

VETERANS' HEALTH CARE IMPROVEMENT ACT OF 2007

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JULY 27, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. FILNER, from the Committee on Veterans' Affairs,  
submitted the following

R E P O R T

[To accompany H.R. 2874]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2874) to amend title 38, United States Code, to make certain improvements in the provision of health care to veterans, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the “Veterans’ Health Care Improvement Act of 2007”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Grants for support of therapeutic readjustment programs for veterans.
- Sec. 3. Transportation grants for rural veterans service organizations.
- Sec. 4. Permanent treatment authority for participants in Department of Defense chemical and biological testing conducted by Desert Test Center (including Project Shipboard Hazard and Defense).
- Sec. 5. Extension of expiring collections authorities.
- Sec. 6. Readjustment and mental health services for Operation Enduring Freedom and Operation Iraqi Freedom Veterans.
- Sec. 7. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions.
- Sec. 8. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans.
- Sec. 9. Financial assistance for supportive services for very low-income veteran families in permanent housing.
- Sec. 10. Expansion of eligibility for dental care.
- Sec. 11. Technical amendments.

**SEC. 2. GRANTS FOR SUPPORT OF THERAPEUTIC READJUSTMENT PROGRAMS FOR VETERANS.**

(a) **GRANT PROGRAM.**—Subchapter II of chapter 5 of title 38, United States Code, is amended by inserting after section 521 the following new section:

**“§ 521A. Assistance to therapeutic readjustment programs**

“(a) **GRANT PROGRAM.**—The Secretary of Veterans Affairs may make grants to qualified entities described in subsection (b) to conduct workshop programs that have been shown to assist in the therapeutic readjustment and rehabilitation of participants to assist in the therapeutic readjustment of covered veterans.

“(b) **QUALIFIED ENTITIES.**—In order to qualify for grant assistance under subsection (a), a private nonprofit entity must have, as determined by the Secretary, experience and expertise in offering programs to assist in the therapeutic readjustment of participants and that such programs will likely assist covered veterans.

“(c) **AMOUNT OF GRANT; USE OF FUNDS.**—A grant under this section shall not exceed \$100,000 for any calendar year and shall be used by the recipient exclusively for the benefit of covered veterans.

“(d) **APPLICATION.**—An application for a grant under this section shall include details regarding the extent and nature of the proposed program, the therapeutic readjustment and rehabilitation benefits expected to be achieved by participants, and any other information the Secretary determines may be necessary to assist the Secretary in ensuring that covered veterans receive therapeutic readjustment and rehabilitation benefits.

“(e) **COVERED VETERANS.**—For the purposes of this subsection, a ‘covered veteran’ is a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998, and who is discharged or released from active military, naval, or air service on or after September 11, 2001.

“(f) **REPORTS.**—Not later than 60 days after the last day of a fiscal year, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report detailing the number and amount of grants made under this section during the previous fiscal year, the total number of covered veterans participating in workshop programs funded by such grants, a description of the programs, and the therapeutic benefits to covered veterans of participation in the various programs funded.

“(g) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated for each of fiscal years 2008 through 2011 \$2,000,000 to carry out this section.

“(h) **TERMINATION.**—The authority of the Secretary to make a grant under subsection (a) shall terminate on September 30, 2011.”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 521 the following new item:

“521A. Assistance to therapeutic readjustment programs.”.

**SEC. 3. TRANSPORTATION GRANTS FOR RURAL VETERANS SERVICE ORGANIZATIONS.**

(a) **GRANT PROGRAM.**—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

**“§ 1709. Grants for provision of transportation to Department medical facilities for veterans in remote rural areas**

“(a) GRANTS AUTHORIZED.—(1) The Secretary shall establish a grant program to provide innovative transportation options to veterans in remote rural areas.

“(2) Grants awarded under this section may be used by State veterans’ service agencies, veterans service organizations, and private nonprofit entities to assist veterans in remote rural areas to travel to Department medical facilities.

“(3) The amount of a grant under this section may not exceed \$50,000.

“(4) The recipient of a grant under this section shall not be required to provide matching funds as a condition for receiving such grant.

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

“(1) evaluating grant applications under this section; and

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

“(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$3,000,000 for each of fiscal years 2008 through 2012 to carry out this section.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1708 the following new item:

“1709. Grants for provision of transportation to Department medical facilities for veterans in remote rural areas.”.

**SEC. 4. PERMANENT TREATMENT AUTHORITY FOR PARTICIPANTS IN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL TESTING CONDUCTED BY DESERET TEST CENTER (INCLUDING PROJECT SHIPBOARD HAZARD AND DEFENSE).**

Section 1710(e)(3) of title 38, United States Code, is amended—

(1) in subparagraph (B), by inserting “and” after the semicolon;

(2) in subparagraph (C), by striking “; and” and inserting a period; and

(3) by striking subparagraph (D).

**SEC. 5. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.**

(a) HEALTH CARE COPAYMENTS.—Section 1710(f)(2)(B) is amended by striking “2007” and inserting “2009”.

(b) MEDICAL CARE COST RECOVERY.—Section 1729(a)(2)(E) is amended by striking “2007” and inserting “2009”.

**SEC. 6. READJUSTMENT AND MENTAL HEALTH SERVICES FOR COVERED VETERANS.**

(a) PROVISION OF READJUSTMENT COUNSELING AND MENTAL HEALTH SERVICES.—Subchapter II of chapter 17 of title 38, United States Code, is amended by inserting after section 1712B the following new section:

**“§ 1712C. Provision of readjustment counseling and mental health services for covered veterans**

“(a) PROGRAM REQUIRED.—The Secretary shall carry out a program to provide peer outreach services, peer support services, and readjustment and mental health services to covered veterans.

“(b) CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS.—In carrying out the program required by subsection (a), the Secretary shall contract with community mental health centers and other qualified entities to provide the services referred to in that paragraph in areas the Secretary determines are not adequately served by health care facilities of the Department. Such contracts shall require each community health center or other entity—

“(1) to the extent practicable, to employ covered veterans trained under subsection (c);

“(2) to the extent practicable, to use telehealth services for the provision of such services;

“(3) to participate in the training program under subsection (d);

“(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of such the services;

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

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

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

“(6) to provide to the Secretary such clinical summary information as the Secretary may require for each veteran for whom the center or entity provides mental health services under the contract; and

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

“(c) TRAINING PROGRAM FOR VETERANS.—In carrying out the program required by subsection (a), the Secretary shall contract with a nonprofit mental health organization to carry out a program to train covered veterans to provide peer outreach and peer support services.

“(d) TRAINING PROGRAM FOR CLINICIANS.—The Secretary shall conduct a training program for clinicians of community mental health centers or other entities that have entered into contracts with the Secretary under subsection (b) to ensure that such clinicians are able to provide the services required by subsection (a) in a manner that—

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

“(2) utilizes best practices and technologies.

“(e) COVERED VETERANS.—For the purposes of this subsection, a ‘covered veteran’ is a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998, and who is discharged or released from active military, naval, or air service on or after September 11, 2001.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1712B the following new item:

“1712C. Provision of readjustment counseling and mental health services for covered veterans.”

**SEC. 7. EXPANSION AND EXTENSION OF AUTHORITY FOR PROGRAM OF REFERRAL AND COUNSELING SERVICES FOR AT-RISK VETERANS TRANSITIONING FROM CERTAIN INSTITUTIONS.**

(a) PROGRAM AUTHORITY.—Subsection (a) of section 2023 of title 38, United States Code, is amended by striking “a demonstration program for the purpose of determining the costs and benefits of providing” and inserting “a program to provide”.

(b) SCOPE OF PROGRAM.—Subsection (b) of such section is amended—

(1) by striking “DEMONSTRATION” in the subsection heading;

(2) by striking “demonstration”; and

(3) by striking “in at least six locations” and inserting “in at least 12 locations”.

(c) EXTENSION OF AUTHORITY.—Subsection (d) of such section is amended by striking “shall cease” and all that follows and inserting “shall cease on September 30, 2011.”

(d) CONFORMING AMENDMENTS.—

(1) SCOPE OF PROGRAM.—Subsection (c)(1) of such section is amended by striking “demonstration”.

(2) SECTION HEADING.—The heading of such section is amended to read as follows:

**“§ 2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions”.**

(3) OTHER CONFORMING AMENDMENT.—Section 2022(f)(2)(C) of such title is amended by striking “demonstration”.

(e) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 20 of such title is amended by striking the item relating to section 2023 and inserting the following new item:

“2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions.”

**SEC. 8. PERMANENT AUTHORITY FOR DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.**

Subsection (b) of section 2043 of title 38, United States Code, is amended to read as follows:

“(b) ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.—The Secretary shall take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and safety, to meet the needs of veterans who are women.”

**SEC. 9. FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-INCOME VETERAN FAMILIES IN PERMANENT HOUSING.**

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

(b) AUTHORIZATION OF FINANCIAL ASSISTANCE.—

(1) IN GENERAL.—Subchapter V of chapter 20 of title 38, United States Code, is amended by adding at the end the following new section:

**“§ 2044. Financial assistance for supportive services for very low-income veteran families residing in permanent housing**

“(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—

“(1) The Secretary shall provide financial assistance to eligible entities approved under this section to provide and coordinate the provision of the supportive services for very low-income veteran families residing in permanent housing.

“(2)(A) Financial assistance under this section shall consist of payments for each such family for which an approved eligible entity provides or coordinates the provision of supportive services.

“(B) The Secretary shall establish a formula for determining the rate of payments provided to a very low-income veteran family receiving supportive services under this section. The rate shall be adjusted not less than once annually to reflect changes in the cost of living. In calculating the payment formula under this subparagraph, the Secretary may consider geographic cost of living variances, family size, and the cost of services provided.

“(3) In providing financial assistance under paragraph (1), the Secretary shall give preference to an entity that provides or coordinates the provision of supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.

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

“(5) Each entity receiving financial assistance under this section to provide supportive services to a very low-income veteran family shall notify the family that such services are being paid for, in whole or in part, by the Department.

“(6) The Secretary may require an entity receiving financial assistance under this section to submit a report to the Secretary describing the supportive services provided with such financial assistance.

“(b) APPLICATION FOR FINANCIAL ASSISTANCE.—

“(1) An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary.

“(2) An application submitted under paragraph (1) shall contain—

“(A) a description of the supportive services proposed to be provided by the eligible entity;

“(B) a description of the types of very low-income veteran families proposed to be provided such services;

“(C) an estimate of the number of very low-income veteran families proposed to be provided such services;

“(D) evidence of the experience of the eligible entity in providing supportive services to very low-income veteran families; and

“(E) a description of the managerial capacity of the eligible entity to—

“(i) coordinate the provision of supportive services with the provision of permanent housing, by the eligible entity or by other organizations;

“(ii) continuously assess the needs of very low-income veteran families for supportive services;

“(iii) coordinate the provision of supportive services with the services of the Department;

“(iv) tailor supportive services to the needs of very low-income veteran families; and

“(v) continuously seek new sources of assistance to ensure the long-term provision of supportive services to very low-income veteran families.

“(3) The Secretary shall establish criteria for the selection of eligible entities to receive financial assistance under this section.

“(c) TECHNICAL ASSISTANCE.—

“(1) The Secretary shall provide training and technical assistance to eligible entities that receive financial assistance under this section with respect to the planning, development, and provision of supportive services to very low-income veteran families occupying permanent housing.

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

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, for each fiscal year, \$25,000,000, to carry out this section, of which not more than \$750,000 for each fiscal year may be used to provide technical assistance under subsection (c).

“(e) DEFINITIONS.—For the purposes of this section:

“(1) The term ‘very low-income veteran family’ means a veteran family whose income does not exceed 50 percent of the median income for the area, as determined by the Secretary in accordance with this paragraph, except that—

“(A) the Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size; and

“(B) the Secretary may establish an income ceiling higher or lower than 50 percent of the median income for an area if the Secretary determines that such variations are necessary because the area has unusually high or low construction costs, fair market rents (as determined under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)), or family incomes.

“(C) the Secretary shall establish criteria for determining the need for specific supportive services (as defined by paragraph (8)) of individual very low income veteran families occupying permanent housing.

“(2) The term ‘veteran family’ includes a veteran who is a single person and a family in which the head of household or the spouse of the head of household is a veteran.

“(3) The term ‘consumer cooperative’ has the meaning given such term in section 202 of the Housing Act of 1959 (12 U.S.C. 1701q).

“(4) The term ‘eligible entity’ means—

“(A) a private nonprofit organization; or

“(B) a consumer cooperative.

“(5) The term ‘homeless’ has the meaning given the term in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).

“(6) The term ‘permanent housing’ means community-based housing without a designated length of stay.

“(7) The term ‘private nonprofit organization’ means—

“(A) any incorporated private institution or foundation—

“(i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;

“(ii) which has a governing board that is responsible for the operation of the supportive services provided under this section; and

“(iii) which is approved by the Secretary as to financial responsibility;

“(B) a for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A);

“(C) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A); and

“(D) a tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).

“(8) The term ‘supportive services’ means the following:

“(A) Services provided by an eligible entity or subcontractors that address the needs of very low-income veteran families occupying permanent housing, including—

“(i) outreach services;

“(ii) health care services, including diagnosis, treatment, and counseling for mental health and substance abuse disorders and for post-traumatic stress disorder, if such services are not readily available through the Department of Veterans Affairs medical center serving the geographic area in which the veteran family is housed;

“(iii) habilitation and rehabilitation services;

“(iv) case management services;

“(v) daily living services;

“(vi) personal financial planning;

“(vii) transportation services;

“(viii) vocational counseling;

“(ix) employment and training;

“(x) educational services;

“(xi) assistance in obtaining veterans benefits and other public benefits, including health care provided by the Department;

“(xii) assistance in obtaining income support;

“(xiii) assistance in obtaining health insurance;

“(xiv) fiduciary and representative payee services;

“(xv) legal services to assist the veteran family with reconsiderations or appeals of veterans and public benefit claim denials and to resolve outstanding warrants that interfere with the family’s ability to obtain or retain housing or supportive services;

“(xvi) child care;

“(xvii) housing counseling;

“(xviii) other services necessary for maintaining independent living; and

“(xix) coordination of services described in this paragraph.

“(B) Services provided by an eligible entity or subcontractors, including services described in clauses (i) through (xix) of subparagraph (A), that are delivered to very low-income veteran families who are homeless and who are scheduled to become residents of permanent housing within 90 days of the date on which the service is provided pending the location or development of housing suitable for permanent housing.

“(C) Services provided by an eligible entity or subcontractors, including services described in clauses (i) through (xix) of subparagraph (A), for very low-income veteran families who have voluntarily chosen to seek other housing after a period of tenancy in permanent housing, that are provided, for a period of 90 days beginning on the date on which such a family exits permanent housing or until such a family commences receipt of other housing services adequate to meet the needs of the family, but only to the extent that services under this paragraph are designed to support such a family in the choice to transition into housing that is responsive to the individual needs and preferences of the family.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 2043 the following new item:

“2044. Financial assistance for supportive services for very low-income veteran families residing in permanent housing.”.

#### SEC. 10. EXPANSION OF ELIGIBILITY FOR DENTAL CARE.

Section 2062(b) of title 38, United States Code, is amended by striking “60 consecutive days” both places it appears and inserting “30 consecutive days”.

#### SEC. 11. TECHNICAL AMENDMENTS.

Title 38, United States Code, is amended—

(1) 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 services account”;

(2) in section 1712A—

(A) by striking subsection (g);

(B) by redesignating subsections (d), (e), (f), and (i) as subsections (c) through (f), respectively; and

(C) in subsection (f)(1), as so redesignated, by striking “(including a Resource Center designated under subsection (h)(3)(A) of this section)”;

(3) in section 2065(b)(3)(C), by striking “”;

(4) in the table of sections at the beginning of chapter 36, by striking the item relating to section 3684A and inserting the following new item:

“3684A. Procedures relating to computer matching program.”;

(5) in section 3684(a)(1), by striking “34,,” and inserting “34,”;

(6) in section 4110(c)(1), by striking “15” and inserting “16”;

(7) 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.”;

(8) in section 7458(b)(2), by striking “pro rated” and inserting “pro-rated”; and

(9) in section 8117(a)(1), by striking “such such” and inserting “such”.

### PURPOSE AND SUMMARY

H.R. 2874, the “Veterans Health Care Improvement Act of 2007,” was introduced on June 27, 2007, by Representative Michael H. Michaud of Maine, the Chairman of the Subcommittee on Health. The legislation would make certain improvements in the ability of the Department of Veterans Affairs (VA) to provide treatment and care to veterans suffering from mental health issues as well as vet-

erans who are homeless. This bill would further assist low-income veteran families living in permanent housing.

H.R. 2874 would:

1. Authorize VA to establish a grant program for nonprofit entities to conduct workshops to assist in the therapeutic readjustment and rehabilitation of Operation Enduring Freedom or Operation Iraqi Freedom (OEF/OIF) veterans. VA would determine that a nonprofit entity has the experience and expertise to conduct such programs and require the grants be used exclusively for the benefit of veterans. VA would submit a report to the House and Senate Veterans' Affairs Committees detailing the number of grants made each fiscal year, and the total number of veterans participating in workshop programs funded by the grants. The amount of the grants would be limited to \$100,000 for each calendar year and there would be \$2 million authorized each fiscal year to carry out the program. Authority for the grant program would terminate on September 20, 2011.

2. Require VA to establish a grant program for rural veterans service organizations, State veterans' service agencies, and nonprofits to provide innovative transportation options to veterans in remote rural areas to travel to VA medical facilities. Limit grants to \$50,000 and authorize appropriations of \$3 million for each fiscal year from 2008 to 2012 to carry out the program.

3. Make permanent VA's authority to provide veterans who participated in a test conducted by the Department of Defense Deseret Test Center from 1962 through 1973 higher priority for hospital care, medical services and nursing home care without requirement for proof of service-connection.

4. Extend through September 30, 2009, VA's authority to require certain non-service connected veterans to pay a \$10 per diem co-payment when they receive VA hospital care.

5. Extend through October 1, 2009, VA's authority to bill a service-connected patient's third-party insurance carrier for the cost of care VA provides the veteran for any non-service-connected disability.

6. Require VA to provide for readjustment counseling and mental health services for OEF/OIF veterans through programs which would provide peer outreach services, peer support services, and readjustment and mental health services. Such services would include contracting with community mental health centers in areas not adequately served by VA and contracting with nonprofit mental health organizations to train OEF/OIF veterans in outreach and peer support. Directs VA to conduct training programs for clinicians that have contracts with VA to provide such services.

7. Expand the counseling services for at-risk veterans transitioning from certain institutions to at least 12 locations and extends authority for programs to September 30, 2011.

8. Require the Secretary to ensure that VA domiciliary programs are adequate in capacity and safety to meet the needs of women veterans.

9. Require VA to provide financial assistance to eligible entities to provide supportive services for very low-income veteran families residing in permanent housing.

10. Modify the requirement for a homeless veteran to be eligible for dental care by reducing, from 60 to 30, the number of consecu-



tive days a homeless veteran must participate in a VA-sponsored rehabilitation program.

11. Make technical amendments to title 38, United States Code.

#### BACKGROUND AND DISCUSSION

The Mental Health Assessment Team IV Report (MHAT IV) is the fourth in a series of studies since 2003 to assess the mental health and well-being of the deployed forces serving in Iraq.

The MHAT IV central findings included:

- The level of combat is the main determinant of a Soldier's or Marine's mental health status.
- Multiple deployers reported higher acute stress than first-time deployers. Deployment length was related to higher rates of mental health problems and marital problems.
- Although demographic differences exist between the deployed OIF Soldiers and the Army population, 2003–2006 OIF suicide rates are higher than the average Army rate, 16.1 vs. 11.6 Soldier suicides per year per 100,000.
- There is no standardized joint reporting system for monitoring mental health status and suicide surveillance of service members in a combat/deployed environment.

The mental health and well-being of the newest generation of veterans is a leading cause of concern for VA. VA reported in the April 2007 quarterly Analysis of VA Health Care Utilization Among US Southwest Asian War Veterans, Operation Enduring Freedom, Operation Iraqi Freedom, that of those Southwest Asian War veterans that have separated, 33 percent have sought VA health care since FY 2002. Additionally, mental disorders rank second for frequency of possible diagnoses among recent OEF/OIF veterans, at a rate of 36.6 percent, it is second only to diseases of the musculoskeletal system at 43.4 percent. VA reports that of the 83,889 patients that have received a diagnosis of a possible mental disorder, Post-traumatic Stress Disorder (PTSD) is the number one health concern with 39,243 veterans receiving at least a provisional diagnosis. Nondependent abuse of drugs and depressive disorders are number two and three. Early intervention and early treatment are essential to the successful treatment of PTSD.

The composition of the combat forces in OEF/OIF is unique from previous conflicts. There is a heavy reliance on the National Guard and Reserve forces. Though only 19 percent of the nation lives in rural America, 44 percent of military recruits come from rural areas and nearly one-third of those who have been killed in Iraq are from small towns and communities across the nation. Another very important aspect of OEF/OIF is the prevalence of repeated deployments.

VA's primary challenge in serving veterans who reside in rural areas is to effectively address access to quality care in areas where veteran populations are dispersed over a large geographical area.

H.R. 2874 would authorize VA to establish a new grant program to conduct therapeutic workshops that would allow the veteran to express thoughts and feelings through such programs as art, writing and music. Additionally, to address the readjustment counseling and mental health concerns of veterans who live in rural areas or areas where VA does not have adequate readjustment counseling and mental health services available, this legislation

would require VA to contract with mental health centers and non-profit mental health organizations to provide peer-to-peer counseling and outreach training. It further requires VA to train mental health clinicians to VA standards in order to maintain the highest quality of care provided to veterans.

This legislation also begins to address the difficult task of providing access to health care in rural areas by authorizing VA to establish a grant program that would provide grants to State veterans' service agencies, nonprofits and veterans service organizations (VSOs) to develop new and innovative ways to provide transportation to veterans who reside in rural areas.

This legislation also addresses issues of homelessness. VA is the largest single provider of direct services to homeless veterans, reaching 100,000 or 25 percent of homeless veterans a year through their various programs. Like their non-veteran counterparts, veterans are at high risk of homelessness due to extremely low or no livable income, extreme shortage of affordable housing, and lack of access to health care.

Prior to becoming homeless, a large number of veterans at risk of homelessness have struggled with PTSD, or have addictions acquired during, or worsened by, their military service. H.R. 2874 begins to address the needs of homeless veterans by extending and expanding VA's authority for counseling services for at risk veterans transitioning from certain institutions and authorizing VA to provide financial assistance to provide supportive services for very low-income veteran families residing in permanent housing.

#### GRANTS FOR SUPPORT OF THERAPEUTIC READJUSTMENT PROGRAMS FOR VETERANS

This legislation would allow VA to establish a new grant program for nonprofit entities to conduct workshops to assist in the therapeutic readjustment and rehabilitation of OEF/OIF combat veterans. VA currently works with organizations to provide disabled veterans with opportunities for self-development and for improving their quality of life through sports, recreational, and artistic activities. Additionally, VA medical facilities incorporate creative arts into their recreation therapy programs. Through these therapeutic readjustment programs, veterans will benefit from workshops or programs that allow them to express themselves and become healthy and productive members of society.

#### TRANSPORTATION GRANTS FOR RURAL VETERANS SERVICE ORGANIZATIONS

This legislation would establish a new grant program to provide transportation options to veterans living in rural areas. These grants will assist veterans in gaining access to quality health care. The Committee strongly recommends VA give preference in awarding these grants to VSOs; veterans helping veterans create an atmosphere of camaraderie and trust that is familiar to those who have served.

PERMANENT TREATMENT AUTHORITY FOR PARTICIPANTS IN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL TESTING CONDUCTED BY DESERET TEST CENTER (INCLUDING PROJECT SHIPBOARD HAZARD AND DEFENSE)

Under current law, VA is authorized to provide higher priority health care to veterans who participated in Project Shipboard Hazard and Defense (SHAD), Project 112 or related land-based tests conducted by the Department of Defense Deseret Test Center, from 1962 through 1973, for any illness, without those veterans needing an adjudicated service-connected disability to establish their priority for care. This legislation would make permanent this special treatment authority that will expire on December 31, 2007. The Committee believes that these veterans should receive free VA medical care for conditions that may have resulted from their participation in military testing conducted by the Department of Defense Deseret Test Center. The VA requested this authority be made permanent.

EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES

Public Law 101-508, the “Omnibus Budget Reconciliation Act of 1990,” required certain non-service connected veterans with higher incomes to pay a per diem copayment when they receive VA hospital care and allows VA to collect from a service-connected patient’s insurance company for the cost of care provided for any non-service-connected disability. The VA requested this authority be made permanent. This legislation would extend this authority until 2009.

EXPANSION AND EXTENSION OF AUTHORITY FOR PROGRAM OR REFERRAL AND COUNSELING SERVICES FOR AT RISK VETERANS TRANSITIONING FROM CERTAIN INSTITUTIONS

This legislation would expand and extend the counseling services for at-risk veterans programs from six to at least 12 locations throughout the Veterans Health Administration. Significant numbers of incarcerated veterans are at risk for homelessness, substance abuse, mental illness, and chronic illness and infectious disease upon release. These veterans often need multiple services, including medical services, psychiatric care, substance abuse treatment, transitional housing, vocational/employment assistance, and veterans’ benefits services.

PERMANENT AUTHORITY FOR DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS

By 2010, it is projected that there will be 1.8 million women veterans. Today’s female servicemember is much more likely to be exposed to combat or combat-like conditions than her predecessors in past conflicts. Women veterans now represent nearly four percent of the homeless veteran population as opposed to three percent five years ago. VA’s domiciliary care programs are essential in assisting veterans and providing needed services to help them recover and become productive citizens again. This legislation enhances the capacity of domiciliary care programs for female veterans.

FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-  
INCOME VETERAN FAMILIES IN PERMANENT HOUSING

The U.S. Census Bureau estimates that 1.5 million of our nation's veterans live in poverty, including 702,000 veterans with disabilities and 404,000 veterans in households with children. Of the 1.5 million poor veterans 634,000 live in extreme poverty. These veterans face insecurity in housing as well as health and vocational challenges. Gaining access to supportive services has also proven to be difficult. This contributes to their inability to sustain housing and maintain independence for more costly public institutional care and support. This legislation would authorize the Secretary to provide financial assistance to nonprofit organizations and consumer cooperatives to provide and coordinate the provision of supportive services that address the needs of very low-income veterans occupying permanent housing. Veterans transitioning from homelessness to permanent housing, poor disabled and older veterans requiring supportive services in home based settings, and poor veterans in rural areas with distance barriers to centrally located services would benefit from this legislation.

EXPANSION OF ELIGIBILITY FOR DENTAL CARE

VA can provide dental services to eligible homeless veterans as long as they have been receiving care for a period of 60 consecutive days in a domiciliary, therapeutic residence, community residential care coordinated by VA, or a setting for which the VA provides funds to a grant and per diem provider. Dental care includes treatment necessary for the veterans to gain or regain employment, and alleviate pain for moderate, severe, or severe and complicated gingival and periodontal pathology.

The VA believes that the 60-day requirement serves as an incentive to keep the veteran in the rehabilitation program the veteran is in so they can receive the full range of services offered by VA. The Committee believes there are other incentives the VA offers to homeless veterans that would keep them in such a program including food, shelter and safety. This legislation would reduce the number of days that a homeless veteran would have to wait to receive dental treatment from 60 days to 30 days.

TECHNICAL AMENDMENTS

This section makes several technical amendments to title 38, United States Code.

LEGISLATIVE HISTORY

On April 18, 2007, the Subcommittee on Health held a hearing entitled "Access to VA Health Care: How Easy is it for Veterans: Addressing the Gaps."

On June 14, 2007, the Subcommittee on Health held a legislative hearing on a number of bills introduced by 110th Congress, including two Discussion Drafts of legislation concerning mental health and homeless veterans' issues.

H.R. 2874, as amended, contains provisions from H.R. 2005, introduced by Representative John Salazar of Texas; H.R. 2689, introduced by Representative Ciro Rodriguez of Texas; and, H.R.

2378, introduced by Representative Stephanie Herseth Sandlin of South Dakota.

On June 28, 2007, the Subcommittee on Health marked up H.R. 2874. The markup was recessed and on July 11, 2007, the Subcommittee on Health continued the markup. Chairman Michaud introduced an Amendment in the Nature of a Substitute to H.R. 2874 which was agreed to by the Subcommittee by voice vote. Ranking Member Miller ordered it reported favorably to the Committee.

On July 17, 2007, the full Committee met in open markup session and approved a number of bills, including H.R. 2874, as amended. The Committee, by voice vote, ordered H.R. 2874, as amended, reported favorably to the House of Representatives.

#### SECTION-BY-SECTION

##### *Section 1. Short title*

This section would provide the short title of H.R. 2874 as the “Veterans’ Health Care Improvement Act of 2007.”

##### *Section 2. Grants for support of therapeutic readjustment programs for veterans*

This section would create a new section in Subchapter II of chapter 5 of title 38, United States Code. New section 521A would authorize the VA to make grants to qualifying nonprofit entities to conduct workshop programs that have been shown to assist in therapeutic readjustment and rehabilitation of participants. VA would determine, through an application process, what entities are most qualified to receive the grant. VA would be required to submit to the House and Senate Committees on Veterans’ Affairs, a detailed report on the number and amount of grants made during the previous fiscal year, the total number of veterans participating in workshop programs, and a description of the programs and the therapeutic benefits to veterans who participate.

##### *Section 3. Transportation grants for rural veterans service organizations*

This section would create a new section under subchapter I of chapter 17 of title 38, United States Code. New section 1709 would authorize VA to establish a grant program to provide innovative transportation options to veterans living in rural areas. Grants may be awarded to State veterans’ service agencies, veterans’ service organizations, and nonprofits to help veterans living in rural areas travel to VA medical centers. The Secretary would be required to prescribe regulations for evaluating grant applications and administering the program.

##### *Section 4. Permanent treatment authority for participants in Department of Defense chemical and biological testing conducted by Deseret Test Center (including Project Shipboard hazard and Defense)*

This section would make permanent VA’s authority to treat participants in the Department of Defense (DOD) chemical biological testing conducted by Deseret Test Center (including SHAD)

*Section 5. Extension of expiring collections authorities*

This section extends the expiring collection authorities from 2007 to 2009 for health care copayments and medical care cost recovery.

*Section 6. Readjustment and mental health services for Operation Enduring Freedom and Operation Iraqi Freedom veterans*

This section would create a new section 1712C that would authorize the Secretary to carry out programs to provide peer outreach services, peer support services, and readjustment and mental health services to OEF/OIF veterans. The VA would contract with community mental health centers in areas not adequately served by VA. These contracts should employ veterans, use telehealth services, participate in training programs, and comply with protocols subscribed to by VA. The centers would be required to submit a report to the Secretary on an annual basis that details the number of veterans served, diagnosed, and courses of treatment provided to veterans. Also included in the report would be demographic information and clinical summary information, as the Secretary may require, on each veteran. The VA would contract with a nonprofit mental health organization to train veterans to provide peer outreach and peer support services. VA would be required to conduct a training program for clinicians to ensure that each are able to provide the services that utilize best practices and technologies.

*Section 7. Expansion and extension of authority for program of referral and counseling services for at-risk veterans transitioning from certain institutions*

This section would expand and extend the counseling services for at-risk veterans programs to at least 12 locations until September 30, 2011.

*Section 8. Permanent authority for domiciliary services for homeless veterans and enhancement of capacity of domiciliary services for homeless veterans and enhancement of capacity of domiciliary care programs for female veterans*

This section would require the VA to ensure that VA domiciliary programs are adequate in capacity and safety to meet the needs of women veterans.

*Section 9. Financial assistance for supportive services for very low-income veterans families in permanent housing*

This section would create a new section 2044 that would authorize VA to provide financial assistance to eligible entities to provide supportive services for very low-income veteran families residing in permanent housing. VA may give preference to an entity that provides or coordinates supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing. Eligible entities would apply to VA for financial assistance and VA would be required to ensure that assistance is equitably distributed across geographic regions, including rural communities and tribal lands. VA would also provide training and technical assistance to eligible entities that provide supportive services to very low-income veterans. To carry out this section, \$25,000,000 would be authorized to be appropriated each fiscal year.

*Section 10. Expansion of eligibility for dental care*

This section would amend section 2062(b) of title 38, United States Code to allow homeless veterans to become eligible for dental care after 30 consecutive days of receiving treatment rather than 60 consecutive days.

## COMMITTEE CONSIDERATION

On July 17, 2007, the Committee ordered H.R. 2874, as amended, reported favorably to the House of Representatives by voice vote.

## ROLLCALL VOTES

The Committee held no rollcall votes on this bill. A motion to order H.R. 2874, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

## APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch where the bill relates to the terms and conditions of employment or access to public services and accommodations. This bill does not relate to employment or access to public services and accommodations.

## STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

## CONSTITUTIONAL AUTHORITY STATEMENT

Under clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee must include a statement citing the specific powers granted to Congress to enact the law proposed by H.R. 2874. Article 1, Section 8 of the Constitution of the United States grants Congress the power to enact this law.

## FEDERAL ADVISORY COMMITTEE ACT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., section 5(b).

## UNFUNDED MANDATE STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act (as amended by section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4) requires a statement whether the provi-

sions of the reported bill include unfunded mandates. In compliance with this requirement the Committee has received a letter from the Congressional Budget Office that is included herein.

#### EARMARK IDENTIFICATION

H.R. 2874, as amended, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

#### COMMITTEE ESTIMATE

Clause 3(d)(2) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison by the Committee of the costs that would be incurred in carrying out H.R. 2874, as amended. However, clause 3(d)(3)(B) of that rule provides that this requirement does not apply when the Committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act.

#### BUDGET AUTHORITY AND CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

U.S. CONGRESS,  
CONGRESSIONAL BUDGET OFFICE,  
*Washington, DC, July 27, 2007.*

Hon. BOB FILNER,  
*Chairman, Committee on Veterans' Affairs,  
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2874, the Veterans' Health Care Improvement Act of 2007.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Michelle S. Patterson.

Sincerely,

PETER R. ORSZAG, *Director.*

Enclosure.

#### *H.R. 2874—Veterans' Health Care Improvement Act of 2007*

Summary: H.R. 2874 contains provisions that would both increase and decrease spending for veterans' health care. The bill would expand certain health care benefits available for veterans and would create new programs to help low-income veterans and veterans in rural areas. H.R. 2874 also would extend for two years the authority of the Department of Veterans Affairs (VA) to collect certain payments for medical care.

The bill also would require VA to implement a new program to provide readjustment counseling and mental health care services to recent veterans. CBO does not have sufficient information about how VA might implement this requirement to estimate the cost. CBO estimates that the net effect of implementing the remainder of H.R. 2874 would be to reduce costs for veterans' health care by \$22 million in 2008 and to increase costs by \$199 million over the



2008–2012 period, assuming the availability of appropriated funds. Enacting the bill would not affect direct spending or revenues.

H.R. 2874 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state, local, or tribal governments would be incurred voluntarily.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 2874 is shown in Table 1. The costs of this legislation fall within budget function 700 (veterans benefits and services).

TABLE 1.—ESTIMATED BUDGETARY IMPACT OF H.R. 2847 <sup>a</sup>

	By fiscal year, in millions of dollars—				
	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level .....	42	43	43	43	38
Estimated Outlays .....	–22	33	100	46	42

<sup>a</sup>This table does not include the costs for implementing section 6 of H.R. 2874, which CBO cannot estimate at this time.

Basis of estimate: For this estimate, CBO assumes that the legislation will be enacted near the start of fiscal year 2008, that the estimated amounts will be appropriated each year, and that outlays will follow historical spending patterns for the VA medical services program.

*Offsetting collections*

VA has a number of authorities that allow it to bill third-party insurance for care given to veterans, and to collect a variety of fees and copayments from veterans. Two specific authorities will expire at the end of fiscal year 2007. Those expiring authorities allow VA to collect a \$10 daily payment for hospital stays from certain veterans and to bill insurance companies for care given to veterans who have a disability related to their service, but who are being treated for a nonservice-related condition. Based on information from VA, CBO estimates that the department will collect about \$525 million in 2007 as a result of those two expiring authorities.

Section 5 would allow VA to continue collecting those monies for another two years—until September 30, 2009. All VA collections are currently deposited into the Medical Care Collections Fund (MCCF). Amounts deposited to the MCCF are considered to be offsets to discretionary appropriations and spending from the MCCF is subject to annual appropriation action. Accounting for inflation and increased usage, CBO estimates that implementing this provision would increase—relative to current law—offsetting collections deposited to the MCCF by \$582 million in 2008 and about \$1.2 billion over the 2008–2009 period.

TABLE 2.—COMPONENTS OF THE ESTIMATED CHANGES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 2847 <sup>a</sup>

	By fiscal year, in millions of dollars—				
	2008	2009	2010	2011	2012
Offsetting Collections:					
Estimated Authorization Level .....	0	0	0	0	0
Estimated Outlays .....	–58	–9	57	3	1

TABLE 2.—COMPONENTS OF THE ESTIMATED CHANGES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 2847 <sup>a</sup>—Continued

	By fiscal year, in millions of dollars—				
	2008	2009	2010	2011	2012
Help for Very-Low Income Veterans:					
Authorization Level .....	25	25	25	25	25
Estimated Outlays .....	23	25	25	25	25
Dental Benefits for Homeless Veterans:					
Estimated Authorization Level .....	7	7	7	7	8
Estimated Outlays .....	6	7	7	7	8
Transportation Grants:					
Authorization Level .....	3	3	3	3	3
Estimated Outlays .....	3	3	3	3	3
Veterans Released from Prison:					
Estimated Authorization Level .....	4	4	4	4	0
Estimated Outlays .....	1	3	4	4	3
Therapeutic Readjustment Grants:					
Authorization Level .....	2	2	2	2	0
Estimated Outlays .....	2	2	2	2	0
Chemical and Biological Testing Participants:					
Estimated Authorization Level .....	1	2	2	2	2
Estimated Outlays .....	1	2	2	2	2
Total Changes: <sup>a</sup>					
Estimated Authorization Level .....	42	43	43	43	38
Estimated Outlays .....	-22	33	100	46	42

<sup>a</sup>This table does not include the cost of implementing section 6 of H.R. 2874, which CBO cannot estimate at this time.

Subject to annual appropriation action, VA can spend the money in the MCCF to provide medical care for veterans. CBO estimates that implementing section 5 would increase discretionary spending on medical care for veterans by \$523 million in 2008 and \$1.1 billion over the 2008–2012 period, assuming appropriation of the collected amounts. Because CBO assumes that VA will spend the collections, the estimated budget authority for collections and spending offset each other exactly, while the outlays lag behind spending. This results in outlay savings in the first two years and costs in later years. Therefore, CBO estimates that the net budgetary impact of implementing H.R. 2874 would be a reduction in discretionary outlays of \$58 million in 2008 and \$6 million over the 2008–2012 period.

#### *Help for very-low income veterans*

Section 9 would authorize the appropriation of \$25 million a year to provide financial assistance to qualified nonprofit organizations and consumer cooperatives that provide supportive services to very-low income veterans who live in permanent housing, with preference given to those entities that help veterans make a transition from homelessness to permanent housing. Very-low income veterans would be defined as those having an income that is less than half of the median income for the area in which the veteran lives. The authorized funding would support a wide array of services, including outreach, health care, counseling, transportation, assistance with daily living, and assistance in obtaining veterans benefits and other public benefits, among others. CBO estimates that implementing this section would cost \$23 million in 2008 and \$123 million over the 2008–2012 period.

*Dental benefits for homeless veterans*

Section 10 would expand a benefit program that provides dental care to certain veterans. Under current law, veterans who have received 60 consecutive days of care through a VA program that provides rehabilitation and treatment for homeless veterans may receive dental care to alleviate pain, as part of treatment for a more severe periodontal disease, or to aid in getting a job. Section 10 would decrease the required number of days of care to 30, allowing homeless veterans who are receiving shorter-term treatment, such as for substance abuse, to receive the dental benefit.

In late 2006, VA implemented a Homeless Veterans Dental Initiative to address the concern that homeless veterans were not able to get appointments for dental care because priority is given to veterans returning from overseas deployments. In 2008, VA plans to use \$10 million for this purpose. VA reports that, to date, about 4,500 veterans have received treatment under this program and that an additional 2,500 veterans would be eligible for the benefit under H.R. 2874. At an average cost of about \$2,500 per veteran in 2007, and adjusting for medical inflation, CBO estimates that implementing this provision would increase the cost of this program by \$6 million in 2008 and \$35 million over the 2008–2012 period.

*Transportation grants*

Section 3 would authorize the appropriation of \$3 million each year from 2008 through 2012 to provide grants to organizations that would assist veterans in rural areas to travel to VA medical facilities. Eligible entities would include state veterans agencies and nonprofit organizations. CBO estimates that implementing this section would cost \$3 million in 2008 and \$15 million over the 2008–2012 period.

*Veterans released from prison*

VA is currently working with the Department of Labor (DOL) on a demonstration program to provide counseling and referrals to veterans leaving penal institutions who are at risk of becoming homeless. VA hires case managers to oversee the program while DOL administers the grants to nonprofit organizations that provide the counseling and referrals. Under current law, the program is being conducted at six sites and will expire on September 30, 2007. Section 7 would double the number of program sites and extend the authority through fiscal year 2011. CBO estimates that, in total, implementing this provision would cost about \$1 million in 2008 and \$15 million over the 2008–2011 period.

Based on information from VA that six case managers would be needed to oversee the 12 sites at an average cost of \$80,000 per person, CBO estimates that such additional staff would cost VA less than \$500,000 in 2008 and \$2 million over the 2008–2011 period.

Under this program, DOL issued grants totaling over \$1.6 million in 2007 through nonprofit organizations to provide counseling and referral services to almost 1,000 veterans leaving penal institutions. CBO estimates that increasing the size of the program would increase costs for such grants by less than \$500,000 in 2008 and by \$13 million over the 2008–2011 period.

*Therapeutic readjustment grants*

Section 2 would authorize the appropriation of \$2 million in each year from 2008 through 2011 to be given as grants to nonprofit organizations that would provide therapeutic readjustment and rehabilitation programs to veterans who served in areas of combat after November 11, 1998. All grantees must show that their programs assist in the readjustment and rehabilitation of participants. CBO estimates that implementing this section would cost \$2 million in 2008 and \$8 million over the 2008–2011 period.

*Chemical and biological testing participants*

From 1962 to 1973, the Department of Defense conducted certain tests to determine the vulnerability of personnel, buildings, and ships to various biological and chemical threats. Veterans who were exposed to agents used in those tests are eligible to receive free health care from VA, though copayments are required for treatment for diseases or injuries that are obviously not related to military service. The authority to provide this benefit expires on December 31, 2007. Section 4 would make this authority permanent.

Based on data provided by VA that about 300 such veterans are receiving health care from the agency at an average cost of \$5,800 in 2007, CBO estimates that implementing this section would cost \$1 million in 2008 and \$9 million over the 2008–2012 period.

*Mental health care and readjustment counseling*

Section 6 would require VA to implement a new program to provide readjustment counseling and mental health care to veterans who have served in combat operations since November 11, 1998, and left active-duty service after September 11, 2001. The program would include peer outreach and support services. In areas of the country where the Secretary determines there is inadequate coverage by VA medical facilities, the department would be required to contract with community mental health centers to provide these services. VA would be required to provide training to clinicians in those centers to ensure that the services provided are appropriate for veterans of Operation Iraqi Freedom and Operation Enduring Freedom. In addition, VA would be required to contract with nonprofit organizations to train combat veterans to provide peer outreach and support services.

VA has not yet determined how it would implement the requirements of this section. According to VA, it currently has over 200 contracts with private-sector agencies to provide readjustment counseling to veterans, primarily in rural areas. However, other than ensuring that the agency is qualified to provide counseling, VA does not provide additional assistance to ensure that the services provided are appropriate for veterans who served in Iraq and Afghanistan. VA conducts training programs for veterans to provide peer outreach, but it does this with its own resources and not through contracts with nonprofit organizations. Because VA is not yet able to specify how its current programs would change under the requirements of this provision, CBO cannot estimate the costs of implementing section 6. Depending on how VA decides to implement those requirements, costs could range from a negligible amount to several million dollars a year.

Intergovernmental and private-sector impact: H.R. 2874 contains no intergovernmental or private-sector mandates as defined in URMA. Programs authorized in the bill would benefit state, local, and tribal governments that provide transportation or housing assistance to veterans. Any costs they might incur to comply with reporting requirements of the programs would be incurred voluntarily.

Estimate prepared by: Federal Costs: Michelle S. Patterson; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Victoria Liu.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

### TITLE 38, UNITED STATES CODE

#### PART I—GENERAL PROVISIONS

\* \* \* \* \*

#### CHAPTER 5—AUTHORITY AND DUTIES OF THE SECRETARY

Sec.

##### SUBCHAPTER I—GENERAL AUTHORITIES

501. Rules and regulations.

\* \* \* \* \*

##### SUBCHAPTER II—SPECIFIED FUNCTIONS

521. Assistance to certain rehabilitation activities.

521A. *Assistance to therapeutic readjustment programs.*

\* \* \* \* \*

##### SUBCHAPTER II—SPECIFIED FUNCTIONS

\* \* \* \* \*

#### § 521A. *Assistance to therapeutic readjustment programs*

(a) *GRANT PROGRAM.*—*The Secretary of Veterans Affairs may make grants to qualified entities described in subsection (b) to conduct workshop programs that have been shown to assist in the therapeutic readjustment and rehabilitation of participants to assist in the therapeutic readjustment of covered veterans.*

(b) *QUALIFIED ENTITIES.*—*In order to qualify for grant assistance under subsection (a), a private nonprofit entity must have, as determined by the Secretary, experience and expertise in offering programs to assist in the therapeutic readjustment of participants and that such programs will likely assist covered veterans.*

(c) *AMOUNT OF GRANT; USE OF FUNDS.*—A grant under this section shall not exceed \$100,000 for any calendar year and shall be used by the recipient exclusively for the benefit of covered veterans.

(d) *APPLICATION.*—An application for a grant under this section shall include details regarding the extent and nature of the proposed program, the therapeutic readjustment and rehabilitation benefits expected to be achieved by participants, and any other information the Secretary determines may be necessary to assist the Secretary in ensuring that covered veterans receive therapeutic readjustment and rehabilitation benefits.

(e) *COVERED VETERANS.*—For the purposes of this subsection, a “covered veteran” is a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998, and who is discharged or released from active military, naval, or air service on or after September 11, 2001.

(f) *REPORTS.*—Not later than 60 days after the last day of a fiscal year, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report detailing the number and amount of grants made under this section during the previous fiscal year, the total number of covered veterans participating in workshop programs funded by such grants, a description of the programs, and the therapeutic benefits to covered veterans of participation in the various programs funded.

(g) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated for each of fiscal years 2008 through 2011 \$2,000,000 to carry out this section.

(h) *TERMINATION.*—The authority of the Secretary to make a grant under subsection (a) shall terminate on September 30, 2011.

\* \* \* \* \*

**PART II—GENERAL BENEFITS**

\* \* \* \* \*

**CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE**

Sec.

SUBCHAPTER I—GENERAL

1701. Definitions.

\* \* \* \* \*

1709. Grants for provision of transportation to Department medical facilities for veterans in remote rural areas.

SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

1710. Eligibility for hospital, nursing home, and domiciliary care.

\* \* \* \* \*

1712C. Provision of readjustment counseling and mental health services for covered veterans.

\* \* \* \* \*

SUBCHAPTER I—GENERAL

\* \* \* \* \*

§ 1708. Temporary lodging

(a) \* \* \*

\* \* \* \* \*

(d) The Secretary may establish charges for providing lodging under this section. The proceeds from such charges shall be credited to the [medical care account] *medical services account* and shall be available until expended for the purposes of providing such lodging.

\* \* \* \* \*

§ 1709. Grants for provision of transportation to Department medical facilities for veterans in remote rural areas

(a) GRANTS AUTHORIZED.—(1) *The Secretary shall establish a grant program to provide innovative transportation options to veterans in remote rural areas.*

(2) *Grants awarded under this section may be used by State veterans' service agencies, veterans service organizations, and private nonprofit entities to assist veterans in remote rural areas to travel to Department medical facilities.*

(3) *The amount of a grant under this section may not exceed \$50,000.*

(4) *The recipient of a grant under this section shall not be required to provide matching funds as a condition for receiving such grant.*

(b) REGULATIONS.—*The Secretary shall prescribe regulations for—*  
(1) *evaluating grant applications under this section; and*  
(2) *otherwise administering the program established by this section.*

(c) AUTHORIZATION OF APPROPRIATIONS.—*There is authorized to be appropriated \$3,000,000 for each of fiscal years 2008 through 2012 to carry out this section.*

SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

§ 1710. Eligibility for hospital, nursing home, and domiciliary care

(a) \* \* \*

\* \* \* \* \*

(e)(1) \* \* \*

\* \* \* \* \*

(3) Hospital care, medical services, and nursing home care may not be provided under or by virtue of subsection (a)(2)(F)—

(A) \* \* \*

(B) *in the case of care for a veteran described in paragraph (1)(C), after December 31, 2002; and*

(C) *in the case of care for a veteran described in paragraph (1)(D), after a period of 2 years beginning on the date of the veteran's discharge or release from active military, naval, or air service[; and].*

[(D) in the case of care for a veteran described in paragraph (1)(E), after December 31, 2007.]

\* \* \* \* \*

(f)(1) \* \* \*

(2) A veteran who is furnished hospital care or nursing home care under this section and who is required under paragraph (1) of this subsection to agree to pay an amount to the United States in order to be furnished such care shall be liable to the United States for an amount equal to—

(A) \* \* \*

(B) before September 30, [2007] 2009, an amount equal to \$10 for every day the veteran receives hospital care and \$5 for every day the veteran receives nursing home care.

\* \* \* \* \*

**§ 1712A. Eligibility for readjustment counseling and related mental health services**

(a) \* \* \*

\* \* \* \* \*

[(d)] (c) The Under Secretary for Health may provide for such training of professional, paraprofessional, and lay personnel as is necessary to carry out this section effectively, and, in carrying out this section, may utilize the services of paraprofessionals, individuals who are volunteers working without compensation, and individuals who are veteran-students (as described in section 3485 of this title) in initial intake and screening activities.

[(e)] (d)(1) \* \* \*

\* \* \* \* \*

[(f)] (e) The Secretary, in cooperation with the Secretary of Defense, shall take such action as the Secretary considers appropriate to notify veterans who may be eligible for assistance under this section of such potential eligibility.

[(g)(1)(A) Except as provided in subparagraph (C) of this paragraph, the Secretary may close or relocate a center in existence on January 1, 1988, only as described in the national plan required by paragraph (3) of this subsection (or in a revision to such plan under paragraph (4) of this subsection in which the closure or relocation of that center is proposed).

[(B) A closure or relocation of a center which is proposed in such national plan may be carried out only after the end of the 120-day period beginning on the date on which the national plan is submitted. A closure or relocation of a center not proposed in such plan may be carried out only after the end of the 60-day period beginning on the date the Secretary submits a revision to such plan in which the closure or relocation of that center is proposed.

[(C) The Secretary may relocate a center in existence on January 1, 1988, without regard to the national plan (including any revision to such plan) if such relocation is to a new location away from a Department general health-care facility when such relocation is necessitated by circumstances beyond the control of the Department. Such a relocation may be carried out only after the end of the 30-day period beginning on the date on which the Secretary notifies the Committees on Veterans' Affairs of the Senate and the House



of Representatives of the proposed relocation, of the circumstances making it necessary, and of the reason for the selection of the new site for the center.

[(2)(A) Not later than April 1, 1988, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's evaluation of the effectiveness in helping to meet the readjustment needs of veterans who served on active duty during the Vietnam era of the readjustment counseling and mental health services provided pursuant to this section (and of outreach efforts with respect to such counseling and services). Such report shall give particular attention, in light of the results of the study required by section 102 of the Veterans' Health Care Amendments of 1983 (Public Law 98-160), to the provision of such counseling and services to veterans with post-traumatic stress disorder and to the diagnosis and treatment of such disorder.

[(B) The report required by subparagraph (A) of this paragraph shall include—

[(i) the opinion of the Secretary with respect to (I) the extent to which the readjustment needs of veterans who served on active duty during the Vietnam era remain unmet, and (II) the extent to which the provision of readjustment counseling services under this section in centers is needed to meet such needs; and

[(ii) in light of the opinion submitted pursuant to clause (i) of this subparagraph, such recommendations for amendments to this subsection and for other legislative and administrative action as the Secretary considers appropriate.

[(3)(A) The Secretary, after considering the recommendations of the Under Secretary for Health, shall submit to such committees a report setting forth a national plan for all centers in existence on January 1, 1988. Such national plan shall set forth the Secretary's proposals as to each such center for a period (to be determined by the Secretary) of not less than 12 months beginning on the date of the submission of the report. The plan shall include, as to each center, whether the Secretary proposes to relocate the center to a general Department facility, relocate the center to a new location away from a general Department facility, expand the center in the same location, or close the center. The plan shall also set forth any proposal of the Secretary to open additional centers.

[(B) The plan shall include the Secretary's evaluation as to how, in light of each of the criteria described in subparagraph (C) of this paragraph, the proposal set forth in the plan for each center covered by the plan would ensure the continued availability and effective furnishing of readjustment counseling services to eligible veterans needing such services in the geographic area served by that center.

[(C) The Secretary shall make the evaluation described in subparagraph (B) of this paragraph with respect to any center in light of the following:

[(i) The distribution of Vietnam-era veterans in the geographic area served by the center and the relationships between the location of such center and the general Department facility and such distribution.

[(ii) The distance between the center and the general Department facility.

[(iii) The availability of other entities (such as State, local, or private outreach facilities) which provide assistance to Vietnam-era veterans in the area served by the center.

[(iv) The availability of transportation to, and parking at, the center and the general Department facility.

[(v) The availability, cost, and suitability of the space at the general Department facility.

[(vi) The overall cost impact of the proposed closure or relocation, including a comparison of the recurring nonpersonnel costs of providing readjustment counseling to the same estimated number of veterans at the center and the general Department facility.

[(vii) The workload trends over the two previous fiscal years, and projected over the next fiscal year (or longer), at the center.

[(viii) Such other factors as the Secretary determines to be relevant to making the evaluation described in subparagraph (B) of this paragraph.

[(D) For the purposes of this paragraph, the term “general Department facility” means a Department facility which is not a center and at which readjustment counseling would be furnished in a particular geographic area upon the closure or relocation of a center.

[(4) After submitting the plan required by paragraph (3) of this subsection, the Secretary may submit to the committees a revision to such plan in order to modify the proposal set forth in the plan as to any center. Any such revision shall include, with respect to each center addressed in the revision, a description of the Secretary’s evaluation of the matters specified in paragraphs (3)(B) and (3)(C) of this subsection.

[(5) For purposes of determining a period of time under paragraph (1)(B) of this subsection, if the national plan (or a revision to the national plan) is submitted to the committees during the 121-day period beginning 60 days before and ending 60 days after the final day of a session of the Congress, it shall be deemed to have been submitted on the sixty-first day after the final day of such session.]

[(i) (f) For the purposes of this section:

(1) The term “center” means a facility [(including a Resource Center designated under subsection (h)(3)(A) of this section)] which is operated by the Department for the provision of services under this section and which (A) is situated apart from Department general health-care facilities, or (B) was so situated but has been relocated to a Department general health-care facility.

\* \* \* \* \*

**§ 1712C. Provision of readjustment counseling and mental health services for covered veterans**

(a) *PROGRAM REQUIRED.*—The Secretary shall carry out a program to provide peer outreach services, peer support services, and readjustment and mental health services to covered veterans.

(b) *CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS.*—In carrying out the program required by subsection (a), the Secretary

shall contract with community mental health centers and other qualified entities to provide the services referred to in that paragraph in areas the Secretary determines are not adequately served by health care facilities of the Department. Such contracts shall require each community health center or other entity—

(1) to the extent practicable, to employ covered veterans trained under subsection (c);

(2) to the extent practicable, to use telehealth services for the provision of such services;

(3) to participate in the training program under subsection (d);

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

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

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

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

(6) to provide to the Secretary such clinical summary information as the Secretary may require for each veteran for whom the center or entity provides mental health services under the contract; and

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

(c) **TRAINING PROGRAM FOR VETERANS.**—In carrying out the program required by subsection (a), the Secretary shall contract with a nonprofit mental health organization to carry out a program to train covered veterans to provide peer outreach and peer support services.

(d) **TRAINING PROGRAM FOR CLINICIANS.**—The Secretary shall conduct a training program for clinicians of community mental health centers or other entities that have entered into contracts with the Secretary under subsection (b) to ensure that such clinicians are able to provide the services required by subsection (a) in a manner that—

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

(2) utilizes best practices and technologies.

(e) **COVERED VETERANS.**—For the purposes of this subsection, a “covered veteran” is a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after November 11, 1998, and who is discharged or released from active military, naval, or air service on or after September 11, 2001.

\* \* \* \* \*

SUBCHAPTER III—MISCELLANEOUS PROVISIONS RELATING TO HOSPITAL AND NURSING HOME CARE AND MEDICAL TREATMENT OF VETERANS

\* \* \* \* \*

§ 1729. Recovery by the United States of the cost of certain care and services

(a)(1) \* \* \*

(2) Paragraph (1) of this subsection applies to a non-service-connected disability—

(A) \* \* \*

\* \* \* \* \*

(E) for which care and services are furnished before October 1, [2007] 2009, under this chapter to a veteran who—

(i) \* \* \*

\* \* \* \* \*

CHAPTER 20—BENEFITS FOR HOMELESS VETERANS

SUBCHAPTER I—PURPOSE; DEFINITIONS; ADMINISTRATIVE MATTERS

Sec. 2001. Purpose.

\* \* \* \* \*

SUBCHAPTER III—TRAINING AND OUTREACH

\* \* \* \* \*

2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions.

\* \* \* \* \*

SUBCHAPTER V—HOUSING ASSISTANCE

\* \* \* \* \*

2044. Financial assistance for supportive services for very low-income veteran families residing in permanent housing.

\* \* \* \* \*

SUBCHAPTER III—TRAINING AND OUTREACH

\* \* \* \* \*

§ 2022. Coordination of outreach services for veterans at risk of homelessness

(a) \* \* \*

\* \* \* \* \*

(f) REPORTS.—(1) \* \* \*

(2) Not later than December 31, 2005, the Secretary shall submit to the committees referred to in paragraph (1) an interim report on outreach activities carried out by the Secretary with respect to homeless veterans. The report shall include the following:

(A) \* \* \*

\* \* \* \* \*

(C) A description of the implementation and operation of the [demonstration] program under section 2023 of this title.

\* \* \* \* \*

**【§ 2023. Demonstration program of referral and counseling for veterans transitioning from certain institutions who are at risk for homelessness】**

**§ 2023. Referral and counseling services: veterans at risk of homelessness who are transitioning from certain institutions**

(a) PROGRAM AUTHORITY.—The Secretary and the Secretary of Labor (hereinafter in this section referred to as the “Secretaries”) shall carry out [a demonstration program for the purpose of determining the costs and benefits of providing] *a program to provide* referral and counseling services to eligible veterans with respect to benefits and services available to such veterans under this title and under State law.

(b) LOCATION OF [DEMONSTRATION] PROGRAM.—The [demonstration] program shall be carried out [in at least six locations] *in at least 12 locations*. One location shall be a penal institution under the jurisdiction of the Bureau of Prisons.

(c) SCOPE OF PROGRAM.—(1) To the extent practicable, the [demonstration] program shall provide both referral and counseling services, and in the case of counseling services, shall include counseling with respect to job training and placement (including job readiness), housing, health care, and other benefits to assist the eligible veteran in the transition from institutional living.

\* \* \* \* \*

(d) DURATION.—The authority of the Secretaries to provide referral and counseling services under the demonstration program [shall cease on September 30, 2007.] *shall cease on September 30, 2011.*

\* \* \* \* \*

SUBCHAPTER V—HOUSING ASSISTANCE

\* \* \* \* \*

**§ 2043. Domiciliary care programs**

(a) \* \* \*

【(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary \$5,000,000 for each of fiscal years 2003 and 2004 to establish the programs referred to in subsection (a).】

(b) ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.—*The Secretary shall take appropriate actions to ensure that the domiciliary care programs of the Department are adequate, with respect to capacity and safety, to meet the needs of veterans who are women.*

**§2044. Financial assistance for supportive services for very low-income veteran families residing in permanent housing**

(a) *DISTRIBUTION OF FINANCIAL ASSISTANCE.—*

(1) *The Secretary shall provide financial assistance to eligible entities approved under this section to provide and coordinate the provision of the supportive services for very low-income veteran families residing in permanent housing.*

(2)(A) *Financial assistance under this section shall consist of payments for each such family for which an approved eligible entity provides or coordinates the provision of supportive services.*

(B) *The Secretary shall establish a formula for determining the rate of payments provided to a very low-income veteran family receiving supportive services under this section. The rate shall be adjusted not less than once annually to reflect changes in the cost of living. In calculating the payment formula under this subparagraph, the Secretary may consider geographic cost of living variances, family size, and the cost of services provided.*

(3) *In providing financial assistance under paragraph (1), the Secretary shall give preference to an entity that provides or coordinates the provision of supportive services for very low-income veteran families who are transitioning from homelessness to permanent housing.*

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

(5) *Each entity receiving financial assistance under this section to provide supportive services to a very low-income veteran family shall notify the family that such services are being paid for, in whole or in part, by the Department.*

(6) *The Secretary may require an entity receiving financial assistance under this section to submit a report to the Secretary describing the supportive services provided with such financial assistance.*

(b) *APPLICATION FOR FINANCIAL ASSISTANCE.—*

(1) *An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary.*

(2) *An application submitted under paragraph (1) shall contain—*

(A) *a description of the supportive services proposed to be provided by the eligible entity;*

(B) *a description of the types of very low-income veteran families proposed to be provided such services;*

(C) *an estimate of the number of very low-income veteran families proposed to be provided such services;*

(D) *evidence of the experience of the eligible entity in providing supportive services to very low-income veteran families; and*

(E) *a description of the managerial capacity of the eligible entity to—*

(i) coordinate the provision of supportive services with the provision of permanent housing, by the eligible entity or by other organizations;

(ii) continuously assess the needs of very low-income veteran families for supportive services;

(iii) coordinate the provision of supportive services with the services of the Department;

(iv) tailor supportive services to the needs of very low-income veteran families; and

(v) continuously seek new sources of assistance to ensure the long-term provision of supportive services to very low-income veteran families.

(3) The Secretary shall establish criteria for the selection of eligible entities to receive financial assistance under this section.

(c) TECHNICAL ASSISTANCE.—

(1) The Secretary shall provide training and technical assistance to eligible entities that receive financial assistance under this section with respect to the planning, development, and provision of supportive services to very low-income veteran families occupying permanent housing.

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

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, for each fiscal year, \$25,000,000, to carry out this section, of which not more than \$750,000 for each fiscal year may be used to provide technical assistance under subsection (c).

(e) DEFINITIONS.—For the purposes of this section:

(1) The term “very low-income veteran family” means a veteran family whose income does not exceed 50 percent of the median income for the area, as determined by the Secretary in accordance with this paragraph, except that—

(A) the Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size; and

(B) the Secretary may establish an income ceiling higher or lower than 50 percent of the median income for an area if the Secretary determines that such variations are necessary because the area has unusually high or low construction costs, fair market rents (as determined under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)), or family incomes.

(C) the Secretary shall establish criteria for determining the need for specific supportive services (as defined by paragraph (8)) of individual very low income veteran families occupying permanent housing.

(2) The term “veteran family” includes a veteran who is a single person and a family in which the head of household or the spouse of the head of household is a veteran.

(3) The term “consumer cooperative” has the meaning given such term in section 202 of the Housing Act of 1959 (12 U.S.C. 1701q).

(4) The term “eligible entity” means—

(A) a private nonprofit organization; or

(B) a consumer cooperative.

(5) The term “homeless” has the meaning given the term in section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302).

(6) The term “permanent housing” means community-based housing without a designated length of stay.

(7) The term “private nonprofit organization” means—

(A) any incorporated private institution or foundation—

(i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;

(ii) which has a governing board that is responsible for the operation of the supportive services provided under this section; and

(iii) which is approved by the Secretary as to financial responsibility;

(B) a for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A);

(C) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A); and

(D) a tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).

(8) The term “supportive services” means the following:

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

(i) outreach services;

(ii) health care services, including diagnosis, treatment, and counseling for mental health and substance abuse disorders and for post-traumatic stress disorder, if such services are not readily available through the Department of Veterans Affairs medical center serving the geographic area in which the veteran family is housed;

(iii) habilitation and rehabilitation services;

(iv) case management services;

(v) daily living services;

(vi) personal financial planning;

(vii) transportation services;

(viii) vocational counseling;

(ix) employment and training;

(x) educational services;

(xi) assistance in obtaining veterans benefits and other public benefits, including health care provided by the Department;

(xii) assistance in obtaining income support;

(xiii) assistance in obtaining health insurance;

(xiv) fiduciary and representative payee services;

(xv) legal services to assist the veteran family with reconsiderations or appeals of veterans and public benefit claim denials and to resolve outstanding warrants



that interfere with the family's ability to obtain or retain housing or supportive services;

- (xvi) child care;
- (xvii) housing counseling;
- (xviii) other services necessary for maintaining independent living; and
- (xix) coordination of services described in this paragraph.

(B) Services provided by an eligible entity or subcontractors, including services described in clauses (i) through (xix) of subparagraph (A), that are delivered to very low-income veteran families who are homeless and who are scheduled to become residents of permanent housing within 90 days of the date on which the service is provided pending the location or development of housing suitable for permanent housing.

(C) Services provided by an eligible entity or subcontractors, including services described in clauses (i) through (xix) of subparagraph (A), for very low-income veteran families who have voluntarily chosen to seek other housing after a period of tenancy in permanent housing, that are provided, for a period of 90 days beginning on the date on which such a family exits permanent housing or until such a family commences receipt of other housing services adequate to meet the needs of the family, but only to the extent that services under this paragraph are designed to support such a family in the choice to transition into housing that is responsive to the individual needs and preferences of the family.

\* \* \* \* \*

SUBCHAPTER VII—OTHER PROVISIONS

\* \* \* \* \*

§ 2062. Dental care

(a) \* \* \*

(b) ELIGIBLE VETERANS.—Subsection (a) applies to a veteran—

(1) who is enrolled for care under section 1705(a) of this title; and

(2) who, for a period of [60 consecutive days] 30 consecutive days, is receiving care (directly or by contract) in any of the following settings:

(A) \* \* \*

\* \* \* \* \*

(3) For purposes of paragraph (2), in determining whether a veteran has received treatment for a period of [60 consecutive days] 30 consecutive days, the Secretary may disregard breaks in the continuity of treatment for which the veteran is not responsible.

\* \* \* \* \*

§ 2065. Annual report on assistance to homeless veterans

(a) \* \* \*

(b) GENERAL CONTENTS OF REPORT.—Each report under subsection (a) shall include the following:

(1) \* \* \*

\* \* \* \* \*

(3) The Secretary's evaluation of the effectiveness of the programs of the Department in providing assistance to homeless veterans, including—

(A) \* \* \*

\* \* \* \* \*

(C) contract care programs for alcohol and drug-dependence or use disabilities[**1**].

\* \* \* \* \*

**PART III—READJUSTMENT AND RELATED BENEFITS**

\* \* \* \* \*

**CHAPTER 36—ADMINISTRATION OF EDUCATIONAL BENEFITS**

SUBCHAPTER I—STATE APPROVING AGENCIES

Sec. 3670. Scope of approval.

\* \* \* \* \*

SUBCHAPTER II—MISCELLANEOUS PROVISIONS

\* \* \* \* \*

**[3684A. Procedures relating to computer matching programs.]**

*3684A. Procedures relating to computer matching program.*

\* \* \* \* \*

SUBCHAPTER II—MISCELLANEOUS PROVISIONS

\* \* \* \* \*

**§ 3684. Reports by veterans, eligible persons, and institutions; reporting fee**

(a)(1) Except as provided in paragraph (2) of this subsection, the veteran or eligible person and the educational institution offering a course in which such veteran or eligible person is enrolled under chapter 31, **[34,,]** 34, 35, or 36 of this title shall, without delay, report to the Secretary, in the form prescribed by the Secretary, such enrollment and any interruption or termination of the education of each such veteran or eligible person. The date of such interruption or termination will be the last date of pursuit, or, in the case of correspondence training, the last date a lesson was serviced by a school.

\* \* \* \* \*

**CHAPTER 41—JOB COUNSELING, TRAINING, AND PLACEMENT SERVICE FOR VETERANS**

\* \* \* \* \*

**§ 4110. Advisory Committee on Veterans Employment, Training, and Employer Outreach**

(a) \* \* \*

\* \* \* \* \*

(c)(1) The Secretary of Labor shall appoint at least 12, but no more than **[15]** 16, individuals to serve as members of the advisory committee as follows:

(A) \* \* \*

\* \* \* \* \*

**PART IV—GENERAL ADMINISTRATIVE PROVISIONS**

\* \* \* \* \*

**CHAPTER 51—CLAIMS, EFFECTIVE DATES, AND PAYMENTS**

SUBCHAPTER I—CLAIMS

Sec. 5100. Definition of “claimant”.

\* \* \* \* \*

**[5121. Payment of certain accrued benefits upon death of beneficiary.]**  
*5121. Payment of certain accrued benefits upon death of a beneficiary.*

\* \* \* \* \*

**PART V—BOARDS, ADMINISTRATIONS, AND SERVICES**

\* \* \* \* \*

**CHAPTER 73—VETERANS HEALTH ADMINISTRATION-ORGANIZATION AND FUNCTIONS**

\* \* \* \* \*

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

\* \* \* \* \*

**§ 7314. Geriatric research, education, and clinical centers**

(a) \* \* \*

\* \* \* \* \*

(f) There are authorized to be appropriated such sums as may be necessary for the support of the research and education activities of the centers established pursuant to subsection (a). The Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department **[medical care account]** *medical services account* and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

\* \* \* \* \*

**§ 7320. Centers for mental illness research, education, and clinical activities**

(a) \* \* \*

\* \* \* \* \*

(j)(1) \* \* \*

(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs [medical care account] *medical services account* and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.

\* \* \* \* \*

**§ 7325. Medical emergency preparedness centers**

(a) \* \* \*

\* \* \* \* \*

(i) FUNDING.—(1) \* \* \*

(2) In addition to funds appropriated for a fiscal year specifically for the activities of the centers pursuant to paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department [medical care account] *medical services account* and the Department medical and prosthetics research account such amounts as the Under Secretary determines appropriate to carry out the purposes of this section. Any determination by the Under Secretary under the preceding sentence shall be made in consultation with the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions.

\* \* \* \* \*

**§ 7328. Medical preparedness centers**

(a) \* \* \*

\* \* \* \* \*

(i) FUNDING.—(1) \* \* \*

(2) In addition to any amounts appropriated for a fiscal year specifically for the activities of the centers pursuant to paragraph (1), the Under Secretary for Health shall allocate to the centers from other funds appropriated for that fiscal year generally for the Department [medical care account] *medical services account* and the Department medical and prosthetic research account such amounts as the Under Secretary determines necessary in order to carry out the purposes of this section.

\* \* \* \* \*

**CHAPTER 74—VETERANS HEALTH ADMINISTRATION - PERSONNEL**

\* \* \* \* \*

SUBCHAPTER IV—PAY FOR NURSES AND OTHER HEALTH-CARE PERSONNEL

\* \* \* \* \*

§ 7458. Recruitment and retention bonus pay

(a) \* \* \*

(b)(1) \* \* \*

(2) In the case of an agreement for employment on less than a full-time basis, the amount of bonus pay shall be [pro rated] *pro-rated* accordingly.

\* \* \* \* \*

PART VI—ACQUISITION AND DISPOSITION OF PROPERTY

\* \* \* \* \*

CHAPTER 81—ACQUISITION AND OPERATION OF HOSPITAL AND DOMICILIARY FACILITIES; PROCUREMENT AND SUPPLY; ENHANCED-USE LEASES OF REAL PROPERTY

SUBCHAPTER I—ACQUISITION AND OPERATION OF MEDICAL FACILITIES

\* \* \* \* \*

§ 8117. Emergency preparedness

(a) READINESS OF DEPARTMENT MEDICAL CENTERS.—(1) The Secretary shall take appropriate actions to provide for the readiness of Department medical centers to protect the patients and staff of such centers from a public health emergency (as defined in section 2801 of the Public Health Service Act) or otherwise to respond to [such such] *such* an emergency so as to enable such centers to fulfill their obligations as part of the Federal response to such emergencies.

\* \* \* \* \*

