In the House of Representatives, U.S.,

September 24, 2008.

Resolved, That the bill from the Senate (S. 2162) entitled "An Act to improve the treatment and services provided by the Department of Veterans Affairs to veterans with posttraumatic stress disorder and substance use disorders, and for other purposes", do pass with the following

AMENDMENT:

Strike out all after the enacting clause and insert:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

- 2 (a) SHORT TITLE.—This Act may be cited as the "Vet-
- 3 erans' Mental Health and Other Care Improvements Act of
- 4 2008".
- 5 (b) TABLE OF CONTENTS.—The table of contents for
- 6 this Act is as follows:

Sec. 1. Short title; table of contents. Sec. 2. References to title 38, United States Code.

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

- Sec. 101. Tribute to Justin Bailey.
- Sec. 102. Findings on substance use disorders and mental health.
- Sec. 103. Expansion of substance use disorder treatment services provided by Department of Veterans Affairs.
- Sec. 104. Care for veterans with mental health and substance use disorders.
- Sec. 105. Pilot program for Internet-based substance use disorder treatment for veterans of Operation Iraqi Freedom and Operation Enduring Freedom.
- Sec. 106. Report on residential mental health care facilities of the Veterans Health Administration.
- Sec. 107. Pilot program on peer outreach and support for veterans and use of community mental health centers and Indian Health Service facilities.

TITLE II—MENTAL HEALTH RESEARCH

- Sec. 201. Research program on comorbid post-traumatic stress disorder and substance use disorders.
- Sec. 202. Extension of authorization for Special Committee on Post-Traumatic Stress Disorder.

TITLE III—ASSISTANCE FOR FAMILIES OF VETERANS

- Sec. 301. Clarification of authority of Secretary of Veterans Affairs to provide mental health services to families of veterans.
- Sec. 302. Pilot program on provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers.

TITLE IV—HEALTH CARE MATTERS

- Sec. 401. Veterans beneficiary travel program.
- Sec. 402. Mandatory reimbursement of veterans receiving emergency treatment in non-Department of Veterans Affairs facilities until transfer to Department facilities.
- Sec. 403. Pilot program of enhanced contract care authority for health care needs of veterans in highly rural areas.
- Sec. 404. Epilepsy centers of excellence.
- Sec. 405. Establishment of qualifications for peer specialist appointees.
- Sec. 406. Establishment of consolidated patient accounting centers.
- Sec. 407. Repeal of limitation on authority to conduct widespread HIV testing program.
- Sec. 408. Provision of comprehensive health care by Secretary of Veterans Affairs to children of Vietnam veterans born with Spina Bifida.
- Sec. 409. Exemption from copayment requirement for veterans receiving hospice care.

TITLE V—PAIN CARE

Sec. 501. Comprehensive policy on pain management.

TITLE VI—HOMELESS VETERANS MATTERS

- Sec. 601. Increased authorization of appropriations for comprehensive service programs.
- Sec. 602. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions.
- Sec. 603. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans.
- Sec. 604. Financial assistance for supportive services for very low-income veteran families in permanent housing.

TITLE VII—AUTHORIZATION OF MEDICAL FACILITY PROJECTS AND MAJOR MEDICAL FACILITY LEASES

- Sec. 701. Authorization for fiscal year 2009 major medical facility projects.
- Sec. 702. Modification of authorization amounts for certain major medical facility construction projects previously authorized.
- Sec. 703. Authorization of fiscal year 2009 major medical facility leases.
- Sec. 704. Authorization of appropriations.

- Sec. 705. Increase in threshold for major medical facility leases requiring Congressional approval.
- Sec. 706. Conveyance of certain non-Federal land by City of Aurora, Colorado, to Secretary of Veterans Affairs for construction of veterans medical facility.
- Sec. 707. Report on facilities administration.
- Sec. 708. Annual report on outpatient clinics.
- Sec. 709. Name of Department of Veterans Affairs spinal cord injury center, Tampa, Florida.

TITLE VIII—EXTENSION OF CERTAIN AUTHORITIES

- Sec. 801. Repeal of sunset on inclusion of noninstitutional extended care services in definition of medical services.
- Sec. 802. Extension of recovery audit authority.
- Sec. 803. Permanent authority for provision of hospital care, medical services, and nursing home care to veterans who participated in certain chemical and biological testing conducted by the Department of Defense.
- Sec. 804. Extension of expiring collections authorities.
- Sec. 805. Extension of nursing home care.
- Sec. 806. Permanent authority to establish research corporations.
- Sec. 807. Extension of requirement to submit annual report on the Committee on Care of Severely Chronically Mentally Ill Veterans.
- Sec. 808. Permanent requirement for biannual report on Women's Advisory Committee.
- Sec. 809. Extension of pilot program on improvement of caregiver assistance services.

TITLE IX—OTHER MATTERS

Sec. 901. Technical amendments.

1 SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

- 2 Except as otherwise expressly provided, whenever in
- 3 this Act an amendment or repeal is expressed in terms of
- 4 an amendment to, or repeal of, a section or other provision,
- 5 the reference shall be considered to be made to a section or
- 6 other provision of title 38, United States Code.

1TITLE I—SUBSTANCE USE DIS-2ORDERSANDMENTAL3HEALTH CARE

4 SEC. 101. TRIBUTE TO JUSTIN BAILEY.

5 This title is enacted in tribute to Justin Bailey, who, 6 after returning to the United States from service as a mem-7 ber of the Armed Forces in Operation Iraqi Freedom, died 8 in a domiciliary facility of the Department of Veterans Af-9 fairs while receiving care for post-traumatic stress disorder 10 and a substance use disorder.

11 SEC. 102. FINDINGS ON SUBSTANCE USE DISORDERS AND 12 MENTAL HEALTH.

13 Congress makes the following findings:

14 (1) More than 1,500,000 members of the Armed 15 Forces have been deployed in Operation Iraqi Free-16 dom and Operation Enduring Freedom. The 2005 De-17 partment of Defense Survey of Health Related Behav-18 iors Among Active Duty Personnel reports that 23 19 percent of members of the Armed Forces on active 20 duty acknowledge a significant problem with alcohol 21 use disorder, with similar rates of acknowledged prob-22 lems with alcohol use disorder among members of the 23 National Guard.

24 (2) The effects of substance use disorder are wide
25 ranging, including significantly increased risk of sui-

cide, exacerbation of mental and physical health dis orders, breakdown of family support, and increased
 risk of unemployment and homelessness.

4 (3) While veterans suffering from mental health
5 conditions, chronic physical illness, and polytrauma
6 may be at increased risk for development of a sub7 stance use disorder, treatment for these veterans is
8 complicated by the need to address adequately the
9 physical and mental symptoms associated with these
10 conditions through appropriate medical intervention.

(4) While the Veterans Health Administration
has dramatically increased health services for veterans from 1996 through 2006, the number of veterans
receiving specialized substance use disorder treatment
services decreased 18 percent during that time. No
comparable decrease in the national rate of substance
use disorder has been observed during that time.

(5) While some facilities of the Veterans Health
Administration provide exemplary substance use disorder treatment services, the availability of such
treatment services throughout the health care system
of the Veterans Health Administration is inconsistent.
(6) According to a 2006 report by the Government Accountability Office, the Department of Vet-

25 erans Affairs significantly reduced its substance use

1	disorder treatment and rehabilitation services between
2	1996 and 2006, and the Fiscal Year 2007 National
3	Mental Health Program Monitoring System report
4	shows that little progress has been made in restoring
5	these services to their pre-1996 levels.
6	SEC. 103. EXPANSION OF SUBSTANCE USE DISORDER
7	TREATMENT SERVICES PROVIDED BY DE-
8	PARTMENT OF VETERANS AFFAIRS.
9	(a) IN GENERAL.—The Secretary of Veterans Affairs
10	shall ensure the provision of such services and treatment
11	to each veteran enrolled in the health care system of the
12	Department of Veterans Affairs who is in need of services
13	and treatments for a substance use disorder as follows:
14	(1) Screening for substance use disorder in all
15	settings, including primary care settings.
16	(2) Short term motivational counseling services.
17	(3) Marital and family counseling.
18	(4) Intensive outpatient or residential care serv-
19	ices.
20	(5) Relapse prevention services.
21	(6) Ongoing aftercare and outpatient counseling
22	services.
23	(7) Opiate substitution therapy services.
24	(8) Pharmacological treatments aimed at reduc-
25	ing craving for drugs and alcohol.

1	(9) Detoxification and stabilization services.
2	(10) Coordination with groups providing peer to
3	peer counseling.
4	(11) Such other services as the Secretary con-
5	siders appropriate.
6	(b) Provision of Services.—
7	(1) Allocation of resources for provision
8	OF SERVICES.—The Secretary shall ensure that
9	amounts made available for care, treatment, and serv-
10	ices provided under this section are allocated in such
11	a manner that a full continuum of care, treatment,
12	and services described in subsection (a) is available to
13	veterans seeking such care, treatment, or services,
14	without regard to the location of the residence of any
15	such veterans.
16	(2) MANNER OF PROVISION.—The services and
17	treatment described in subsection (a) may be provided
18	to a veteran described in such subsection—
19	(A) at Department of Veterans Affairs med-
20	ical centers or clinics;
21	(B) by referral to other facilities of the De-
22	partment that are accessible to such veteran; or
23	(C) by contract or fee-for-service payments
24	with community-based organizations for the pro-
25	vision of such services and treatments.

(c) ALTERNATIVES IN CASE OF SERVICES DENIED
 DUE TO CLINICAL NECESSITY.—If the Secretary denies the
 provision to a veteran of services or treatment for a sub stance use disorder due to clinical necessity, the Secretary
 shall provide the veteran such other services or treatment
 as are medically appropriate.

7 SEC. 104. CARE FOR VETERANS WITH MENTAL HEALTH AND 8 SUBSTANCE USE DISORDERS.

9 (a) IN GENERAL.—If the Secretary of Veterans Affairs
10 provides a veteran inpatient or outpatient care for a sub11 stance use disorder and a comorbid mental health disorder,
12 the Secretary shall ensure that treatment for such disorders
13 is provided concurrently—

(1) through a service provided by a clinician or
health professional who has training and expertise in
treatment of substance use disorders and mental
health disorders;

(2) by separate substance use disorder and mental health disorder treatment services when there is
appropriate coordination, collaboration, and care
management between such treatment services; or

22 (3) by a team of clinicians with appropriate ex23 pertise.

24 (b) TEAM OF CLINICIANS WITH APPROPRIATE EXPER25 TISE DEFINED.—In this section, the term "team of clini-

2	of the following:
3	(1) Clinicians and health professionals with ex-
4	pertise in treatment of substance use disorders and
5	mental health disorders who act in coordination and
6	collaboration with each other.
7	(2) Such other professionals as the Secretary
8	considers appropriate for the provision of treatment
9	to veterans for substance use and mental health dis-
10	orders.
11	SEC. 105. PILOT PROGRAM FOR INTERNET-BASED SUB-
12	STANCE USE DISORDER TREATMENT FOR
12 13	STANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM
13	VETERANS OF OPERATION IRAQI FREEDOM
13 14	VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.
13 14 15	VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM. (a) FINDINGS.—Congress makes the following findings:
 13 14 15 16 	VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM. (a) FINDINGS.—Congress makes the following findings: (1) Stigma associated with seeking treatment for
 13 14 15 16 17 	VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM. (a) FINDINGS.—Congress makes the following findings: (1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to pre-
 13 14 15 16 17 18 	VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM. (a) FINDINGS.—Congress makes the following findings: (1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to pre- vent some veterans from seeking such treatment at a

(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who
return as veterans to civilian life.

1	(3) Computer-based self-guided training has been
2	demonstrated to be an effective strategy for
3	supplementing the care of psychological conditions.
4	(4) Younger veterans, especially those who served
5	in Operation Enduring Freedom or Operation Iraqi
6	Freedom, are comfortable with and proficient at com-
7	puter-based technology.
8	(5) Veterans living in rural areas may find ac-
9	cess to treatment for substance use disorder limited.
10	(6) Self-assessment and treatment options for
11	substance use disorders through an Internet website
12	may reduce stigma and provides additional access for
13	individuals seeking care and treatment for such dis-
14	orders.
15	(b) IN GENERAL.—Not later than October 1, 2009, the
16	Secretary of Veterans Affairs shall carry out a pilot pro-
17	gram to assess the feasibility and advisability of providing
18	veterans who seek treatment for substance use disorders ac-
19	cess to a computer-based self-assessment, education, and
20	specified treatment program through a secure Internet
21	website operated by the Secretary. Participation in the pilot
22	program shall be available on a voluntary basis for those
23	veterans who have served in Operation Enduring Freedom
24	or Operation Iraqi Freedom.

25 (c) ELEMENTS OF PILOT PROGRAM.—

(1) IN GENERAL.—In carrying out the pilot pro-

2	gram under this section, the Secretary shall ensure
3	that—
4	(A) access to the Internet website and the
5	programs available on the website by a veteran
6	(or family member) does not involuntarily gen-
7	erate an identifiable medical record of that ac-
8	cess by that veteran in any medical database
9	maintained by the Department of Veterans Af-
10	fairs;
11	(B) the Internet website is accessible from
12	remote locations, especially rural areas; and
13	(C) the Internet website includes a self-as-
14	sessment tool for substance use disorders, self-
15	guided treatment and educational materials for
16	such disorders, and appropriate information and
17	materials for family members of veterans.
18	(2) Consideration of similar projects.—In
19	designing the pilot program under this section, the
20	Secretary shall consider similar pilot projects of the
21	Department of Defense for the early diagnosis and
22	treatment of post-traumatic stress disorder and other
23	mental health conditions established under section 741
24	of the John Warner National Defense Authorization

Act of Fiscal Year 2007 (Public Law 109–364; 120
 Stat. 2304).

3 (3) LOCATION OF PILOT PROGRAM.—The Sec4 retary shall carry out the pilot program through those
5 medical centers of the Department of Veterans Affairs
6 that have established Centers for Excellence for Sub7 stance Abuse Treatment and Education or that have
8 established a Substance Abuse Program Evaluation
9 and Research Center.

(4) CONTRACT AUTHORITY.—The Secretary may
enter into contracts with qualified entities or organizations to carry out the pilot program required under
this section.

(d) DURATION OF PILOT PROGRAM.—The pilot program required by subsection (a) shall be carried out during
the two-year period beginning on the date of the commencement of the pilot program.

(e) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to
Congress a report on the pilot program, and shall include
in that report—an assessment of the feasibility and advisability of continuing or expanding the pilot program, of
any cost savings or other benefits associated with the pilot
program, and any other recommendations.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There are 2 authorized to be appropriated to the Secretary of Veterans 3 Affairs \$1,500,000 for each of fiscal years 2010 and 2011 4 to carry out the pilot program under this section. 5 SEC. 106. REPORT ON RESIDENTIAL MENTAL HEALTH CARE 6 FACILITIES OF THE VETERANS HEALTH AD-7 MINISTRATION. (a) REVIEW.— 8 9 (1) IN GENERAL.—Not later than six months 10 after the date of the enactment of this Act, the Sec-11 retary of Veterans Affairs shall, acting through the 12 Inspector General of the Department of Veterans Af-13 fairs, complete a review of all residential mental 14 health care facilities, including domiciliary facilities, 15 of the Veterans Health Administration. 16 (2) Assessment.—As part of the review re-17 quired by paragraph (1), the Secretary, acting 18 through the Inspector General, shall assess the fol-19 lowing: 20 (A) The availability of care in residential mental health care facilities in each Veterans In-21 22 tegrated Service Network (VISN). 23 (B) The supervision and support provided 24 in the residential mental health care facilities of the Veterans Health Administration. 25

1	(C) The ratio of staff members at each resi-
2	dential mental health care facility to patients at
3	such facility.
4	(D) The appropriateness of rules and proce-
5	dures for the prescription and administration of
6	medications to patients in such residential men-
7	tal health care facilities.
8	(E) The protocols at each residential mental
9	health care facility for handling missed appoint-
10	ments.
11	(3) Recommendations.—As part of the review
12	required by paragraph (1), the Secretary, acting
13	through the Inspector General, shall develop such rec-
14	ommendations as the Secretary considers appropriate
15	for improvements to residential mental health care fa-
16	cilities of the Veterans Health Administration and the
17	care provided in such facilities.
18	(b) Follow-up Review.—Not later than two years
19	after the date of the completion of the review required by
20	subsection (a), the Secretary of Veterans Affairs shall, act-
21	ing through the Inspector General of the Department of Vet-
22	erans Affairs, complete a follow-up review of the facilities
23	reviewed under subsection (a) to evaluate any improve-
24	ments made or problems remaining since the review under
25	subsection (a) was completed.

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(c) REPORT.—Not later than 90 days after the comple tion of the review required by subsection (a), the Secretary
 of Veterans Affairs shall submit to the Committee on Vet erans' Affairs of the Senate and the Committee on Veterans'
 Affairs of the House of Representatives a report on the find ings of the Secretary with respect to such review.

7 SEC. 107. PILOT PROGRAM ON PEER OUTREACH AND SUP8 PORT FOR VETERANS AND USE OF COMMU9 NITY MENTAL HEALTH CENTERS AND INDIAN
10 HEALTH SERVICE FACILITIES.

11 (a) PILOT PROGRAM REQUIRED.—Commencing not later than 180 days after the date of the enactment of this 12 Act, the Secretary of Veterans Affairs shall carry out a pilot 13 program to assess the feasibility and advisability of pro-14 15 viding to veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and, in particular, veterans who 16 served in such operations as a member of the National 17 18 Guard or Reserve, the following:

19 (1) Peer outreach services.

20 (2) Peer support services provided by licensed
21 providers of peer support services or veterans who
22 have personal experience with mental illness.

23 (3) Readjustment counseling services described in
24 section 1712A of title 38, United States Code.

25 (4) Other mental health services.

1 (b) PROVISION OF CERTAIN SERVICES.—In providing 2 services described in paragraphs (3) and (4) of subsection 3 (a) under the pilot program to veterans who reside in rural 4 areas and do not have adequate access through the Depart-5 ment of Veterans Affairs to the services described in such paragraphs, the Secretary shall, acting through the Office 6 7 of Mental Health Services and the Office of Rural Health. 8 provide such services as follows:

9 (1) Through community mental health centers 10 under contracts or other agreements if entered into by 11 the Secretary of Veterans Affairs and the Secretary of 12 Health and Human Services for the provision of such 13 services for purposes of the pilot program.

14 (2) Through the Indian Health Service, or an 15 Indian tribe or tribal organization that has entered 16 into an agreement with the Indian Health Service 17 pursuant to the Indian Self-Determination and Edu-18 cation Assistance Act (25 U.S.C. 450 et seq.), if a 19 memorandum of understanding is entered into by the 20 Secretary of Veterans Affairs and the Secretary of 21 Health and Human Services for purposes of the pilot 22 program.

23 (3) Through other appropriate entities under
24 contracts or other agreements entered into by the Sec-

2	services for purposes of the pilot program.
3	(c) DURATION.—The pilot program shall be carried
4	out during the three-year period beginning on the date of
5	the commencement of the pilot program.
6	(d) Program Locations.—
7	(1) IN GENERAL.—The pilot program shall be
8	carried out within areas selected by the Secretary for
9	the purpose of the pilot program in at least three Vet-
10	erans Integrated Service Networks (VISNs).
11	(2) RURAL GEOGRAPHIC LOCATIONS.—The loca-
12	tions selected shall be in rural geographic locations
13	that, as determined by the Secretary, lack access to
14	comprehensive mental health services through the De-
15	partment of Veterans Affairs.
16	(3) QUALIFIED PROVIDERS.—In selecting loca-
17	tions for the pilot program, the Secretary shall select
18	locations in which an adequate number of licensed
19	mental health care providers with credentials equiva-
20	lent to those of Department mental health care pro-
21	viders are available in Indian Health Service facili-
22	ties, community mental health centers, and other enti-
23	ties for participation in the pilot program.
24	(e) PARTICIPATION IN PROGRAM.—Each community
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retary of Veterans Affairs for the provision of such

or other entity participating in the pilot program under
 subsection (b) shall—

3	(1) provide the services described in paragraphs
4	(3) and (4) of subsection (a) to eligible veterans, in-
5	cluding, to the extent practicable, telehealth services
6	that link the center or facility with Department of
7	Veterans Affairs clinicians;
8	(2) use the clinical practice guidelines of the Vet-
9	erans Health Administration or the Department of
10	Defense in the provision of such services; and
11	(3) meet such other requirements as the Sec-
12	retary shall require.
13	(f) Compliance With Department Protocols.—
14	Each community mental health center, facility of the In-
15	dian Health Service, or other entity participating in the
16	pilot program under subsection (b) shall comply with—
17	(1) applicable protocols of the Department before
18	incurring any liability on behalf of the Department
19	for the provision of services as part of the pilot pro-
20	gram; and
21	(2) access and quality standards of the Depart-
22	ment relevant to the provision of services as part of
23	the pilot program.
24	(g) Provision of Clinical Information.—Each

25 community mental health center, facility of the Indian

Health Service, or other entity participating in the pilot
 program under subsection (b) shall, in a timely fashion,
 provide the Secretary with such clinical information on
 each veteran for whom such health center or facility pro vides mental health services under the pilot program as the
 Secretary shall require.

7 (h) TRAINING.—

8 (1) TRAINING OF VETERANS.—As part of the 9 pilot program, the Secretary shall carry out a pro-10 gram of training for veterans described in subsection 11 (a) to provide the services described in paragraphs (1) 12 and (2) of such subsection.

13 (2) TRAINING OF CLINICIANS.—

14 (A) IN GENERAL.—The Secretary shall con-15 duct a training program for clinicians of com-16 munity mental health centers, Indian Health 17 Service facilities, or other entities participating 18 in the pilot program under subsection (b) to en-19 sure that such clinicians can provide the services 20 described in paragraphs (3) and (4) of subsection 21 (a) in a manner that accounts for factors that 22 are unique to the experiences of veterans who 23 served on active duty in Operation Iraqi Free-24 dom or Operation Enduring Freedom (including 25 their combat and military training experiences).

1	(B) PARTICIPATION IN TRAINING.—Per-
2	sonnel of each community mental health center,
3	facility of the Indian Health Service, or other
4	entity participating in the pilot program under
5	subsection (b) shall participate in the training
6	program conducted pursuant to subparagraph
7	(A).
8	(i) ANNUAL REPORTS.—Each community mental
9	health center, facility of the Indian Health Service, or other
10	entity participating in the pilot program under subsection
11	(b) shall submit to the Secretary on an annual basis a re-
12	port containing, with respect to the provision of services
13	under subsection (b) and for the last full calendar year end-
14	ing before the submission of such report—
15	(1) the number of—
16	(A) veterans served; and
17	(B) courses of treatment provided; and
18	(2) demographic information for such services,
19	diagnoses, and courses of treatment.
20	(j) Program Evaluation.—
21	(1) IN GENERAL.—The Secretary shall, through
22	Department of Veterans Affairs Mental Health Serv-
23	ices investigators and in collaboration with relevant
24	program offices of the Department, design and imple-
25	ment a strategy for evaluating the pilot program.

1	(2) ELEMENTS.—The strategy implemented
2	under paragraph (1) shall assess the impact that con-
3	tracting with community mental health centers, the
4	Indian Health Service, and other entities partici-
5	pating in the pilot program under subsection (b) has
6	on the following:
7	(A) Access to mental health care by veterans
8	in need of such care.
9	(B) The use of telehealth services by vet-
10	erans for mental health care needs.
11	(C) The quality of mental health care and
12	substance use disorder treatment services pro-
13	vided to veterans in need of such care and serv-
14	ices.
15	(D) The coordination of mental health care
16	and other medical services provided to veterans.
17	(k) DEFINITIONS.—In this section:
18	(1) The term "community mental health center"
19	has the meaning given such term in section 410.2 of
20	title 42, Code of Federal Regulations (as in effect on
21	the day before the date of the enactment of this Act).
22	(2) The term "eligible veteran" means a veteran
23	in need of mental health services who—
24	(A) is enrolled in the Department of Vet-
25	erans Affairs health care system; and

1	(B) has received a referral from a health
2	professional of the Veterans Health Administra-
3	tion to a community mental health center, a fa-
4	cility of the Indian Health Service, or other enti-
5	ty for purposes of the pilot program.
6	(3) The term "Indian Health Service" means the
7	organization established by section 601(a) of the In-
8	dian Health Care Improvement Act (25 U.S.C.
9	1661(a)).
10	(1) AUTHORIZATION OF APPROPRIATIONS.—There is
11	authorized to be appropriated such sums as may be nec-
12	essary to carry out the provisions of this section.
13	TITLE II—MENTAL HEALTH
13 14	RESEARCH
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14	RESEARCH
14 15	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU-
14 15 16	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE
14 15 16 17 18	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS.
14 15 16 17 18	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS. (a) PROGRAM REQUIRED.—The Secretary of Veterans
 14 15 16 17 18 19 	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS. (a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Develop-
 14 15 16 17 18 19 20 21 	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS. (a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Develop- ment, carry out a program of research into comorbid post-
 14 15 16 17 18 19 20 21 	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS. (a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Develop- ment, carry out a program of research into comorbid post- traumatic stress disorder (PTSD) and substance use dis-
 14 15 16 17 18 19 20 21 22 23 	RESEARCH SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAU- MATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS. (a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Develop- ment, carry out a program of research into comorbid post- traumatic stress disorder (PTSD) and substance use dis- order.

	20
1	National Center for Posttraumatic Stress Disorder. In car-
2	rying out the program, the Center shall—
3	(1) develop protocols and goals with respect to
4	research under the program; and
5	(2) coordinate research, data collection, and data
6	dissemination under the program.
7	(c) RESEARCH.—The program of research required by
8	subsection (a) shall address the following:
9	(1) Comorbid post-traumatic stress disorder and
10	substance use disorder.
11	(2) The systematic integration of treatment for
12	post-traumatic stress disorder with treatment for sub-
13	stance use disorder.
14	(3) The development of protocols to evaluate care
15	of veterans with comorbid post-traumatic stress dis-
16	order and substance use disorder.
17	(d) FUNDING.—
18	(1) AUTHORIZATION OF APPROPRIATIONS.—
19	There is authorized to be appropriated for the Depart-
20	ment of Veterans Affairs for each of fiscal years 2009
21	through 2012, \$2,000,000 to carry out this section.
22	(2) AVAILABILITY.—Amounts authorized to be
23	appropriated by paragraph (1) shall be made avail-
24	able to the National Center on Posttraumatic Stress
25	Disorder for the purpose specified in that paragraph.

1	(3) SUPPLEMENT NOT SUPPLANT.—Any amount
2	made available to the National Center on
3	Posttraumatic Stress Disorder for a fiscal year under
4	paragraph (2) is in addition to any other amounts
5	made available to the National Center on
6	Posttraumatic Stress Disorder for such year under
7	any other provision of law.
8	SEC. 202. EXTENSION OF AUTHORIZATION FOR SPECIAL
9	COMMITTEE ON POST-TRAUMATIC STRESS
10	DISORDER.
11	Section 110(e)(2) of the Veterans' Health Care Act of
12	1984 (38 U.S.C. 1712A note; Public Law 98–528) is
13	amended by striking "through 2008" and inserting
14	"through 2012".
15	TITLE III—ASSISTANCE FOR
16	FAMILIES OF VETERANS
17	SEC. 301. CLARIFICATION OF AUTHORITY OF SECRETARY
18	OF VETERANS AFFAIRS TO PROVIDE MENTAL
19	HEALTH SERVICES TO FAMILIES OF VET-
20	ERANS.
21	(a) IN GENERAL.—Chapter 17 is amended—
22	(1) in section 1701(5)(B)—
23	(A) by inserting "marriage and family
24	counseling," after "professional counseling,"; and

1	(B) by striking "as may be essential to"
2	and inserting "as the Secretary considers appro-
3	priate for"; and
4	(2) in section 1782—
5	(A) in subsection (a), by inserting "mar-
6	riage and family counseling," after "professional
7	counseling,"; and
8	(B) in subsection (b)—
9	(i) by inserting "marriage and family
10	counseling," after "professional coun-
11	seling,"; and
12	(ii) by striking "if—" and all that fol-
13	lows and inserting a period.
14	(b) LOCATION.—Paragraph (5) of section 1701 of title
15	38, United States Code, shall not be construed to prevent
16	the Secretary of Veterans Affairs from providing services
17	described in subparagraph (B) of such paragraph to indi-
18	viduals described in such subparagraph in centers under
19	section 1712A of such title (commonly referred to as "Vet
20	Centers"), Department of Veterans Affairs medical centers,
21	community-based outpatient clinics, or in such other facili-
22	ties of the Department of Veterans Affairs as the Secretary
23	considers necessary.

1SEC. 302. PILOT PROGRAM ON PROVISION OF READJUST-2MENT AND TRANSITION ASSISTANCE TO VET-3ERANS AND THEIR FAMILIES IN COOPERA-4TION WITH VET CENTERS.

5 (a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall carry out, through a non-Department of Veterans 6 7 Affairs entity, a pilot program to assess the feasibility and advisability of providing readjustment and transition as-8 9 sistance described in subsection (b) to veterans and their families in cooperation with centers under section 1712A 10 of title 38, United States Code (commonly referred to as 11 12 "Vet Centers").

13 (b) READJUSTMENT AND TRANSITION ASSISTANCE.—
14 Readjustment and transition assistance described in this
15 subsection is assistance as follows:

16 (1) Readjustment and transition assistance that
17 is preemptive, proactive, and principle-centered.

(2) Assistance and training for veterans and
their families in coping with the challenges associated
with making the transition from military to civilian
life.

22 (c) NON-DEPARTMENT OF VETERANS AFFAIRS ENTI-23 TY.—

24 (1) IN GENERAL.—The Secretary shall carry out
25 the pilot program through any for-profit or non-profit
26 organization selected by the Secretary for purposes of
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the pilot program that has demonstrated expertise
 and experience in the provision of assistance and
 training described in subsection (b).

4 (2) CONTRACT OR AGREEMENT.—The Secretary
5 shall carry out the pilot program through a non-De6 partment entity described in paragraph (1) pursuant
7 to a contract or other agreement entered into by the
8 Secretary and the entity for purposes of the pilot pro9 gram.

(d) COMMENCEMENT OF PILOT PROGRAM.—The pilot
program shall commence not later than 180 days after the
date of the enactment of this Act.

(e) DURATION OF PILOT PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program, and may be carried out for additional one-year periods thereafter.

18 (f) LOCATION OF PILOT PROGRAM.—

19 (1) IN GENERAL.—The Secretary shall provide
20 assistance under the pilot program in cooperation
21 with 10 centers described in subsection (a) designated
22 by the Secretary for purposes of the pilot program.

(2) DESIGNATIONS.—In designating centers described in subsection (a) for purposes of the pilot program, the Secretary shall designate centers so as to

1	provide a balanced geographical representation of
2	such centers throughout the United States, including
3	the District of Columbia, the Commonwealth of Puer-
4	to Rico, tribal lands, and other territories and posses-
5	sions of the United States.
6	(g) PARTICIPATION OF CENTERS.—A center described
7	in subsection (a) that is designated under subsection (f) for
8	participation in the pilot program shall participate in the
9	pilot program by promoting awareness of the assistance and
10	training available to veterans and their families through—
11	(1) the facilities and other resources of such cen-
12	ter;
13	(2) the non-Department of Veterans Affairs enti-
14	ty selected pursuant to subsection (c); and
15	(3) other appropriate mechanisms.
16	(h) Additional Support.—In carrying out the pilot
17	program, the Secretary may enter into contracts or other
18	agreements, in addition to the contract or agreement de-
19	scribed in subsection (c), with such other non-Department
20	of Veterans Affairs entities meeting the requirements of sub-
21	section (c) as the Secretary considers appropriate for pur-
22	poses of the pilot program.
23	(i) Report on Pilot Program.—
24	(1) Report required.—Not later than three
25	

25 years after the date of the enactment of this Act, the

1	Secretary shall submit to the congressional veterans
2	affairs committees a report on the pilot program.
3	(2) Elements.—Each report under paragraph
4	(1) shall include the following:
5	(A) A description of the activities under the
6	pilot program as of the date of such report, in-
7	cluding the number of veterans and families pro-
8	vided assistance under the pilot program and the
9	scope and nature of the assistance so provided.
10	(B) A current assessment of the effectiveness
11	of the pilot program.
12	(C) Any recommendations that the Sec-
13	retary considers appropriate for the extension or
14	expansion of the pilot program.
15	(3) Congressional veterans affairs commit-
16	TEES DEFINED.—In this subsection, the term "con-
17	gressional veterans affairs committees" means—
18	(A) the Committees on Veterans' Affairs and
19	Appropriations of the Senate; and
20	(B) the Committees on Veterans' Affairs
21	and Appropriations of the House of Representa-
22	tives.
23	(j) AUTHORIZATION OF APPROPRIATIONS.—
24	(1) IN GENERAL.—There is authorized to be ap-
25	propriated for the Department of Veterans Affairs for

	50
1	each of fiscal years 2009 through 2011 \$1,000,000 to
2	carry out this section.
3	(2) AVAILABILITY.—Amounts authorized to be
4	appropriated by paragraph (1) shall remain available
5	until expended.
6	TITLE IV—HEALTH CARE
7	MATTERS
8	SEC. 401. VETERANS BENEFICIARY TRAVEL PROGRAM.
9	(a) Repeal of Requirement To Adjust Amounts
10	Deducted From Payments or Allowances for Bene-
11	FICIARY TRAVEL.—
12	(1) IN GENERAL.—Section 111(c) is amended—
13	(A) by striking paragraph (5); and
14	(B) in paragraph (2), by striking ", except
15	as provided in paragraph (5) of this sub-
16	section,".
17	(2) Reinstatement of amount of deduction
18	SPECIFIED BY STATUTE.—Notwithstanding any ad-
19	justment made by the Secretary of Veterans Affairs
20	under paragraph (5) of section 111(c) of title 38,
21	United States Code, as such paragraph was in effect
22	before the date of the enactment of this Act, the
23	amount deducted under paragraph (1) of such section
24	111(c) on or after such date shall be the amount spec-
25	ified in such paragraph.

(b) DETERMINATION OF MILEAGE REIMBURSEMENT
 2 RATE.—Section 111(g) is amended—

3 (1) by amending paragraph (1) to read as fol4 lows:

5 "(1) Subject to paragraph (3), in determining the 6 amount of allowances or reimbursement to be paid under 7 this section, the Secretary shall use the mileage reimburse-8 ment rate for the use of privately owned vehicles by Govern-9 ment employees on official business (when a Government 10 vehicle is available), as prescribed by the Administrator of 11 General Services under section 5707(b) of title 5.";

(2) by striking paragraphs (3) and (4); and

13 (3) by inserting after paragraph (2) the fol14 lowing new paragraph (3):

"(3) Subject to the availability of appropriations, the
Secretary may modify the amount of allowances or reimbursement to be paid under this section using a mileage
reimbursement rate in excess of that prescribed under paragraph (1).".

(c) REPORT.—Not later than 14 months 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 containing an estimate

12

of the additional costs incurred by the Department of Vet erans Affairs because of this section, including—

3	(1) any costs resulting from increased utilization
4	of healthcare services by veterans eligible for travel al-
5	lowances or reimbursements under section 111 of title
6	38, United States Code; and
7	(2) the additional costs that would be incurred
8	by the Department should the Secretary exercise the
9	authority described in subsection $(g)(3)$ of such sec-
10	tion.
11	(d) EFFECTIVE DATE.—The amendments made by this
12	section shall apply with respect to travel expenses incurred
13	after the expiration of the 90-day period that begins on the
14	date of the enactment of this Act.
15	SEC. 402. MANDATORY REIMBURSEMENT OF VETERANS RE-
16	CEIVING EMERGENCY TREATMENT IN NON-
17	DEPARTMENT OF VETERANS AFFAIRS FACILI-
18	TIES UNTIL TRANSFER TO DEPARTMENT FA-
19	CILITIES.
20	(a) Certain Veterans Without Service-Con-
21	NECTED DISABILITY.—Section 1725 is amended—
22	(1) in subsection (a)(1), by striking "may reim-
23	burse" and inserting "shall reimburse"; and

1	(2) in subsection (f)(1), by striking subpara-
2	graph (C) and inserting the following new subpara-
3	graph (C):
4	"(C) until—
5	((i) such time as the veteran can be
6	transferred safely to a Department facility
7	or other Federal facility and such facility is
8	capable of accepting such transfer; or
9	"(ii) such time as a Department facil-
10	ity or other Federal facility accepts such
11	transfer if—
12	((I) at the time the veteran could
13	have been transferred safely to a De-
14	partment facility or other Federal fa-
15	cility, no Department facility or other
16	Federal facility agreed to accept such
17	transfer; and
18	"(II) the non-Department facility
19	in which such medical care or services
20	was furnished made and documented
21	reasonable attempts to transfer the vet-
22	eran to a Department facility or other
23	Federal facility.".
24	(b) Certain Veterans With Service-Connected
25	DISABILITY.—Section 1728 is amended—

1	(1) by striking subsection (a) and inserting the
2	following new subsection (a):

3	"(a) The Secretary shall, under such regulations as the
4	Secretary prescribes, reimburse veterans eligible for hospital
5	care or medical services under this chapter for the cus-
6	tomary and usual charges of emergency treatment (includ-
7	ing travel and incidental expenses under the terms and con-
8	ditions set forth in section 111 of this title) for which such
9	veterans have made payment, from sources other than the
10	Department, where such emergency treatment was rendered
11	to such veterans in need thereof for any of the following:
12	"(1) An adjudicated service-connected disability.
13	"(2) A non-service-connected disability associ-
14	ated with and held to be aggravating a service-con-
15	nected disability.
16	"(3) Any disability of a veteran if the veteran
17	has a total disability permanent in nature from a
18	service-connected disability.
19	"(4) Any illness, injury, or dental condition of
20	a veteran who—
21	"(A) is a participant in a vocational reha-
22	bilitation program (as defined in section 3101(9)
23	of this title); and
24	(B) is medically determined to have been
25	in need of care or treatment to make possible the

1	veteran's entrance into a course of training, or
2	prevent interruption of a course of training, or
3	hasten the return to a course of training which
4	was interrupted because of such illness, injury,
5	or dental condition.";
6	(2) in subsection (b), by striking "care or serv-
7	ices" both places it appears and inserting "emergency
8	treatment"; and
9	(3) by adding at the end the following new sub-
10	section:
11	"(c) In this section, the term 'emergency treatment' has
12	the meaning given such term in section $1725(f)(1)$ of this
13	title.".
13 14	title.". SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE
14	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE
14 15	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF
14 15 16	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS.
14 15 16 17	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS. (a) PILOT PROGRAM REQUIRED.—
14 15 16 17 18	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS. (a) PILOT PROGRAM REQUIRED.— (1) IN GENERAL.—The Secretary of Veterans Af-
14 15 16 17 18 19	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS. (a) PILOT PROGRAM REQUIRED.— (1) IN GENERAL.—The Secretary of Veterans Af- fairs shall conduct a pilot program under which the
 14 15 16 17 18 19 20 	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS. (a) PILOT PROGRAM REQUIRED.— (1) IN GENERAL.—The Secretary of Veterans Af- fairs shall conduct a pilot program under which the Secretary provides covered health services to covered
 14 15 16 17 18 19 20 21 	SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS. (a) PILOT PROGRAM REQUIRED.— (1) IN GENERAL.—The Secretary of Veterans Af- fairs shall conduct a pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Vet-

that is 120 days after the date of the enactment of
 this Act.

3 (3) TERMINATION.—A veteran may receive
4 health services under the pilot program only during
5 the three-year period beginning on the date of the
6 commencement of the pilot program under paragraph
7 (2).

8 (4) PROGRAM LOCATIONS.—The pilot program 9 shall be carried out within areas selected by the Sec-10 retary for the purposes of the pilot program in at 11 least five Veterans Integrated Service Networks 12 (VISNs). Of the Veterans Integrated Service Networks 13 so selected—

14 (A) not less than four such networks shall
15 include at least three highly rural counties, as
16 determined by the Secretary upon consideration
17 of the most recent decennial census;

(B) not less than one such network, not including a network selected under subparagraph
(A), shall include only one highly rural county,
as determined by the Secretary upon consideration of the most recent decennial census;
(C) all such networks shall include area

within the borders of at least four States; and

24
1	(D) no such networks shall be participants
2	in the Healthcare Effectiveness through Resource
3	Optimization pilot program of the Department
4	of Veterans Affairs.
5	(b) Covered Veterans.—
6	(1) IN GENERAL.—For purposes of the pilot pro-
7	gram under this section, a covered veteran is any
8	highly rural veteran who is—
9	(A) enrolled in the system of patient enroll-
10	ment established under section 1705(a) of title
11	38, United States Code, as of the date of the com-
12	mencement of the pilot program under subsection
13	(a)(2); or
14	(B) eligible for health care under section
15	1710(e)(3)(C) of title 38, United States Code.
16	(2) Highly rural veterans.—For purposes of
17	this subsection, a highly rural veteran is any veteran
18	who—
19	(A) resides in a location that is—
20	(i) more than 60 miles driving dis-
21	tance from the nearest Department health
22	care facility providing primary care serv-
23	ices, if the veteran is seeking such services;
24	(ii) more than 120 miles driving dis-
25	tance from the nearest Department health

1	care facility providing acute hospital care,
2	if the veteran is seeking such care; or
3	(iii) more than 240 miles driving dis-
4	tance from the nearest Department health
5	care facility providing tertiary care, if the
6	veteran is seeking such care; or
7	(B) in the case of a veteran who resides in
8	a location less than the distance specified in
9	clause (i), (ii), or (iii) of subparagraph (A), as
10	applicable, experiences such hardship or other
11	difficulties in travel to the nearest appropriate
12	Department health care facility that such travel
13	is not in the best interest of the veteran, as deter-
14	mined by the Secretary pursuant to regulations
15	prescribed for purposes of this subsection.
16	(c) Covered Health Services.—For purposes of the
17	pilot program under this section, a covered health service
18	with respect to a covered veteran is any hospital care, med-
19	ical service, rehabilitative service, or preventative health
20	service that is authorized to be provided by the Secretary
21	to the veteran under chapter 17 of title 38, United States
22	Code, or any other provision of law.
23	(d) Qualifying Non-Department Health Care
24	PROVIDERS.—For purposes of the pilot program under this

25 section, an entity or individual is a qualifying non-Depart-

ment health care provider of a covered health service if the
 Secretary determines that the entity or individual is quali fied to furnish such service to veterans under the pilot pro gram.

5 (e) ELECTION.—A covered veteran seeking to be pro-6 vided covered health services under the pilot program under 7 this section shall submit to the Secretary an application 8 therefor in such form, and containing such information as 9 the Secretary shall specify for purposes of the pilot pro-10 gram.

(f) PROVISION OF SERVICES THROUGH CONTRACT.—
The Secretary shall provide covered health services to veterans under the pilot program under this section through
contracts with qualifying non-Department health care providers for the provision of such services.

16 (g) EXCHANGE OF MEDICAL INFORMATION.—In con-17 ducting the pilot program under this section, the Secretary 18 shall develop and utilize a functional capability to provide 19 for the exchange of appropriate medical information be-20 tween the Department and non-Department health care 21 providers providing health services under the pilot program.

(h) REPORTS.—Not later than the 30 days after the
end of each year in which the pilot program under this section is conducted, the Secretary shall submit to the Committee of Veterans' Affairs of the Senate and the Committee

3	(1) the assessment of the Secretary of the pilot
4	program during the preceding year, including its
5	cost, volume, quality, patient satisfaction, benefit to
6	veterans, and such other findings and conclusions
7	with respect to pilot program as the Secretary con-
8	siders appropriate; and
9	(2) such recommendations as the Secretary con-
10	siders appropriate regarding—
11	(A) the continuation of the pilot program;
12	(B) extension of the pilot program to other
13	or all Veterans Integrated Service Networks of
14	the Department;
15	(C) making the pilot program permanent.
16	SEC. 404. EPILEPSY CENTERS OF EXCELLENCE.
17	(a) IN GENERAL.—Subchapter II of chapter 73 is
18	amended by adding at the end the following new section:
19	"§ 7330A. Epilepsy centers of excellence
20	"(a) Establishment of Centers.—(1) Not later
21	than 120 days after the date of the enactment of the Vet-
22	erans' Mental Health and Other Care Improvements Act of
23	2008, the Secretary shall designate at least four but not
24	more than six Department health care facilities as locations
25	for epilepsy centers of excellence for the Department.

"(2) Of the facilities designated under paragraph (1),
 not less than two shall be centers designated under section
 7327 of this title.

4 "(3) Of the facilities designated under paragraph (1),
5 not less than two shall be facilities that are not centers des6 ignated under section 7327 of this title.

7 "(4) Subject to the availability of appropriations for
8 such purpose, the Secretary shall establish and operate an
9 epilepsy center of excellence at each location designated
10 under paragraph (1).

"(b) DESIGNATION OF FACILITIES.—(1) In designating locations for epilepsy centers of excellence under subsection (a), the Secretary shall solicit proposals from Department health care facilities seeking designation as a location for an epilepsy center of excellence.

16 "(2) The Secretary may not designate a facility as a location for an epilepsy center of excellence under subsection 17 (a) unless the peer review panel established under subsection 18 19 (c) has determined under that subsection that the proposal submitted by such facility seeking designation as a location 20 21 for an epilepsy center of excellence is among those proposals 22 that meet the highest competitive standards of scientific and 23 clinical merit.

24 "(3) In choosing from among the facilities meeting the
25 requirements of paragraph (2), the Secretary shall also con-

1 sider appropriate geographic distribution when designating

2 the epilepsy centers of excellence under subsection (a).

3 "(c) PEER REVIEW PANEL.—(1) The Under Secretary
4 for Health shall establish a peer review panel to assess the
5 scientific and clinical merit of proposals that are submitted
6 to the Secretary for the designation of epilepsy centers of
7 excellence under this section.

8 "(2)(A) The membership of the peer review panel shall
9 consist of experts on epilepsy, including post-traumatic epi10 lepsy.

"(B) Members of the peer review panel shall serve for
a period of no longer than two years, except as specified
in subparagraph (C).

"(C) Of the members first appointed to the panel, one 14 15 half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as des-16 ignated by the Under Secretary at the time of appointment. 17 18 "(3) The peer review panel shall review each proposal submitted to the panel by the Under Secretary for Health 19 and shall submit its views on the relative scientific and 20 21 clinical merit of each such proposal to the Under Secretary. 22 "(4) The peer review panel shall, in conjunction with 23 the national coordinator designated under subsection (e), 24 conduct regular evaluations of each epilepsy center of excellence established and operated under subsection (a) to en sure compliance with the requirements of this section.

3 "(5) The peer review panel shall not be subject to the
4 Federal Advisory Committee Act.

5 "(d) EPILEPSY CENTER OF EXCELLENCE DEFINED.— 6 In this section, the term 'epilepsy center of excellence' means 7 a health care facility that has (or in the foreseeable future 8 can develop) the necessary capacity to function as a center 9 of excellence in research, education, and clinical care activities in the diagnosis and treatment of epilepsy and has (or 10 11 may reasonably be anticipated to develop) each of the following: 12

"(1) An affiliation with an accredited medical
school that provides education and training in neurology, including an arrangement with such school
under which medical residents receive education and
training in the diagnosis and treatment of epilepsy
(including neurosurgery).

"(2) The ability to attract the participation of
scientists who are capable of ingenuity and creativity
in health care research efforts.

"(3) An advisory committee composed of veterans
and appropriate health care and research representatives of the facility and of the affiliated school or
schools to advise the directors of such facility and

1	such center on policy matters pertaining to the activi-
2	ties of the center during the period of the operation
3	of such center.
4	"(4) The capability to conduct effectively evalua-
5	tions of the activities of such center.
6	"(5) The capability to assist in the expansion of
7	the Department's use of information systems and
8	databases to improve the quality and delivery of care
9	for veterans enrolled within the Department's health
10	care system.
11	"(6) The capability to assist in the expansion of
12	the Department telehealth program to develop, trans-
13	mit, monitor, and review neurological diagnostic
14	tests.
15	"(7) The ability to perform epilepsy research,
16	education, and clinical care activities in collaboration
17	with Department medical facilities that have centers
18	for research, education, and clinical care activities on
19	complex multi-trauma associated with combat inju-
20	ries established under section 7327 of this title.
21	"(e) NATIONAL COORDINATOR FOR EPILEPSY PRO-
22	GRAMS.—(1) To assist the Secretary and the Under Sec-
23	retary for Health in carrying out this section, the Secretary
24	shall designate an individual in the Veterans Health Ad-

1	ministration to act as a national coordinator for epilepsy
2	programs of the Veterans Health Administration.
3	"(2) The duties of the national coordinator for epilepsy
4	programs shall include the following:
5	"(A) To supervise the operation of the centers es-
6	tablished pursuant to this section.
7	``(B) To coordinate and support the national
8	consortium of providers with interest in treating epi-
9	lepsy at Department health care facilities lacking
10	such centers in order to ensure better access to state-
11	of-the-art diagnosis, research, clinical care, and edu-
12	cation for traumatic brain injury and epilepsy
13	throughout the health care system of the Department.
14	(C) To conduct, in conjunction with the peer re-
15	view panel established under subsection (c), regular
16	evaluations of the epilepsy centers of excellence to en-
17	sure compliance with the requirements of this sec-
18	tion.
19	"(D) To coordinate (as part of an integrated na-
20	tional system) education, clinical care, and research
21	activities within all facilities with an epilepsy center
22	of excellence.
23	(E) To develop jointly a national consortium of
24	providers with interest in treating epilepsy at De-
25	partment health care facilities lacking an epilepsy

center of excellence in order to ensure better access to
 state-of-the-art diagnosis, research, clinical care, and
 education for traumatic brain injury and epilepsy
 throughout the health care system of the Department.
 Such consortium should include a designated epilepsy
 referral clinic in each Veterans Integrated Service
 Network.

8 "(3) In carrying out duties under this subsection, the 9 national coordinator for epilepsy programs shall report to 10 the official of the Veterans Health Administration respon-11 sible for neurology.

"(f) AUTHORIZATION OF APPROPRIATIONS.—(1) There
are authorized to be appropriated \$6,000,000 for each of
fiscal years 2009 through 2013 for the support of the clinical care, research, and education activities of the epilepsy
centers of excellence established and operated pursuant to
subsection (a)(2).

"(2) There are authorized to be appropriated for each
fiscal year after fiscal year 2013 such sums as may be necessary for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

23 "(3) The Secretary shall ensure that funds for such
24 centers are designated for the first three years of operation
25 as a special purpose program for which funds are not allo-

cated through the Veterans Equitable Resource Allocation
 system.

"(4) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, the
Under Secretary for Health shall allocate to such centers
from other funds appropriated generally for the Department
medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under
Secretary for Health determines appropriate.

"(5) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year,
there are authorized to be appropriated such sums as may
be necessary to fund the national coordinator established
by subsection (e).".

15 (b) CLERICAL AMENDMENT.—The table of sections at

16 the beginning of chapter 73 is amended by inserting after

17 the item relating to section 7330 the following new item: "7330A. Epilepsy centers of excellence.".

18 SEC. 405. ESTABLISHMENT OF QUALIFICATIONS FOR PEER 19 SPECIALIST APPOINTEES.

- 20 (a) IN GENERAL.—Section 7402(b) is amended—
- (1) by redesignating the paragraph (11) relating
 to other health care positions as paragraph (14); and
 (2) by inserting after paragraph (12) the following new paragraph (13):

1	"(13) PEER Specialist.—To be eligible to be ap-
2	pointed to a peer specialist position, a person must—
3	"(A) be a veteran who has recovered or is recov-
4	ering from a mental health condition; and
5	(B) be certified by—
6	"(i) a not-for-profit entity engaged in peer
7	specialist training as having met such criteria as
8	the Secretary shall establish for a peer specialist
9	position; or
10	"(ii) a State as having satisfied relevant
11	State requirements for a peer specialist posi-
12	tion.".
13	(b) PEER Specialist Training.—Section 7402 is
14	amended by adding at the end the following new subsection:
15	"(g) The Secretary may enter into contracts with not-
16	for-profit entities to provide—
17	"(1) peer specialist training to veterans; and
18	"(2) certification for veterans under subsection
19	(b)(13)(B)(i).".
20	SEC. 406. ESTABLISHMENT OF CONSOLIDATED PATIENT AC-
21	COUNTING CENTERS.
22	(a) Establishment of Centers.—Chapter 17 is
23	amended by inserting after section 1729A the following new
24	section:

1 "§1729B. Consolidated patient accounting centers

2 "(a) IN GENERAL.—Not later than five years after the
3 date of the enactment of this section, the Secretary of Vet4 erans Affairs shall establish not more than seven consoli5 dated patient accounting centers for conducting industry6 modeled regionalized billing and collection activities of the
7 Department.

8 "(b) FUNCTIONS.—The centers shall carry out the fol9 lowing functions:

10 "(1) Reengineer and integrate all business proc11 esses of the revenue cycle of the Department.

12 "(2) Standardize and coordinate all activities of
13 the Department related to the revenue cycle for all
14 health care services furnished to veterans for non-serv15 ice-connected medical conditions.

16 "(3) Apply commercial industry standards for
17 measures of access, timeliness, and performance
18 metrics with respect to revenue enhancement of the
19 Department.

20 "(4) Apply other requirements with respect to
21 such revenue cycle improvement as the Secretary may
22 specify.".

(b) CLERICAL AMENDMENT.—The table of sections at
the beginning of such chapter is amended by inserting after
the item relating to section 1729A the following:

"1729B. Consolidated patient accounting centers.".

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1 SEC. 407. REPEAL OF LIMITATION ON AUTHORITY TO CON-2 DUCT WIDESPREAD HIV TESTING PROGRAM. 3 Section 124 of the Veterans' Benefits and Services Act of 1988 (title I of Public Law 100-322, as amended; 38 4 5 U.S.C. 7333 note) is repealed. 6 SEC. 408. PROVISION OF COMPREHENSIVE HEALTH CARE 7 BY SECRETARY OF VETERANS AFFAIRS TO 8 CHILDREN OF VIETNAM VETERANS BORN 9 WITH SPINA BIFIDA. 10 (a) Provision of Comprehensive Health Care.— 11 Section 1803(a) is amended by striking "such health care 12 as the Secretary determines is needed by the child for the spina bifida or any disability that is associated with such 13 condition" and inserting "health care under this section". 14 15 (b) EFFECTIVE DATE.—The amendment made by sub-16 section (a) shall apply with respect to care furnished after the date of the enactment of this Act. 17 18 SEC. 409. EXEMPTION FROM COPAYMENT REQUIREMENT 19 FOR VETERANS RECEIVING HOSPICE CARE. 20 Section 1710 is amended— 21 (1) in subsection (f)(1), by inserting "(except if 22 such care constitutes hospice care)" after "nursing 23 home care"; and 24 (2) in subsection (q)(1), by inserting "(except if 25 such care constitutes hospice care)" after "medical 26 services".

	51
1	TITLE V—PAIN CARE
2	SEC. 501. COMPREHENSIVE POLICY ON PAIN MANAGEMENT.
3	(a) Comprehensive Policy Required.—Not later
4	than October 1, 2009, the Secretary of Veterans Affairs shall
5	develop and implement a comprehensive policy on the man-
6	agement of pain experienced by veterans enrolled for health
7	care services provided by the Department of Veterans Af-
8	fairs.
9	(b) Scope of Policy.—The policy required by sub-
10	section (a) shall cover each of the following:
11	(1) The Department-wide management of acute
12	and chronic pain experienced by veterans.
13	(2) The standard of care for pain management
14	to be used throughout the Department.
15	(3) The consistent application of pain assess-
16	ments to be used throughout the Department.
17	(4) The assurance of prompt and appropriate
18	pain care treatment and management by the Depart-
19	ment, system-wide, when medically necessary.
20	(5) Department programs of research related to
21	acute and chronic pain suffered by veterans, includ-
22	ing pain attributable to central and peripheral nerv-
23	ous system damage characteristic of injuries incurred
24	in modern warfare.

24 in modern warfare.

(6) Department programs of pain care education
 and training for health care personnel of the Depart ment.

4 (7) Department programs of patient education
5 for veterans suffering from acute or chronic pain and
6 their families.

7 (c) UPDATES.—The Secretary shall revise the policy
8 required by subsection (a) on a periodic basis in accordance
9 with experience and evolving best practice guidelines.

(d) CONSULTATION.—The Secretary shall develop the
policy required by subsection (a), and revise such policy
under subsection (c), in consultation with veterans service
organizations and organizations with expertise in the assessment, diagnosis, treatment, and management of pain.
(e) ANNUAL REPORT.—

16 (1) IN GENERAL.—Not later than 180 days after 17 the date of the completion and initial implementation 18 of the policy required by subsection (a) and on Octo-19 ber 1 of every fiscal year thereafter through fiscal year 20 2018, the Secretary shall submit to the Committee on 21 Veterans' Affairs of the Senate and the Committee on 22 Veterans' Affairs of the House of Representatives a re-23 port on the implementation of the policy required by subsection (a). 24

1	(2) CONTENTS.—The report required by para-
2	graph (1) shall include the following:
3	(A) A description of the policy developed
4	and implemented under subsection (a) and any
5	revisions to such policy under subsection (c).
6	(B) A description of the performance meas-
7	ures used to determine the effectiveness of such
8	policy in improving pain care for veterans sys-
9	tem-wide.
10	(C) An assessment of the adequacy of De-
11	partment pain management services based on a
12	survey of patients managed in Department clin-
13	ics.
14	(D) An assessment of the research projects of
15	the Department relevant to the treatment of the
16	types of acute and chronic pain suffered by vet-
17	erans.
18	(E) An assessment of the training provided
19	to Department health care personnel with respect
20	to the diagnosis, treatment, and management of
21	acute and chronic pain.
22	(F) An assessment of the patient pain care
23	education programs of the Department.
24	(f) Veterans Service Organization Defined.—In
25	this section, the term "veterans service organization" means

1 any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, 2 United States Code. 3 TITLE VI—HOMELESS VETERANS 4 MATTERS 5 6 SEC. 601. INCREASED AUTHORIZATION OF APPROPRIA-7 TIONS FOR COMPREHENSIVE SERVICE PRO-8 GRAMS. 9 Section 2013 is amended by striking "\$130,000,000" and inserting "\$150,000,000". 10 11 SEC. 602. EXPANSION AND EXTENSION OF AUTHORITY FOR 12 PROGRAM OF REFERRAL AND COUNSELING 13 **SERVICES** FOR AT-RISK VETERANS 14 TRANSITIONING FROM CERTAIN INSTITU-15 TIONS. 16 (a) PROGRAM AUTHORITY.—Subsection (a) of section 2023 is amended by striking "a demonstration program for 17 the purpose of determining the costs and benefits of pro-18 viding" and inserting "a program of". 19 20 (b) Scope of Program.—Subsection (b) of such sec-21 tion is amended— (1) by striking "DEMONSTRATION" in the sub-22 23 section heading; (2) by striking "demonstration"; and 24

1	(3) by striking "in at least six locations" and
2	inserting "in at least 12 locations".
3	(c) EXTENSION OF AUTHORITY.—Subsection (d) of
4	such section is amended by striking "shall cease" and all
5	that follows and inserting "shall cease on September 30,
6	2012.".
7	(d) Conforming Amendments.—
8	(1) Subsection $(c)(1)$ of such section is amended
9	by striking "demonstration".
10	(2) The heading of such section is amended to
11	read as follows:
12	"§2023. Referral and counseling services: veterans at
13	risk of homelessness who are
13 14	
	risk of homelessness who are
14	risk of homelessness who are transitioning from certain institutions".
14 15	 risk of homelessness who are transitioning from certain institutions". (3) Section 2022(f)(2)(C) of such title is amend-
14 15 16	 risk of homelessness who are transitioning from certain institutions". (3) Section 2022(f)(2)(C) of such title is amend- ed by striking "demonstration".
14 15 16 17	riskofhomelessnesswhoaretransitioning from certain institutions".(3)Section 2022(f)(2)(C) of such title is amend-ed by striking "demonstration".(e)CLERICAL AMENDMENT.—The table of sections at

1	SEC. 603. PERMANENT AUTHORITY FOR DOMICILIARY SERV-
2	ICES FOR HOMELESS VETERANS AND EN-
3	HANCEMENT OF CAPACITY OF DOMICILIARY
4	CARE PROGRAMS FOR FEMALE VETERANS.
_	

5 Subsection (b) of section 2043 is amended to read as6 follows:

7 "(b) ENHANCEMENT OF CAPACITY OF DOMICILIARY 8 CARE PROGRAMS FOR FEMALE VETERANS.—The Secretary 9 shall take appropriate actions to ensure that the domi-10 ciliary care programs of the Department are adequate, with 11 respect to capacity and with respect to safety, to meet the 12 needs of veterans who are women.".

13 SEC. 604. FINANCIAL ASSISTANCE FOR SUPPORTIVE SERV-

14ICES FOR VERY LOW-INCOME VETERAN FAMI-15LIES IN PERMANENT HOUSING.

16 (a) PURPOSE.—The purpose of this section is to facili17 tate the provision of supportive services for very low-income
18 veteran families in permanent housing.

19 (b) FINANCIAL ASSISTANCE.—

20 (1) IN GENERAL.—Subchapter V of chapter 20 is

21 amended by adding at the end the following new sec-

22 *tion*:

1 "§2044. Financial assistance for supportive services2for very low-income veteran families in3permanent housing

4 "(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—(1)
5 The Secretary shall provide financial assistance to eligible
6 entities approved under this section to provide and coordi7 nate the provision of supportive services described in sub8 section (b) for very low-income veteran families occupying
9 permanent housing.

"(2) Financial assistance under this section shall consist of grants for each such family for which an approved
eligible entity is providing or coordinating the provision
of supportive services.

14 "(3)(A) The Secretary shall provide such grants to
15 each eligible entity that is providing or coordinating the
16 provision of supportive services.

17 "(B) The Secretary is authorized to establish intervals
18 of payment for the administration of such grants and estab19 lish a maximum amount to be awarded, in accordance with
20 the services being provided and their duration.

"(4) In providing financial assistance under paragraph (1), the Secretary shall give preference to entities providing or coordinating the provision of supportive services
for very low-income veteran families who are transitioning
from homelessness to permanent housing.

"(5) The Secretary shall ensure that, to the extent
 practicable, financial assistance under this subsection is eq uitably distributed across geographic regions, including
 rural communities and tribal lands.

5 "(6) Each entity receiving financial assistance under
6 this section to provide supportive services to a very low7 income veteran family shall notify that family that such
8 services are being paid for, in whole or in part, by the De9 partment.

10 "(7) The Secretary may require entities receiving fi-11 nancial assistance under this section to submit a report to 12 the Secretary that describes the projects carried out with 13 such financial assistance.

14 "(b) SUPPORTIVE SERVICES.—The supportive services
15 referred to in subsection (a) are the following:

"(1) Services provided by an eligible entity or a
subcontractor of an eligible entity that address the
needs of very low-income veteran families occupying
permanent housing, including—

20 "(A) outreach services;

21 "(B) case management services;

"(C) assistance in obtaining any benefits
from the Department which the veteran may be
eligible to receive, including, but not limited to,
vocational and rehabilitation counseling, em-

1	ployment and training service, educational as-
2	sistance, and health care services; and
3	``(D) assistance in obtaining and coordi-
4	nating the provision of other public benefits pro-
5	vided in federal, State, or local agencies, or any
6	organization defined in subsection (f), includ-
7	ing—
8	"(i) health care services (including ob-
9	taining health insurance);
10	"(ii) daily living services;
11	"(iii) personal financial planning;
12	"(iv) transportation services;
13	"(v) income support services;
14	"(vi) fiduciary and representative
15	payee services;
16	"(vii) legal services to assist the vet-
17	eran family with issues that interfere with
18	the family's ability to obtain or retain
19	housing or supportive services;
20	"(viii) child care;
21	"(ix) housing counseling; and
22	"(x) other services necessary for main-
23	taining independent living.
24	"(2) Services described in paragraph (1) that are
25	delivered to very low-income veteran families who are

homeless and who are scheduled to become residents of
 permanent housing within 90 days pending the loca tion or development of housing suitable for permanent
 housing.

"(3) Services described in paragraph (1) for very 5 6 low-income veteran families who have voluntarily 7 chosen to seek other housing after a period of tenancy 8 in permanent housing, that are provided, for a period 9 of 90 days after such families exit permanent housing 10 or until such families commence receipt of other hous-11 ing services adequate to meet their current needs, but 12 only to the extent that services under this paragraph 13 are designed to support such families in their choice 14 to transition into housing that is responsive to their 15 individual needs and preferences.

"(c) APPLICATION FOR FINANCIAL ASSISTANCE.—(1)
An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application
therefor in such form, in such manner, and containing such
commitments and information as the Secretary determines
to be necessary to carry out this section.

22 "(2) Each application submitted by an eligible entity
23 under paragraph (1) shall contain—

1	"(A) a description of the supportive services pro-
2	posed to be provided by the eligible entity and the
3	identified needs for those services;
4	``(B) a description of the types of very low-in-
5	come veteran families proposed to be provided such
6	services;
7	"(C) an estimate of the number of very low-in-
8	come veteran families proposed to be provided such
9	services;
10	``(D) evidence of the experience of the eligible en-
11	tity in providing supportive services to very low-in-
12	come veteran families; and
13	``(E) a description of the managerial capacity of
14	the eligible entity—
15	((i) to coordinate the provision of sup-
16	portive services with the provision of permanent
17	housing by the eligible entity or by other organi-
18	zations;
19	"(ii) to assess continuously the needs of very
20	low-income veteran families for supportive serv-
21	ices;
22	"(iii) to coordinate the provision of sup-
23	portive services with the services of the Depart-
24	ment;

1	"(iv) to tailor supportive services to the
2	needs of very low-income veteran families; and
3	(v) to seek continuously new sources of as-
4	sistance to ensure the long-term provision of sup-
5	portive services to very low-income veteran fami-
6	lies.
7	((2) The George shall establish within for the color

7 "(3) The Secretary shall establish criteria for the selec8 tion of eligible entities to be provided financial assistance
9 under this section.

10 "(d) TECHNICAL ASSISTANCE.—(1) The Secretary 11 shall provide training and technical assistance to partici-12 pating eligible entities regarding the planning, develop-13 ment, and provision of supportive services to very low-in-14 come veteran families occupying permanent housing, 15 through the Technical Assistance grants program in section 16 2064 of this title.

17 "(2) The Secretary may provide the training described
18 in paragraph (1) directly or through grants or contracts
19 with appropriate public or nonprofit private entities.

20 "(e) FUNDING.—(1) From amounts appropriated to
21 the Department for Medical Services, there shall be avail22 able to carry out subsection (a), (b), and (c) amounts as
23 follows:

24 "(A) \$15,000,000 for fiscal year 2009.

25 "(B) \$20,000,000 for fiscal year 2010.

1	"(C) \$25,000,000 for fiscal year 2011.
2	"(2) Not more than \$750,000 may be available under
3	paragraph (1) in any fiscal year to provide technical assist-
4	ance under subsection (d).
5	"(3) There is authorized to be appropriated \$1,000,000
6	for each of the fiscal year 2009 through 2011 to carry out
7	the provisions of subsection (d).
8	"(f) DEFINITIONS.—In this section:
9	"(1) The term 'consumer cooperative' has the
10	meaning given such term in section 202 of the Hous-
11	ing Act of 1959 (12 U.S.C. 1701q).
12	"(2) The term 'eligible entity' means—
13	"(A) a private nonprofit organization; or
14	"(B) a consumer cooperative.
15	"(3) The term 'homeless' has the meaning given
16	that term in section 103 of the McKinney-Vento
17	Homeless Assistance Act (42 U.S.C. 11302).
18	"(4) The term 'permanent housing' means com-
19	munity-based housing without a designated length of
20	stay.
21	"(5) The term 'private nonprofit organization'
22	means any of the following:
23	"(A) Any incorporated private institution
24	or foundation—

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1	"(i) no part of the net earnings of
2	which inures to the benefit of any member,
3	founder, contributor, or individual;
4	"(ii) which has a governing board that
5	is responsible for the operation of the sup-
6	portive services provided under this section;
7	and
8	"(iii) which is approved by the Sec-
9	retary as to financial responsibility.
10	"(B) A for-profit limited partnership, the
11	sole general partner of which is an organization
12	meeting the requirements of clauses (i), (ii), and
13	(iii) of subparagraph (A).
14	(C) A corporation wholly owned and con-
15	trolled by an organization meeting the require-
16	ments of clauses (i), (ii), and (iii) of subpara-
17	graph (A).
18	(D) A tribally designated housing entity
19	(as defined in section 4 of the Native American
20	Housing Assistance and Self-Determination Act
21	of 1996 (25 U.S.C. 4103)).
22	"(6)(A) Subject to subparagraphs (B) and (C),
23	the term 'very low-income veteran family' means a
24	veteran family whose income does not exceed 50 per-
25	cent of the median income for an area specified by the

1	Secretary for purposes of this section, as determined
2	by the Secretary in accordance with this paragraph.
3	"(B) The Secretary shall make appropriate ad-
4	justments to the income requirement under subpara-
5	graph (A) based on family size.
6	"(C) The Secretary may establish an income
7	ceiling higher or lower than 50 percent of the median
8	income for an area if the Secretary determines that
9	such variations are necessary because the area has
10	unusually high or low construction costs, fair market
11	rents (as determined under section 8 of the United
12	States Housing Act of 1937 (42 U.S.C. 1437f)), or
13	family incomes.
14	"(7) The term 'veteran family' includes a veteran
15	who is a single person and a family in which the
16	head of household or the spouse of the head of house-
17	hold is a veteran.".
18	(2) Clerical Amendment.—The table of sec-
19	tions at the beginning of chapter 20 is amended by
20	inserting after the item relating to section 2043 the
21	following new item:
	"2044. Financial assistance for supportive services for very low-income veteran families in permanent housing.".
22	(c) Study of Effectiveness of Permanent Hous-
23	ING PROGRAM.—

1	(1) IN GENERAL.—For fiscal years 2009 and
2	2010, the Secretary shall conduct a study of the effec-
3	tiveness of the permanent housing program under sec-
4	tion 2044 of title 38, United States Code, as added
5	by subsection (b), in meeting the needs of very low-
6	income veteran families, as that term is defined in
7	that section.
8	(2) COMPARISON.—In the study required by
9	paragraph (1), the Secretary shall compare the results
10	of the program referred to in that subsection with
11	other programs of the Department of Veterans Affairs
12	dedicated to the delivery of housing and services to
13	veterans.
14	(3) CRITERIA.—In making the comparison re-
15	quired in paragraph (2), the Secretary shall examine
16	the following:
17	(A) The satisfaction of veterans targeted by
18	the programs described in paragraph (2).
19	(B) The health status of such veterans.
20	(C) The housing provided such veterans
21	under such programs.
22	(D) The degree to which such veterans are
23	encouraged to productive activity by such pro-
24	grams.

	07
1	(4) REPORT.—Not later than March 31, 2011,
2	the Secretary shall submit to the Committee on Vet-
3	erans' Affairs of the Senate and the Committee on
4	Veterans' Affairs of the House of Representatives a re-
5	port on the results of the study required by paragraph
6	(1).
7	TITLE VII-AUTHORIZATION OF
8	MEDICAL FACILITY PROJECTS
9	AND MAJOR MEDICAL FACIL-
10	ITY LEASES
11	SEC. 701. AUTHORIZATION FOR FISCAL YEAR 2009 MAJOR
12	MEDICAL FACILITY PROJECTS.
13	The Secretary of Veterans Affairs may carry out the
14	following major medical facility projects in fiscal year 2009
15	in the amount specified for each project:
16	(1) Seismic corrections, Building 2, at the De-
17	partment of Veterans Affairs Palo Alto Health Care
18	System, Palo Alto Division Palo Alto, California, in
19	an amount not to exceed \$54,000,000.
20	(2) Construction of a polytrauma healthcare and
21	rehabilitation center at the Department of Veterans
22	Affairs Medical Center, San Antonio, Texas, in an
23	amount not to exceed \$66,000,000.
24	(3) Seismic corrections, Building 1, at the De-
25	partment of Veterans Affairs Medical Center, San

1 Juan, Puerto Rico, in an amount not to exceed 2 \$225,900,000. 3 SEC. 702. MODIFICATION OF AUTHORIZATION AMOUNTS 4 FOR CERTAIN MAJOR MEDICAL FACILITY 5 CONSTRUCTION PROJECTS PREVIOUSLY AU-6 THORIZED. 7 (a) MODIFICATION OF MAJOR MEDICAL FACILITY AU-8 THORIZATIONS.—Section 801(a) of the Veterans Benefits, 9 Health Care, and Information Technology Act of 2006 (Public Law 109–461) is amended— 10 11 (1) in paragraph (1)— 12 (A) by striking "\$300,000,000" and insert-13 ing "\$625,000,000"; and 14 (B) by striking the second sentence; and 15 (2) in paragraph (3), by striking "\$98,000,000" and inserting "\$568,400,000". 16 17 (b) MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PRE-18 VIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL 19 Asset Realignment Initiative.— 20 21 (1) CORRECTION OF PATIENT PRIVACY DEFI-22 CIENCIES AT THE DEPARTMENT OF VETERANS AF-23 FAIRS MEDICAL CENTER, GAINESVILLE, FLORIDA.-24 Paragraph (5) of section 802 of the Veterans Benefits, 25 Health Care, and Information Technology Act of 2006

1	(Public Law 109–461) is amended by striking
2	"\$85,200,000" and inserting "\$136,700,000".
3	(2) Construction of a new medical center
4	FACILITY AT THE DEPARTMENT OF VETERANS AF-
5	FAIRS MEDICAL CENTER, LAS VEGAS, NEVADA.—Para-
6	graph (7) of such section is amended by striking
7	"\$406,000,000" and inserting "\$600,400,000".
8	(3) Construction of a new outpatient clin-
9	IC, LEE COUNTY, FLORIDA.—Paragraph (8) of such
10	section is amended—
11	(A) by striking "ambulatory" and all that
12	follows through "purchase," and inserting "out-
13	patient clinic in"; and
14	(B) by striking "\$65,100,000" and inserting
15	<i>``\$131,800,000`</i> '.
16	(4) Construction of a new medical center
17	FACILITY, ORLANDO, FLORIDA.—Paragraph (11) of
18	such section is amended by striking "\$377,700,000"
19	and inserting "\$656,800,000".
20	(5) Consolidation of campuses at the uni-
21	VERSITY DRIVE AND H. JOHN HEINZ III DIVISIONS,
22	PITTSBURGH, PENNSYLVANIA.—Paragraph (12) of
23	such section is amended by striking "\$189,205,000"
24	and inserting "\$295,600,000".

1	SEC. 703. AUTHORIZATION OF FISCAL YEAR 2009 MAJOR
2	MEDICAL FACILITY LEASES.
3	The Secretary of Veterans Affairs may carry out the
4	following major medical facility leases in fiscal year 2009
5	at the locations specified, and in an amount for each lease
6	not to exceed the amount shown for such location:
7	(1) For an outpatient clinic, Brandon, Florida,
8	\$4,326,000.
9	(2) For an outpatient clinic, Colorado Springs,
10	Colorado, \$10,300,000.
11	(3) For an outpatient clinic, Eugene, Oregon,
12	\$5,826,000.
13	(4) For the expansion of an outpatient clinic,
14	Green Bay, Wisconsin, \$5,891,000.
15	(5) For an outpatient clinic, Greenville, South
16	Carolina, \$3,731,000.
17	(6) For an outpatient clinic, Mansfield, Ohio,
18	\$2,212,000.
19	(7) For an outpatient clinic, Mayaguez, Puerto
20	Rico, \$6,276,000.
21	(8) For an outpatient clinic, Mesa, Arizona,
22	\$5,106,000.
23	(9) For interim research space, Palo Alto, Cali-
24	fornia, \$8,636,000.
25	(10) For the expansion of an outpatient clinic,
26	Savannah, Georgia, \$3,168,000.
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1 (11) For an outpatient clinic, Sun City, Ari-2 zona, \$2,295,000. (12) For a primary care annex, Tampa, Florida, 3 4 \$8,652,000. (13) For an outpatient clinic, Peoria, Illinois, 5 6 \$3,600,000. 7 SEC. 704. AUTHORIZATION OF APPROPRIATIONS. 8 (a) Authorization of Appropriations for Fiscal YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.—There 9 is authorized to be appropriated for the Secretary of Vet-10 erans Affairs for fiscal year 2009 for the Construction, 11 12 Major Projects, account— 13 (1) \$345,900,000 for the projects authorized in 14 section 701; and 15 (2) \$1,493,495,000 for the increased amounts au-16 thorized for projects whose authorizations are modi-17 fied by section 702. 18 (b) AUTHORIZATION FOR APPROPRIATIONS FOR FIS-19 CAL YEAR 2009 MAJOR MEDICAL FACILITY LEASES.— 20 There is authorized to be appropriated for the Secretary of 21 Veterans Affairs for fiscal year 2009 for the Medical Facili-

ties account, \$70,019,000, for the leases authorized in sec-tion 703.

1	SEC. 705. INCREASE IN THRESHOLD FOR MAJOR MEDICAL
2	FACILITY LEASES REQUIRING CONGRES-
3	SIONAL APPROVAL.
4	Section $8104(a)(3)(B)$ is amended by striking
5	"\$600,000" and inserting "\$1,000,000".
6	SEC. 706. CONVEYANCE OF CERTAIN NON-FEDERAL LAND
7	BY CITY OF AURORA, COLORADO, TO SEC-
8	RETARY OF VETERANS AFFAIRS FOR CON-
9	STRUCTION OF VETERANS MEDICAL FACIL-
10	ITY.
11	Section 410 of title IV of division I of the Consolidated
12	Appropriations Act, 2008 (Public Law 110–161; 121 Stat.
13	2276) is amended to read as follows:
14	"SEC. 410. CONVEYANCE OF CERTAIN NON-FEDERAL LAND.
15	"(a) DEFINITIONS.—In this section:
16	"(1) CITY.—The term 'City' means the City of
17	Aurora, Colorado.
18	"(2) DEED.—The term 'deed' means the quit-
19	claim deed—
20	"(A) conveyed to the City by the Secretary
21	(acting through the Director of the National
22	Park Service); and
23	"(B) dated May 24, 1999.
24	"(3) Non-Federal land.—The term 'non-Fed-
25	eral land' means—

"(A) parcel I of the former United States 1 2 Army Garrison Fitzsimons, Adams County, Col-3 orado, as more specifically described in the deed; 4 and (B) the parcel of land described in the 5 6 deed. "(4) SECRETARY.—The term 'Secretary' means 7 8 the Secretary of the Interior. 9 "(b) DUTY OF SECRETARY.—To allow the City to con-10 vey by donation to the United States the non-Federal land to be used by the Secretary of Veterans Affairs for the con-11 struction of a veterans medical facility, not later than 60 12 13 days after the date of enactment of this section, the Secretary shall execute each instrument that is necessary to 14 15 release all rights, conditions, and restrictions retained by

16 the United States in and to the non-Federal land conveyed17 in the deed.".

18 SEC. 707. REPORT ON FACILITIES ADMINISTRATION.

19 Not later than 60 days after the date of the enactment 20 of this Act, the Secretary of Veterans Affairs shall submit 21 to the Committee on Veterans' Affairs of the Senate and 22 the Committee on Veterans' Affairs of the House of Rep-23 resentatives a report on the progress of the Secretary in 24 complying with section 312A of title 38, United States 25 Code. 2 (a) ANNUAL REPORT REQUIRED.—Subchapter I of
3 chapter 81 is amended by adding at the end the following
4 new section:

5 "§8119. Annual report on outpatient clinics

6 "(a) ANNUAL REPORT REQUIRED.—The Secretary 7 shall submit to the committees an annual report on commu-8 nity-based outpatient clinics and other outpatient clinics 9 of the Department. The report shall be submitted each year 10 not later than the date on which the budget for the next 11 fiscal year is submitted to the Congress under section 1105 12 of title 31.

13 "(b) CONTENTS OF REPORT.—Each report required
14 under subsection (a) shall include the following:

15 "(1) A list of each community-based outpatient 16 clinic and other outpatient clinic of the Department, 17 and for each such clinic, the type of clinic, location, 18 size, number of health professionals employed by the 19 clinic, workload, whether the clinic is leased or con-20 structed and operated by the Secretary, and the an-21 nual cost of operating the clinic.

22 "(2) A list of community-based outpatient clinics
23 and other outpatient clinics that the Secretary opened
24 during the fiscal year preceding the fiscal year during
25 which the report is submitted and a list of clinics the
26 Secretary proposes opening during the fiscal year
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during which the report is submitted and the subse-

2	quent fiscal year, together with the cost of activating
3	each such clinic and the information required to be
4	provided under paragraph (1) for each such clinic
5	and proposed clinic.
6	"(3) A list of proposed community-based out-
7	patient clinics and other outpatient clinics that are,
8	as of the date of the submission of the report, under
9	review by the National Review Panel and a list of
10	possible locations for future clinics identified in the
11	Department's strategic planning process, including
12	any identified locations in rural and underserved
13	areas.
14	"(4) A prioritized list of sites of care identified
15	by the Secretary that the Secretary could establish
16	without carrying out construction or entering into a
17	lease, including—
18	"(A) any such sites that could be expanded
19	by hiring additional staff or allocating staff to
20	Federal facilities or facilities operating in col-
21	laboration with the Federal Government; and
22	``(B) any sites established, or able to be es-
23	tablished, under sections 8111 and 8153 of this
24	title.".

(b) DEADLINE FOR FIRST ANNUAL REPORT.—The Sec retary of Veterans Affairs shall submit the first report re quired under section 8119(a) of title 38, United States
 Code, as added by subsection (a), by not later than 90 days
 after the date of the enactment of this Act.

6 (c) CLERICAL AMENDMENT.—The table of sections at
7 the beginning of such chapter is amended by adding at the
8 end of the items relating to subchapter I the following new
9 item:

"8119. Annual report on outpatient clinics.".

 10
 SEC. 709. NAME OF DEPARTMENT OF VETERANS AFFAIRS

 11
 SPINAL CORD INJURY CENTER, TAMPA, FLOR

 12
 IDA.

13 The spinal cord injury center located at the James A. Haley Department of Veterans Affairs Medical Center in 14 Tampa, Florida, shall after the date of the enactment of 15 this Act be known and designated as the "Michael Bilirakis 16 Department of Veterans Affairs Spinal Cord Injury Cen-17 ter". Any reference to such center in any law, regulation, 18 19 map, document, record, or other paper of the United States 20 shall be considered to be a reference to the "Michael Bili-21 rakis Department of Veterans Affairs Spinal Cord Injury 22 Center".

TITLE VIII—EXTENSION OF 1 **CERTAIN AUTHORITIES** 2 3 SEC. 801. REPEAL OF SUNSET ON INCLUSION OF NON-4 **INSTITUTIONAL EXTENDED CARE SERVICES** 5 IN DEFINITION OF MEDICAL SERVICES. 6 Section 1701 is amended— 7 (1) by striking paragraph (10); and 8 (2) in paragraph (6)— (A) by redesignating subparagraphs (E)9 10 and (F) as subparagraphs (F) and (G), respec-11 tively; and 12 (B) by inserting after subparagraph (D) the 13 following new subparagraph (E): ((E) Noninstitutional extended care serv-14 15 ices, including alternatives to institutional ex-16 tended care that the Secretary may furnish di-17 rectly, by contract, or through provision of case 18 management by another provider or payer.". 19 SEC. 802. EXTENSION OF RECOVERY AUDIT AUTHORITY. 20 Section 1703(d)(4) is amended by striking "September 21 30, 2008" and inserting "September 30, 2013".

1	SEC. 803. PERMANENT AUTHORITY FOR PROVISION OF HOS-
2	PITAL CARE, MEDICAL SERVICES, AND NURS-
3	ING HOME CARE TO VETERANS WHO PARTICI-
4	PATED IN CERTAIN CHEMICAL AND BIOLOGI-
5	CAL TESTING CONDUCTED BY THE DEPART-
6	MENT OF DEFENSE.
7	(a) Permanent Authority.—Subsection $(e)(3)$ of
8	section 1710 is amended—
9	(1) in subparagraph (B), by inserting "and"
10	after the semicolon;
11	(2) in subparagraph (C), by striking "; and"
12	and inserting a period; and
13	(3) by striking subparagraph (D).
14	(b) Conforming Amendment.—Subsection $(e)(1)(E)$
15	of such section is amended by striking "paragraphs (2) and
16	(3)" and inserting "paragraph (2)".
17	SEC. 804. EXTENSION OF EXPIRING COLLECTIONS AU-
10	
18	THORITIES.
18 19	
19	THORITIES.
19	THORITIES. (a) Health Care Copayments.—Section
19 20	THORITIES.(a)HEALTHCARECOPAYMENTS.—Section1710(f)(2)(B)is amended by striking "September 30, 2008"
19 20 21 22	THORITIES.(a)HEALTHCARECOPAYMENTS.—Section1710(f)(2)(B)is amended by striking "September 30, 2008"and inserting "September 30, 2010".

1 SEC. 805. EXTENSION OF NURSING HOME CARE. 2 Section 1710A(d) is amended by striking "December" 31, 2008" and inserting "December 31, 2013". 3 SEC. 806. PERMANENT AUTHORITY TO ESTABLISH RE-4 5 SEARCH CORPORATIONS. 6 (a) REPEAL.—Chapter 73 is amended by striking sec-7 tion 7368. 8 (b) CLERICAL AMENDMENT.—The table of sections at 9 the beginning of such chapter is amended by striking the item relating to section 7368. 10 11 SEC. 807. EXTENSION OF REQUIREMENT TO SUBMIT AN-12 NUAL REPORT ON THE COMMITTEE ON CARE 13 **OF SEVERELY CHRONICALLY MENTALLY ILL** 14 VETERANS. 15 Section 7321(d)(2) is amended by striking "through 16 2008" and inserting "through 2012". SEC. 808. PERMANENT REQUIREMENT FOR BIANNUAL RE-17 18 PORT ON WOMEN'S ADVISORY COMMITTEE. 19 Section 542(c)(1) is amended by striking "through 20 2008". 21 SEC. 809. EXTENSION OF PILOT PROGRAM ON IMPROVE-22 MENT OF CAREGIVER ASSISTANCE SERVICES. 23 Section 214 of the Veterans Benefits, Health Care, and 24 Information Technology Act of 2006 (Public Law 109-461; 25 38 U.S.C. 1710B note) is amended—

1	(1) in subsection (b), by striking "two-year pe-
2	riod" and inserting "three-year period"; and
3	(2) in subsection (d), by striking "fiscal years
4	2007 and 2008" and inserting "fiscal years 2007
5	through 2009".
6	TITLE IX—OTHER MATTERS
7	SEC. 901. TECHNICAL AMENDMENTS.
8	(a) TITLE 38.—Title 38, United States Code, is
9	amended—
10	(1) in section 1712A—
11	(A) by striking subsection (g) ;
12	(B) by redesignating subsections (d) through
13	(i) as subsections (c) through (f), respectively;
14	and
15	(C) in subsection (f), as so redesignated, by
16	striking "(including a Resource Center des-
17	ignated under subsection $(h)(3)(A)$ of this sec-
18	tion)";
19	(2) in section 2065(b)(3)(C), by striking ")";
20	(3) in the table of sections at the beginning of
21	chapter 36, by striking the item relating to section
22	3684A and inserting the following new item:
	"3684A. Procedures relating to computer matching program.";
23	(4) in section $4110(c)(1)$, by striking "15" and
24	inserting "16";

(5) in the table of sections at the beginning of
chapter 51, by striking the item relating to section
5121 and inserting the following new item:
"5121. Payment of certain accrued benefits upon death of a beneficiary.";
(6) in section 7458(b)(2), by striking "pro rated"
and inserting "pro-rated";
(7) in section $8117(a)(1)$, by striking "such
such" and inserting "such"; and
(8) in each of sections 1708(d), 7314(f),
7320(j)(2), 7325(i)(2), and 7328(i)(2), by striking
"medical care account" and inserting "medical serv-
ices account".
(b) Veterans Benefits, Health Care, and Infor-
MATION TECHNOLOGY ACT OF 2006.—Section 807(e) of the
Veterans Benefits, Health Care, and Information Tech-
nology Act of 2006 (Public Law 109-461) is amended by
striking "Medical Care" each place it appears and inserting
"Medical Facilities".

Attest:

Clerk.

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AMENDMENT