expansion and improvement of community-based outpatient clinics in those areas is feasible or advisable.

(2) **ELEMENTS.**—Each periodic assessment required by subsection (a) shall include the following with respect to each community-based outpatient clinic assessed:

(A) An assessment of whether the facility—

- (i) meets applicable building code requirements;
- (ii) meets applicable health care requirements related to privacy;
- (iii) has the capacity to handle the number of patients that seek care at the facility;
- (iv) has sufficient parking for patients that seek care at the facility;
- (v) has adequate access to broadband technology to allow the use or expansion of telehealth services at the facility; and
- (vi) has the capacity to properly store and dispose of medical and other hazardous waste.

(B) A survey of health care providers who practice at the facility with respect to—

- (i) strengths of the facility;
- (ii) weaknesses of the facility; and
- (iii) areas in which the facility may be improved.

(b) **REPORT.**—Not later than one year after the date of the enactment of this Act, and not less frequently than once each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate and the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives a report on the findings of the Secretary with respect to the most recently completed assessment conducted under subsection (a), including such recommendations as the Secretary may have for the expansion or improvement of community-based outpatient clinics in rural and highly rural areas.

SEC. 397. REPORT ON ESTABLISHMENT OF POLYTRAUMA REHABILITATION CENTERS OR POLYTRAUMA NETWORK SITES OF THE DEPARTMENT OF VETERANS AFFAIRS IN RURAL AREAS.

(a) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the feasibility and advisability of establishing a Polytrauma Rehabilitation Center or Polytrauma Network Site in each area in which the nearest Polytrauma Rehabilitation Center or Polytrauma Network Site is more than 300 miles away.

(b) **REQUIREMENTS.**—

(1) **IN GENERAL.**—The report required by this section shall include the following:

(A) An assessment of the adequacy of existing Polytrauma Rehabilitation Centers and Polytrauma Network Sites in providing care to veterans that live more than 300 miles from such facilities.

(B) An assessment of the adequacy of existing Polytrauma Rehabilitation Centers and Polytrauma Network Sites in providing rehabilitation services pursuant to section 1710C of title 38, United States Code.

(C) An assessment of the feasibility and advisability of establishing a Polytrauma Rehabilitation Center or Polytrauma Network Site in each State in which there is a medical center of the Department of Veterans Affairs.

(D) An assessment of whether establishing new Polytrauma Rehabilitation Centers and Polytrauma Network Sites would be beneficial—

- (i) to the veteran population in general;
- (ii) to veterans who live—
 - (I) more than 300 miles from the nearest Polytrauma Rehabilitation Center or Polytrauma Network Site; or
 - (II) in a State in which there is not a Polytrauma Rehabilitation Center or Polytrauma Network Site; and
- (iii) to veterans who served in the active military, naval, or air service on or after September 11, 2001.

(2) **BUDGET FOR ADDITIONAL FACILITIES.**—If the Secretary determines that establishing additional Polytrauma Rehabilitation Centers and Polytrauma Network Sites is feasible and advisable, the Secretary shall include with the report required by subsection (a) a budget and plan for the establishment of those additional facilities.

SEC. 398. REPORT ON EFFECTIVENESS OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN TREATING VETERANS WITH CERTAIN MENTAL ILLNESSES.

Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the effectiveness of complementary and alternative medicine used by the Department of Veterans Affairs in treating veterans with mental health conditions resulting from post-traumatic stress disorder, traumatic brain injury, or any other health condition that was incurred or aggravated in line of duty in the active military, naval, or air service.

SEC. 399. DEFINITIONS.

In this subtitle:

- (1) **ACTIVE MILITARY, NAVAL, OR AIR SERVICE.**—The term “active military, naval, or air service” has the meaning given that term in section 101 of title 38, United States Code.
- (2) **HIGHLY RURAL AREA.**—The term “highly rural area” means an area located in a county that has less than seven individuals residing in that county per square mile.
- (3) **RURAL AREA.**—The term “rural area” means any area that is not an urbanized area or a highly rural area.
- (4) **URBANIZED AREA.**—The term “urbanized area” has the meaning given that term by the Director of the Bureau of the Census.

SA 2777. Mr. UDALL of New Mexico submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 33, after line 18, add the following:

SEC. 207. EXPANSION OF ELIGIBILITY FOR POST-9/11 EDUCATIONAL ASSISTANCE TO INCLUDE SERVICE ON ACTIVE DUTY IN ENTRY LEVEL AND SKILL TRAINING UNDER CERTAIN CIRCUMSTANCES.

(a) **FOR INDIVIDUALS WHO SERVE BETWEEN 18 AND 24 MONTHS.**—Section 3311(b)(5)(A) of title 38, United States Code, is amended by striking “excluding” and inserting “including”.

(b) **FOR INDIVIDUALS WHO SERVED IN OPERATION ENDURING FREEDOM, OPERATION IRAQI FREEDOM, OR CERTAIN OTHER CONTINGENCY**

OPERATIONS.—Section 3311(b) of such title is amended in paragraphs (6)(A) and (7)(A) by striking “excluding service on active duty in entry level and skill training” and inserting “including service on active duty in entry level and skill training for individuals who served on active duty in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn, or any other contingency operation (as that term is defined in section 101 of title 10) and excluding service on active duty in entry level and skill training for all other individuals”.

SA 2778. Mr. BOOKER submitted an amendment intended to be proposed by him to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 110, between lines 13 and 14, insert the following:

SEC. 345. REPORTS ON IMPLEMENTATION OF PATIENT-CENTERED COMMUNITY CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Not later than 450 days after the date of the enactment of this Act, and not later than September 30 each year thereafter for two years, 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 program described in subsection (b).

(b) **PROGRAM DESCRIBED.**—The program described in this subsection is the program carried out by the Veterans Health Administration that offers veterans access to non-Department of Veterans Affairs inpatient specialty care, outpatient specialty care, mental health care, limited emergency care, and limited newborn care, commonly known as the “Patient-Centered Community Care Program”.

(c) **ELEMENTS.**—Each report submitted under subsection (a) shall include the following:

- (1) A description of the specific factors used by the Department to determine the use of the program described in subsection (b) by facilities of the Department.
- (2) An analysis of the 10 health care services most frequently provided through the program and any recommendations by the Secretary to expand access to such services at facilities of the Department.
- (3) An analysis of the quality of care provided through the program, including feedback from health care providers.
- (4) An analysis of whether required medical documentation from health care providers participating in the program is provided to the Department in a timely and comprehensive manner for inclusion in the electronic health records of veterans.
- (5) An analysis of the timeliness of payments made by the Department to health care providers for services provided through the program.
- (6) A description of the specific factors used by the Department in determining if a veteran is eligible for care through non-Department providers, including such care that is not provided through the program.
- (7) A description of the impact of the program on veterans participating in the program, including—
 - (A) the average increase or reduction in any travel required by such veterans for care;
 - (B) the average increase or reduction in wait-times by such veterans for care; and
 - (C) an analysis of the satisfaction of such veterans with the program.
- (8) In response to information compiled or analyses conducted under paragraphs (1)

through (7), a description of any proposed mechanisms—

(A) to reduce travel required by veterans to receive care;

(B) to reduce wait-times for veterans receiving care; or

(C) to increase the quality of care received by veterans.

(d) **EFFECTIVE DATE.**—This section shall take effect on the date that is one year after the date of the enactment of this Act.

SA 2779. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill S. 1982, to improve the provision of medical services and benefits to veterans, and for other purposes; which was ordered to lie on the table; as follows:

On page 291, after line 21, add the following:

Subtitle E—Other Claims Processing Matters
SEC. 641. INSPECTOR GENERAL INVESTIGATION INTO WHETHER EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS DESTROYED FILES TO MISREPRESENT BACKLOG OF CLAIMS.

(a) **IN GENERAL.**—Not later than 30 days after the date of the enactment of this Act, the Inspector General of the Department of Veterans Affairs shall commence an investigation to assess—

(1) whether employees of the Department of Veterans Affairs have destroyed files; and
(2) whether the destruction of such files was carried out in order to misrepresent the backlog of claims filed with the Secretary of Veterans Affairs for benefits under laws administered by the Secretary.

(b) **INITIAL REPORT.**—Not later than 90 days after the date of the enactment of this Act, the Inspector General shall submit to Congress a report on the findings of the Inspector General with respect to the investigation carried out pursuant to subsection (a).

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON FOREIGN RELATIONS

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on February 26, 2014, at 10:30 a.m., to hold a hearing entitled “Treaties.”

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

COMMITTEE ON FOREIGN RELATIONS

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on February 26, 2014, at 2:15 a.m., to hold a hearing entitled “Prospects for Peace in the Democratic Republic of Congo and Great Lakes Region.”

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

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet during the session of the Senate on February 26, 2014, at 10 a.m., in room S-216 of the Capitol Building.

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

COMMITTEE ON INDIAN AFFAIRS

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to meet during the session of the Senate on February 26, 2014, in room SD-628 of the Dirksen Senate Office Building, at 2:30 p.m., to conduct a hearing entitled “Early Childhood Development and Education in Indian Country: Building a Foundation for Academic Success.”

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

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on February 26, 2014, at 9:30 a.m., to conduct a hearing entitled “Offshore Tax Evasion: The Effort to Collect Unpaid Taxes on Billions in Hidden Offshore Accounts.”

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

SUBCOMMITTEE ON ANTITRUST, COMPETITION POLICY, AND CONSUMER RIGHTS

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Committee on the Judiciary, Subcommittee on Antitrust, Competition Policy, and Consumer Rights, be authorized to meet during the session of the Senate, on February 26, 2014, at 10 a.m., in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled “An Examination of Competition in the Wireless Market.”

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

SUBCOMMITTEE ON READINESS AND MANAGEMENT SUPPORT

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Subcommittee on Readiness and Management Support of the Committee on Armed Services be authorized to meet during the session of the Senate on February 26, 2014, at 2:30 p.m.

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

SUBCOMMITTEE ON SOCIAL SECURITY

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Subcommittee on Social Security, Pensions, and Family Policy of the Committee on Finance be authorized to meet during the session of the Senate on February 26, 2014, at 10 a.m., in room SD-215 of the Dirksen Senate Office Building, to conduct a hearing entitled “Retirement Savings for Low-Income Workers.”

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

SUBCOMMITTEE ON PERSONNEL

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the Subcommittee on Personnel of the Committee on Armed Services be authorized to meet during the session of the Senate on February 26, 2014, at 10 a.m.

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

PRIVILEGES OF THE FLOOR

Mr. SANDERS. Mr. President, I ask unanimous consent that Jason Dean, a military fellow in my office, be granted the privilege of the floor for the remainder of this Congress.

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

UNANIMOUS CONSENT AGREEMENT—S. 1752 AND S. 1917

Mr. REID. I ask unanimous consent that at a time to be determined by the majority leader, with the concurrence of Senator MCCONNELL, the Senate proceed to the consideration of Calendar No. 251, S. 1752; that if a cloture motion is filed on the bill, there be 2 hours of debate on S. 1752 and S. 1917, equally divided between the two leaders or their designees; that upon the use or yielding back of time, the Senate immediately proceed to the vote on the motion to invoke cloture; that if cloture is invoked, all postcloture time be yielded back and the Senate immediately proceed to vote on passage of the bill; that no amendments, points of order or motions be in order to the bill prior to the vote on passage; that if the motion to invoke cloture on S. 1752 is not agreed to, the bill be returned to the calendar; that upon the conclusion of the consideration of S. 1752, the Senate immediately proceed to the consideration of Calendar No. 293, S. 1917; that if a cloture motion is filed on the bill, the Senate immediately proceed to a vote on the motion to invoke cloture; that if cloture is invoked, all postcloture time be yielded back and the Senate immediately proceed to vote on passage of the bill; that no amendments, points of order or motions be in order to the bill prior to the vote on passage; that if the motion to invoke cloture on S. 1917 is not agreed to, the bill be returned to the calendar.

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

CELEBRATING BLACK HISTORY MONTH

Mr. REID. Mr. President, I ask unanimous consent the Senate proceed to the consideration of S. Res. 363.

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

The assistant legislative clerk read as follows:

A resolution (S. Res. 363) celebrating Black History Month.

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

Mr. REID. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table, with no intervening action or debate.

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

The resolution (S. Res. 363) was agreed to.

The preamble was agreed to.