

Let's stop acting like the United States doesn't matter. Let's not say that because the U.N. isn't perfect, we should cut our dues.

We are the world's leading military and economic power, and there is much we can achieve on our own. But we cannot stop genocide in Darfur alone any more than we can stop the spread of HIV/AIDS without the cooperation of other nations.

We need to lead by example in the United Nations, in NATO, at the World Health Organization, the International Atomic Energy Agency, the Organization for the Prevention of Chemical Weapons, the Food and Agriculture Organization, the World Intellectual Property Organization. We can't do that without paying what we owe.

This body has already voted for the funds to support United Nations peacekeeping and these international organizations. Senator COBURN's amendment would cut those funds.

I also want to set the record straight on another misstatement of Senator COBURN's. He said his amendment to the fiscal year 2008 State and Foreign Operations appropriations bill was unanimously passed and then dropped in conference. It was not dropped in conference.

His amendment would have withheld all U.S. contributions to international organizations. The House and Senate conferees did not support that. What emerged from conference was a 10 percent withholding of funds, tied to audits, budget reports, and oversight. It also withheld 20 percent of the U.S. contribution to the U.N. Development Program.

Was it everything Senator COBURN wanted? No. Was it dropped in conference? No. The substance of his amendment was included in the conference agreement, and for the benefit of anyone who cares to read it, it is section 668 of Public Law 110-161.

I agree with Senator AKAKA and urge Senators to oppose the Coburn amendment.

Mr. President, I strongly join Senators LUGAR and BAYH in the support of Judge Hamilton.

I yield back any time.

The PRESIDING OFFICER (Mr. BEGICH). All time is expired.

The question is, Will the Senate advise and consent to the nomination of David F. Hamilton, of Indiana, to be U.S. circuit judge for the Seventh Circuit?

Mr. LEAHY. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Montana (Mr. BAUCUS), and the Senator from West Virginia (Mr. BYRD) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 59, nays 39, as follows:

[Rollcall Vote No. 350 Ex.]

YEAS—59

Akaka	Hagan	Murray
Bayh	Harkin	Nelson (NE)
Begich	Inouye	Nelson (FL)
Bennet	Johnson	Pryor
Bingaman	Kaufman	Reed
Boxer	Kerry	Reid
Brown	Kirk	Rockefeller
Burris	Klobuchar	Sanders
Cantwell	Kohl	Schumer
Cardin	Landrieu	Shaheen
Carper	Lautenberg	Specter
Casey	Leahy	Stabenow
Conrad	Levin	Tester
Dodd	Lieberman	Udall (CO)
Dorgan	Lincoln	Udall (NM)
Durbin	Lugar	Warner
Feingold	McCaskill	Webb
Feinstein	Menendez	Whitehouse
Franken	Merkley	Wyden
Gillibrand	Mikulski	

NAYS—39

Alexander	Crapo	LeMieux
Barrasso	DeMint	McCain
Bennett	Ensign	McConnell
Bond	Enzi	Murkowski
Brownback	Graham	Risch
Bunning	Grassley	Roberts
Burr	Gregg	Sessions
Chambliss	Hatch	Shelby
Coburn	Hutchison	Snowe
Cochran	Inhofe	Thune
Collins	Isakson	Vitter
Corker	Johanns	Voinovich
Cornyn	Kyl	Wicker

NOT VOTING—2

Baucus

Byrd

The nomination was confirmed.

The PRESIDING OFFICER. The President will be immediately notified of the Senate's action.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will resume legislative session.

CAREGIVERS AND VETERANS OMNIBUS HEALTH SERVICES ACT OF 2009—Continued

AMENDMENT NO. 2785

The PRESIDING OFFICER. There will now be 2 minutes of debate equally divided on the amendment offered by the Senator from Oklahoma, Mr. COBURN.

The Senator from Oklahoma is recognized.

Mr. COBURN. This is a straightforward amendment. You get to decide whether you want to continue to send money to an organization that is bankrupt, fraudulent; has peacekeeping troops that rape men, women, and children; has absolutely no transparency in spite of our law that demands it, or to pay for the courage and the support of people who do deserve it.

We always find a reason not to make the hard choice. I suspect we will find a good reason not to make the hard choice this time. But for \$3.7 billion to help the people who help us and quit sending money that goes down the tube—half of everything we send to the United Nations gets wasted or defrauded—it is time for us to make the hard choice. That is what the amendment is about. There are a lot of rea-

sons you can find to vote against it. It will take real courage to vote for it.

The PRESIDING OFFICER. The Senator from Hawaii is recognized.

Mr. AKAKA. Mr. President, I urge our colleagues to reject the pending amendment. For one thing, it appears that the amendment could end up denying caregiver assistance to many OEF/OIF veterans by significantly narrowing the eligibility criteria for caregiver assistance. While the amendment seeks to "pay for" the costs associated with this bill, I understand from CBO, however, that this amendment does not even accomplish what I believe the amendment's author intends.

Every major veterans group supports the underlying bill because of what it means for all veterans—for women veterans, for homeless veterans, and for veterans of every era.

I urge a "no" vote on the amendment, followed by a vote to pass S. 1963.

The PRESIDING OFFICER. All time has expired.

The question is on agreeing to the amendment.

Mr. LEMIEUX. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Montana (Mr. BAUCUS) and the Senator from West Virginia (Mr. BYRD) are necessarily absent.

The PRESIDING OFFICER (Ms. KLOBUCHAR). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 32, nays 66, as follows:

[Rollcall Vote No. 351 Leg.]

YEAS—32

Alexander	DeMint	McCain
Barrasso	Ensign	McConnell
Bayh	Enzi	Murkowski
Bennett	Graham	Risch
Brownback	Hatch	Roberts
Bunning	Hutchison	Sessions
Burr	Inhofe	Shelby
Chambliss	Isakson	Thune
Coburn	Johanns	Vitter
Cornyn	Kyl	Wicker
Crapo	LeMieux	

NAYS—66

Akaka	Gillibrand	Mikulski
Begich	Grassley	Murray
Bennet	Gregg	Nelson (NE)
Bingaman	Hagan	Nelson (FL)
Bond	Harkin	Pryor
Boxer	Inouye	Reed
Brown	Johnson	Reid
Burris	Kaufman	Rockefeller
Cantwell	Kerry	Sanders
Cardin	Kirk	Schumer
Carper	Klobuchar	Shaheen
Casey	Kohl	Snowe
Cochran	Landrieu	Specter
Collins	Lautenberg	Stabenow
Conrad	Leahy	Tester
Corker	Levin	Udall (CO)
Dodd	Lieberman	Udall (NM)
Dorgan	Lincoln	Voinovich
Durbin	Lugar	Warner
Feingold	McCaskill	Webb
Feinstein	Menendez	Whitehouse
Franken	Merkley	Wyden

NOT VOTING—2

Baucus Byrd

The amendment (No. 2785) was rejected.

Mrs. MURRAY. Madam President, I move to reconsider the vote.

Mr. DURBIN. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed for a third reading and was read the third time.

Mrs. MURRAY. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on passage of the bill. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Montana (Mr. BAUCUS) and the Senator from West Virginia (Mr. BYRD) are necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 352 Leg.]

YEAS—98

Akaka	Feingold	Menendez
Alexander	Feinstein	Merkley
Barrasso	Franken	Mikulski
Bayh	Gillibrand	Murkowski
Begich	Graham	Murray
Bennet	Grassley	Nelson (NE)
Bennett	Gregg	Nelson (FL)
Bingaman	Hagan	Pryor
Bond	Harkin	Reed
Boxer	Hatch	Reid
Brown	Hutchison	Risch
Brownback	Inhofe	Roberts
Bunning	Inouye	Rockefeller
Burr	Isakson	Sanders
Burris	Johanns	Schumer
Cantwell	Johnson	Sessions
Cardin	Kaufman	Shaheen
Carper	Kerry	Shelby
Casey	Kirk	Snowe
Chambliss	Klobuchar	Specter
Coburn	Kohl	Stabenow
Cochran	Kyl	Tester
Collins	Landrieu	Thune
Conrad	Lautenberg	Udall (CO)
Corker	Leahy	Udall (NM)
Cornyn	LeMieux	Vitter
Crapo	Levin	Voivovich
DeMint	Lieberman	Warner
Dodd	Lincoln	Webb
Dorgan	McCain	Whitehouse
Durbin	McCaskill	Wicker
Ensign	McConnell	Wyden

NOT VOTING—2

Baucus Byrd

The bill (S. 1963) was passed, as follows:

S. 1963

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

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

(a) **SHORT TITLE.**—This Act may be cited as the “Caregivers and Veterans Omnibus Health Services Act of 2009”.

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

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

**TITLE I—CAREGIVER SUPPORT**

Sec. 101. Waiver of charges for humanitarian care provided to family members accompanying certain severely injured veterans as they receive medical care.

Sec. 102. Family caregiver assistance.

Sec. 103. Lodging and subsistence for attendants.

Sec. 104. Survey of informal caregivers.

**TITLE II—WOMEN VETERANS HEALTH CARE MATTERS**

Sec. 201. Report on barriers to receipt of health care for women veterans.

Sec. 202. Plan to improve provision of health care services to women veterans.

Sec. 203. Independent study on health consequences of women veterans of military service in Operation Iraqi Freedom and Operation Enduring Freedom.

Sec. 204. Training and certification for mental health care providers on care for veterans suffering from sexual trauma.

Sec. 205. Pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces.

Sec. 206. Report on full-time women veterans program managers at medical centers.

Sec. 207. Service on certain advisory committees of women recently separated from service in the Armed Forces.

Sec. 208. Pilot program on subsidies for child care for certain veterans receiving health care.

Sec. 209. Care for newborn children of women veterans receiving maternity care.

**TITLE III—RURAL HEALTH IMPROVEMENTS**

Sec. 301. Enhancement of Department of Veterans Affairs Education Debt Reduction Program.

Sec. 302. Visual impairment and orientation and mobility professionals education assistance program.

Sec. 303. Inclusion of Department of Veterans Affairs facilities in list of facilities eligible for assignment of participants in National Health Service Corps Scholarship Program.

Sec. 304. Teleconsultation and telemedicine.

Sec. 305. Demonstration projects on alternatives for expanding care for veterans in rural areas.

Sec. 306. Program on provision of readjustment and mental health care services to veterans who served in Operation Iraqi Freedom and Operation Enduring Freedom.

Sec. 307. Improvement of care of American Indian veterans.

Sec. 308. Travel reimbursement for veterans receiving treatment at facilities of the Department of Veterans Affairs.

Sec. 309. Office of Rural Health five-year strategic plan.

Sec. 310. Oversight of contract and fee-basis care.

Sec. 311. Enhancement of Vet Centers to meet needs of veterans of Operation Iraqi Freedom and Operation Enduring Freedom.

Sec. 312. Centers of excellence for rural health research, education, and clinical activities.

Sec. 313. Pilot program on incentives for physicians who assume inpatient responsibilities at community hospitals in health professional shortage areas.

Sec. 314. Annual report on matters related to care for veterans who live in rural areas.

Sec. 315. Transportation grants for rural veterans service organizations.

Sec. 316. Modification of eligibility for participation in pilot program of enhanced contract care authority for health care needs of certain veterans.

**TITLE IV—MENTAL HEALTH CARE MATTERS**

Sec. 401. Eligibility of members of the Armed Forces who serve in Operation Iraqi Freedom or Operation Enduring Freedom for counseling and services through Readjustment Counseling Service.

Sec. 402. Restoration of authority of Readjustment Counseling Service to provide referral and other assistance upon request to former members of the Armed Forces not authorized counseling.

Sec. 403. Study on suicides among veterans.

Sec. 404. Transfer of funds to Secretary of Health and Human Services for Graduate Psychology Education program.

**TITLE V—OTHER HEALTH CARE MATTERS**

Sec. 501. Repeal of certain annual reporting requirements.

Sec. 502. Modifications to annual Gulf War research report.

Sec. 503. Payment for care furnished to CHAMPVA beneficiaries.

Sec. 504. Disclosures from certain medical records.

Sec. 505. Disclosure to Secretary of health-plan contract information and social security number of certain veterans receiving care.

Sec. 506. Enhancement of quality management.

Sec. 507. Reports on improvements to Department health care quality management.

Sec. 508. Pilot program on use of community-based organizations and local and State government entities to ensure that veterans receive care and benefits for which they are eligible.

Sec. 509. Specialized residential care and rehabilitation for certain veterans.

Sec. 510. Expanded study on the health impact of Project Shipboard Hazard and Defense.

Sec. 511. Use of non-Department facilities for rehabilitation of individuals with traumatic brain injury.

Sec. 512. Inclusion of federally recognized tribal organizations in certain programs for State veterans homes.

Sec. 513. Pilot program on provision of dental insurance plans to veterans and survivors and dependents of veterans.

Sec. 514. Expansion of veteran eligibility for reimbursement by Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility.

Sec. 515. Prohibition on collection of copayments from veterans who are catastrophically disabled.

## TITLE VI—DEPARTMENT PERSONNEL MATTERS

- Sec. 601. Enhancement of authorities for retention of medical professionals.
- Sec. 602. Limitations on overtime duty, weekend duty, and alternative work schedules for nurses.
- Sec. 603. Improvements to certain educational assistance programs.
- Sec. 604. Standards for appointment and practice of physicians in Department of Veterans Affairs medical facilities.

## TITLE VII—HOMELESS VETERANS MATTERS

- Sec. 701. Pilot program on financial support for entities that coordinate the provision of supportive services to formerly homeless veterans residing on certain military property.
- Sec. 702. Pilot program on financial support of entities that coordinate the provision of supportive services to formerly homeless veterans residing in permanent housing.
- Sec. 703. Pilot program on financial support of entities that provide outreach to inform certain veterans about pension benefits.
- Sec. 704. Assessment of pilot programs.

## TITLE VIII—NONPROFIT RESEARCH AND EDUCATION CORPORATIONS

- Sec. 801. General authorities on establishment of corporations.
- Sec. 802. Clarification of purposes of corporations.
- Sec. 803. Modification of requirements for boards of directors of corporations.
- Sec. 804. Clarification of powers of corporations.
- Sec. 805. Redesignation of section 7364A of title 38, United States Code.
- Sec. 806. Improved accountability and oversight of corporations.

## TITLE IX—CONSTRUCTION AND NAMING MATTERS

- Sec. 901. Authorization of medical facility projects.
- Sec. 902. Designation of Robley Rex Department of Veterans Affairs Medical Center.
- Sec. 903. Merrill Lundman Department of Veterans Affairs Outpatient Clinic.
- Sec. 904. Modification on restriction of alienation of certain real property in Gulf Port, Mississippi.

## TITLE X—OTHER MATTERS

- Sec. 1001. Expansion of authority for Department of Veterans Affairs police officers.
- Sec. 1002. Uniform allowance for Department of Veterans Affairs police officers.

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

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

## TITLE I—CAREGIVER SUPPORT

## SEC. 101. WAIVER OF CHARGES FOR HUMANITARIAN CARE PROVIDED TO FAMILY MEMBERS ACCOMPANYING CERTAIN SEVERELY INJURED VETERANS AS THEY RECEIVE MEDICAL CARE.

The text of section 1784 is amended to read as follows:

“(a) IN GENERAL.—The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases.

“(b) REIMBURSEMENT.—Except as provided in subsection (c), the Secretary shall charge for care and services provided under subsection (a) at rates prescribed by the Secretary.

“(c) WAIVER OF CHARGES.—(1) Except as provided in paragraph (2), the Secretary shall waive the charges required by subsection (b) for care or services provided under subsection (a) to an attendant of a covered veteran if such care or services are provided to such attendant for an emergency that occurs while such attendant is accompanying such veteran while such veteran is receiving approved inpatient or outpatient treatment at—

“(A) a Department facility; or  
“(B) a non-Department facility—  
“(i) that is under contract with the Department; or  
“(ii) at which the veteran is receiving fee-basis care.

“(2) If an attendant is entitled to care or services under a health-plan contract (as that term is defined in section 1725(f) of this title) or other contractual or legal recourse against a third party that would, in part, extinguish liability for charges described by subsection (b), the amount of such charges waived under paragraph (1) shall be the amount by which such charges exceed the amount of such charges covered by the health-plan contract or other contractual or legal recourse against the third party.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘attendant’, with respect to a veteran, includes the following:

“(A) A family member of the veteran.  
“(B) An individual eligible to receive ongoing family caregiver assistance under section 1717A(e)(1) of this title for the provision of personal care services to the veteran.

“(C) Any other individual whom the Secretary determines—  
“(i) has a relationship with the veteran sufficient to demonstrate a close affinity with the veteran; and  
“(ii) provides a significant portion of the veteran’s care.

“(2) The term ‘covered veteran’ means any veteran with a severe injury incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.

“(3) The term ‘family member’ shall have such meaning as the Secretary shall determine by policy or regulation.

“(4) The term ‘severe injury’, in the case of a covered veteran, means any physiological, psychological, or neurological condition that renders a veteran unable to live independently as determined by the Secretary.”.

## SEC. 102. FAMILY CAREGIVER ASSISTANCE.

(a) REQUIREMENT.—

(1) IN GENERAL.—Subchapter II of chapter 17 is amended by inserting after section 1717 the following new section:

## “§ 1717A. Family caregiver assistance

“(a) IN GENERAL.—(1) As part of home health services provided under section 1717 of this title, the Secretary shall, upon the joint application of an eligible veteran and a family member of such veteran (or other individual designated by such veteran), furnish to such family member (or designee) family caregiver assistance in accordance with this section. The purpose of providing family caregiver assistance under this section is—

“(A) to reduce the number of veterans who are receiving institutional care, or who are in need of institutional care, whose personal care service needs could be substantially satisfied with the provision of such services by a family member (or designee); and  
“(B) to provide eligible veterans with additional options so that they can choose the setting for the receipt of personal care services that best suits their needs.

“(2) The Secretary shall only furnish family caregiver assistance under this section to a family member of an eligible veteran (or other individual designated by such veteran) if the Secretary determines it is in the best interest of the eligible veteran to do so.

“(b) ELIGIBLE VETERANS.—For purposes of this section, an eligible veteran is a veteran (or member of the Armed Forces undergoing medical discharge from the Armed Forces)—

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

“(2) whom the Secretary determines, in consultation with the Secretary of Defense as necessary, is in need of personal care services because of—

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

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

“(C) such other matters as the Secretary shall establish in consultation with the Secretary of Defense as appropriate.

“(c) EVALUATION OF ELIGIBLE VETERANS AND FAMILY CAREGIVERS.—(1) The Secretary shall evaluate each eligible veteran who makes a joint application under subsection (a)(1)—

“(A) to identify the personal care services required by such veteran; and

“(B) to determine whether such requirements could be significantly or substantially satisfied with the provision of personal care services from a family member (or other individual designated by the veteran).

“(2) The Secretary shall evaluate each family member of an eligible veteran (or other individual designated by the veteran) who makes a joint application under subsection (a)(1) to determine—

“(A) the basic amount of instruction, preparation, and training such family member (or designee) requires, if any, to provide the personal care services required by such veteran; and

“(B) the amount of additional instruction, preparation, and training such family member (or designee) requires, if any, to be the primary personal care attendant designated for such veteran under subsection (e).

“(3) An evaluation carried out under paragraph (1) may be carried out—

“(A) at a Department facility;

“(B) at a non-Department facility determined appropriate by the Secretary for purposes of such evaluation; and

“(C) at such other locations as the Secretary considers appropriate.

“(d) TRAINING AND APPROVAL.—(1) Except as provided in subsection (a)(2), the Secretary shall provide each family member of an eligible veteran (or other individual designated by the veteran) who makes a joint application under subsection (a)(1) the basic instruction, preparation, and training determined to be required by such family member (or designee) under subsection (c)(2)(A).

“(2) The Secretary may provide to a family member of an eligible veteran (or other individual designated by the veteran) the additional instruction, preparation, and training determined to be required by such family member (or designee) under subsection (c)(2)(B) if such family member (or designee)—

“(A) is approved as a personal care attendant for the veteran under paragraph (3); and

“(B) requests, with concurrence of the veteran, such additional instruction, preparation, and training.

“(3) Upon the successful completion by a family member of an eligible veteran (or other individual designated by the veteran)

of basic instruction, preparation, and training provided under paragraph (1), the Secretary shall approve the family member as a personal care attendant for the veteran.

“(4) If the Secretary determines that a primary personal care attendant designated under subsection (e) requires additional training to maintain such designation, the Secretary shall make such training available to the primary personal care attendant.

“(5) The Secretary shall, subject to regulations the Secretary shall prescribe, provide for necessary travel, lodging, and per diem expenses incurred by a family member of an eligible veteran (or other individual designated by the veteran) in undergoing training under this subsection.

“(6) If the participation of a family member of an eligible veteran (or other individual designated by the veteran) in training under this subsection would interfere with the provision of personal care services to the veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the veteran, provide respite care to the veteran during the provision of such training to the family member so that such family caregiver (or designee) can participate in such training without interfering with the provision of such services.

“(e) DESIGNATION OF PRIMARY PERSONAL CARE ATTENDANT.—(1) For each eligible veteran with at least one family member (or other individual designated by the veteran) who is described by subparagraphs (A) through (E) of paragraph (2), the Secretary shall designate one family member of such veteran (or other individual designated by the veteran) as the primary personal care attendant for such veteran to be the primary provider of personal care services for such veteran.

“(2) A primary personal care attendant designated for an eligible veteran under paragraph (1) shall be selected from among family members of such veteran (or other individuals designated by such veteran) who—

“(A) are approved under subsection (d)(3) as a personal care attendant for such veteran;

“(B) complete all additional instruction, preparation, and training, if any, provided under subsection (d)(2);

“(C) elect to provide the personal care services to such veteran that the Secretary determines such veteran requires under subsection (c)(1);

“(D) has the consent of such veteran to be the primary provider of such services for such veteran; and

“(E) the Secretary considers competent to be the primary provider of such services for such veteran.

“(3)(A) An eligible veteran receiving personal care services from a family member (or other individual designated by the veteran) designated as the primary personal care attendant for the veteran under paragraph (1) may revoke consent with respect to such family member (or designee) under paragraph (2)(D).

“(B) An eligible veteran may revoke the designation of a primary personal care attendant under subparagraph (A) at any time, except that such revocation may not occur more frequently than once every six months unless the Secretary determines it is in the best interest of the eligible veteran to permit such revocation to occur more frequently.

“(4) If an individual designated as the primary personal care attendant of an eligible veteran under paragraph (1) subsequently fails to meet the requirements set forth in paragraph (2), the Secretary—

“(A) shall immediately revoke the individual's designation under paragraph (1); and

“(B) may designate, in consultation with the eligible veteran or the eligible veteran's

surrogate appointed under subsection (g), a new primary personal care attendant for the veteran under such paragraph.

“(5) The Secretary shall take such actions as may be necessary to ensure that the revocation of a designation under paragraph (1) does not interfere with the provision of personal care services required by a veteran.

“(f) ONGOING FAMILY CAREGIVER ASSISTANCE.—(1) Except as provided in subsection (a)(2) and subject to the provisions of this subsection, the Secretary shall provide ongoing family caregiver assistance to family members of eligible veterans (or other individuals designated by such veterans) as follows:

“(A) To each family member of an eligible veteran (or designee) who is approved under subsection (d)(3) as a personal care attendant for the veteran the following:

“(i) Direct technical support consisting of information and assistance to timely address routine, emergency, and specialized caregiving needs.

“(ii) Counseling.

“(iii) Access to an interactive Internet website on caregiver services that addresses all aspects of the provision of personal care services under this section.

“(B) To each family member of an eligible veteran (or designee) who is designated as the primary personal care attendant for the veteran under subsection (e) the following:

“(i) The ongoing family caregiver assistance described in subparagraph (A).

“(ii) Mental health services.

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

“(iv) Medical care under section 1781 of this title if such family member (or designee) is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title).

“(v) A monthly personal caregiver stipend.

“(2)(A) The Secretary shall provide respite care under paragraph (1)(B)(iii), at the election of the Secretary—

“(i) through facilities of the Department that are appropriate for the veteran; or

“(ii) through contracts under section 1720B(c) of this title.

“(B) If the primary personal care attendant of an eligible veteran designated under subsection (e)(1) determines in consultation with the veteran or the veteran's surrogate appointed under subsection (g), and the Secretary concurs, that the needs of the veteran cannot be accommodated through the facilities and contracts described in subparagraph (A), the Secretary shall, in consultation with the primary personal care attendant and the veteran (or the veteran's surrogate), provide respite care through other facilities or arrangements that are medically and age appropriate.

“(3) If the Secretary determines that the Department lacks the capacity to furnish medical care under clause (iv) of paragraph (1)(B), the Secretary may contract, in accordance with such regulations as the Secretary shall prescribe, for such insurance, medical services, or health plans as the Secretary considers appropriate to furnish such medical care.

“(4)(A) The Secretary shall provide monthly personal caregiver stipends under paragraph (1)(B)(v) in accordance with a schedule established by the Secretary that specifies stipends provided based upon the amount and degree of personal care services provided.

“(B) The Secretary shall ensure, to the extent practicable, that the schedule required by subparagraph (A) specifies that the amount of the personal caregiver stipend

provided to a primary personal care attendant designated under subsection (e)(1) for the provision of personal care services to an eligible veteran is not less than the amount a commercial home health care entity would pay an individual in the geographic area of the veteran to provide equivalent personal care services to the veteran.

“(C) If personal care services are not available from a commercial provider in the geographic area of an eligible veteran, the Secretary may establish the schedule required by subparagraph (A) with respect to the veteran by considering the costs of commercial providers of personal care services in geographic areas other than the geographic area of the veteran with similar costs of living.

“(5) Provision of ongoing family caregiver assistance under this subsection for provision of personal care services to an eligible veteran shall terminate if the veteran no longer requires the personal care services.

“(g) SURROGATES.—If an eligible veteran lacks the capacity to submit an application, provide consent, make a request, or concur with a request under this section, the Secretary may, in accordance with regulations and policies of the Department regarding the appointment of guardians or the use of powers of attorney, appoint a surrogate for the veteran who may submit applications, provide consent, make requests, or concur with requests on behalf of the veteran under this section.

“(h) OVERSIGHT.—(1) The Secretary shall enter into contracts with appropriate entities to provide oversight of the provision of personal care services under this section by primary personal care attendants designated under subsection (e)(1).

“(2) The Secretary shall ensure that each eligible veteran receiving personal care services under this section from a primary personal care attendant designated under subsection (e)(1) is visited in the veteran's home by an entity providing oversight under paragraph (1) at such frequency as the Secretary shall determine under paragraph (3).

“(3)(A) Except as provided in subparagraph (B), the Secretary shall determine the manner of oversight provided under paragraph (1) and the frequency of visits under paragraph (2) for an eligible veteran as the Secretary considers commensurate with the needs of such veteran.

“(B) The frequency of visits under paragraph (2) for an eligible veteran shall be not less frequent than once every six months.

“(4)(A) An entity visiting an eligible veteran under paragraph (2) shall submit to the Secretary the findings of the entity with respect to each visit, including whether the veteran is receiving the care the veteran requires.

“(B) If an entity finds under subparagraph (A) that an eligible veteran is not receiving the care the veteran requires, the entity shall submit to the Secretary a recommendation on the corrective actions that should be taken to ensure that the veteran receives the care the veteran requires, including, if the entity considers appropriate, a recommendation for revocation of a caregiver's approval under subsection (d)(3) or revocation of the designation of an individual under subsection (e)(1).

“(5) After receiving findings and recommendations, if any, under paragraph (4) with respect to an eligible veteran, the Secretary may take such actions as the Secretary considers appropriate to ensure that the veteran receives the care the veteran requires, including the following:

“(A) Revocation of a caregiver's approval under subsection (d)(3).

“(B) Revocation of the designation of an individual under subsection (e)(1).

“(6) If the Secretary terminates the provision of ongoing family caregiver assistance

under subsection (f) to a family member of an eligible veteran (or other individual designated by the veteran) because of findings of an entity submitted to the Secretary under paragraph (4), the Secretary may not provide compensation to such entity for the provision of personal care services to such veteran, unless the Secretary determines it would be in the best interest of such veteran to provide compensation to such entity to provide such services.

“(i) OUTREACH.—The Secretary shall carry out a program of outreach to inform eligible veterans and their family members of the availability and nature of family caregiver assistance under this section.

“(j) CONSTRUCTION.—(1) A decision by the Secretary under this section affecting the furnishing of family caregiver assistance shall be considered a medical determination.

“(2) Nothing in this section shall be construed to create an employment relationship between the Secretary and an individual in receipt of family caregiver assistance under this section.

“(3) Nothing in this section shall be construed to create any entitlement to any services or stipends provided under this section.

“(k) DEFINITIONS.—In this section:

“(1) The term ‘family caregiver assistance’ includes the instruction, preparation, training, and approval provided under subsection (d) and the ongoing family caregiver assistance provided under subsection (f).

“(2) The term ‘family member’ shall have such meaning as the Secretary shall determine by policy or regulation.

“(3) The term ‘personal care services’, with respect to a veteran, includes the following:

“(A) Supervision of the veteran.

“(B) Protection of the veteran.

“(C) Services to assist the veteran with one or more independent activities of daily living.

“(D) Such other services as the Secretary considers appropriate.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1717 the following new item:

“1717A. Family caregiver assistance.”

(3) AUTHORIZATION FOR PROVISION OF HEALTH CARE TO PERSONAL CARE ATTENDANTS.—Section 1781(a) is amended—

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively; and

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

“(2) A family member of a veteran (or other individual designated by the veteran) designated as the primary personal care attendant for such veteran under section 1717A(e) of this title who is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title).”

(4) CONSTRUCTION.—Any family caregiver assistance furnished under section 1717A of title 38, United States Code, as added by paragraph (1), is in addition to any family caregiver assistance furnished under other programs of the Department of Veterans Affairs as of the date of the enactment of this Act.

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

(b) IMPLEMENTATION PLAN AND REPORT.—

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

(A) develop a plan for the implementation of section 1717A of title 38, United States Code, as added by subsection (a)(1); and

(B) submit to the Committee on Veterans Affairs of the Senate and the Committee on Veterans Affairs of the House of Representatives a report on such plan.

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

(A) Veterans described in section 1717A(b) of title 38, United States Code, as added by subsection (a)(1).

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

(C) Veterans service organizations, as recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(D) National organizations that specialize in the provision of assistance to individuals with the types of disabilities that personal care attendants will encounter while providing personal care services under section 1717A of title 38, United States Code, as so added.

(E) Such other organizations with an interest in the provision of care to veterans as the Secretary considers appropriate.

(F) The Secretary of Defense with respect to matters concerning personal care services for members of the Armed Forces undergoing medical discharge from the Armed Forces who are eligible to benefit from family caregiver assistance furnished under section 1717A of title 38, United States Code, as so added.

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

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

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

(C) A description of such consultations.

(D) The recommendations of such veterans, caregivers, and organizations, if any, that were not incorporated into the plan required by paragraph (1)(A).

(E) The reasons the Secretary did not incorporate such recommendations into such plan.

(c) ANNUAL EVALUATION REPORT.—

(1) IN GENERAL.—Not later than two years after the date described in subsection (a)(5) and annually thereafter, the Secretary shall submit to the Committee on Veterans Affairs of the Senate and the Committee on Veterans Affairs of the House of Representatives a comprehensive report on the implementation of section 1717A of title 38, United States Code, as added by subsection (a)(1).

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

(A) The number of family members (or other designated individuals) of veterans or members of the Armed Forces that received family caregiver assistance under such section 1717A.

(B) A description of the outreach activities carried out by the Secretary in accordance with subsection (i) of such section 1717A.

(C) The resources expended by the Secretary under such section 1717A.

(D) An assessment of the manner in which resources are expended by the Secretary under such section 1717A, particularly with respect to the provision of monthly personal caregiver stipends under subsection (f) of such section.

(E) A description of the outcomes achieved by, and any measurable benefits of, carrying out the requirements of such section 1717A.

(F) A justification of any determination made under subsection (b)(2) of such section 1717A.

(G) An assessment of the effectiveness and the efficiency of the implementation of such section 1717A.

(H) An assessment of how the provision of family caregiver assistance fits into the continuum of home health care services and benefits provided to veterans in need of such services and benefits.

(I) Such recommendations, including recommendations for legislative or administrative action, as the Secretary considers appropriate in light of carrying out the requirements of such section 1717A.

(d) REPORT ON FEASIBILITY AND ADVISABILITY OF EXPANDING CAREGIVER ASSISTANCE.—

(1) IN GENERAL.—Not later than two years after the date of the enactment of the Caregivers and Veterans Omnibus Health Services Act of 2009, the Secretary shall submit to the Committee on Veterans Affairs of the Senate and the Committee on Veterans Affairs of the House of Representatives a report on the feasibility and advisability of expanding the provision of family caregiver assistance under section 1717A of title 38, United States Code, as added by subsection (a)(1), to family members of veterans (or other individuals designated by such veterans) who—

(A) have a serious injury described in subsection (b)(1) of such section 1717A incurred or aggravated before September 11, 2001; and

(B) are described in paragraph (2) of such subsection.

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

#### SEC. 103. LODGING AND SUBSISTENCE FOR ATTENDANTS.

Section 111(e) is amended—

(1) by striking “When any” and inserting “(1) When any”;

(2) in paragraph (1), as designated by paragraph (1) of this subsection—

(A) by inserting “(including lodging and subsistence)” after “expenses of travel”; and

(B) by inserting before the period at the end the following: “for the period consisting of travel to and from a treatment facility and the duration of the treatment episode at that facility”; and

(3) by adding at the end the following:

“(2) The Secretary may prescribe regulations to carry out this subsection. Such regulations may include provisions—

“(A) to limit the number of individuals that may receive expenses of travel under paragraph (1) for a single treatment episode of a person; and

“(B) to require attendants to use certain travel services.

“(3) In this subsection:

“(A) The term ‘attendant’ includes, with respect to a person described in paragraph (1), the following:

“(i) A family member of the person.

“(ii) An individual approved as a personal care attendant under section 1717A(d)(3) of this title.

“(iii) Any other individual whom the Secretary determines—

“(I) has a preexisting relationship with the person; and

“(II) provides a significant portion of the person’s care.

“(B) The term ‘family member’ shall have such meaning as the Secretary shall determine by policy or regulation.”

#### SEC. 104. SURVEY OF INFORMAL CAREGIVERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense, conduct a national survey of family caregivers of seriously disabled veterans and members of the Armed Forces to better understand the size and characteristics of the population of such caregivers and the types of care they provide such veterans and members.

(b) REPORT.—Not later than 540 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in collaboration with the Secretary of Defense,

submit to Congress a report containing the findings of the Secretary with respect to the survey conducted under subsection (a). Results of the survey shall be disaggregated by the following:

(1) Veterans and members of the Armed Forces.

(2) Veterans and members of the Armed Forces who served in Operation Iraqi Freedom or Operation Enduring Freedom.

(3) Veterans and members of the Armed Forces who live in rural areas.

## TITLE II—WOMEN VETERANS HEALTH CARE MATTERS

### SEC. 201. REPORT ON BARRIERS TO RECEIPT OF HEALTH CARE FOR WOMEN VETERANS.

(a) REPORT.—Not later than June 1, 2010, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the barriers to the receipt of comprehensive health care through the Department of Veterans Affairs that are encountered by women veterans, especially veterans of Operation Iraqi Freedom and Operation Enduring Freedom.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) An identification and assessment of the following:

(A) Any stigma perceived or associated with seeking mental health care services through the Department of Veterans Affairs.

(B) The effect on access to care through the Department of driving distance or availability of other forms of transportation to the nearest appropriate facility of the Department.

(C) The availability of child care.

(D) The receipt of health care through women's health clinics, integrated primary care clinics, or both.

(E) The extent of comprehension of eligibility requirements for health care through the Department, and the scope of health care services available through the Department.

(F) The quality and nature of the reception of women veterans by Department health care providers and other staff.

(G) The perception of personal safety and comfort of women veterans in inpatient, outpatient, and behavioral health facilities of the Department.

(H) The sensitivity of Department health care providers and other staff to issues that particularly affect women.

(I) The effectiveness of outreach on health care services of the Department that are available to women veterans.

(J) Such other matters as the Secretary identifies for purposes of the assessment.

(2) Such recommendations for administrative and legislative action as the Secretary considers appropriate in light of the report.

(c) FACILITY OF THE DEPARTMENT DEFINED.—In this section, the term "facility of the Department" has the meaning given that term in section 1701 of title 38, United States Code.

### SEC. 202. PLAN TO IMPROVE PROVISION OF HEALTH CARE SERVICES TO WOMEN VETERANS.

(a) PLAN TO IMPROVE SERVICES.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall develop a plan—

(A) to improve the provision of health care services to women veterans; and

(B) to plan appropriately for the future health care needs, including mental health care needs, of women serving on active duty in the Armed Forces in the combat theaters of Operation Iraqi Freedom and Operation Enduring Freedom.

(2) REQUIRED ACTIONS.—In developing the plan required by this subsection, the Secretary of Veterans Affairs shall—

(A) identify the types of health care services to be available to women veterans at each Department of Veterans Affairs medical center; and

(B) identify the personnel and other resources required to provide such services to women veterans under the plan at each such medical center.

(b) SUBMITTAL OF PLAN TO CONGRESS.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the plan required by this section, along with such recommendations for administrative and legislative action as the Secretary considers appropriate in light of the plan.

### SEC. 203. INDEPENDENT STUDY ON HEALTH CONSEQUENCES OF WOMEN VETERANS OF MILITARY SERVICE IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall enter into an agreement with a non-Department of Veterans Affairs entity for the purpose of conducting a study on health consequences for women veterans of service on active duty in the Armed Forces in deployment in Operation Iraqi Freedom and Operation Enduring Freedom.

(b) SPECIFIC MATTERS STUDIED.—The study under subsection (a) shall include the following:

(1) A determination of any association of environmental and occupational exposures and combat in Operation Iraqi Freedom or Operation Enduring Freedom with the general health, mental health, or reproductive health of women who served on active duty in the Armed Forces in Operation Iraqi Freedom or Operation Enduring Freedom.

(2) A review and analysis of published literature on environmental and occupational exposures of women while serving in the Armed Forces, including combat trauma, military sexual trauma, and exposure to potential teratogens associated with reproductive problems and birth defects.

(c) REPORT.—

(1) IN GENERAL.—Not later than 18 months after entering into the agreement for the study under subsection (a), the entity described in subsection (a) shall submit to the Secretary of Veterans Affairs and to Congress a report on the study containing such findings and determinations as the entity considers appropriate.

(2) RESPONSIVE REPORT.—Not later than 90 days after the receipt of the report under paragraph (1), the Secretary shall submit to Congress a report setting forth the response of the Secretary to the findings and determinations of the entity described in subsection (a) in the report under paragraph (1).

### SEC. 204. TRAINING AND CERTIFICATION FOR MENTAL HEALTH CARE PROVIDERS ON CARE FOR VETERANS SUFFERING FROM SEXUAL TRAUMA.

(a) PROGRAM REQUIRED.—Section 1720D is amended—

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

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

"(d)(1) The Secretary shall implement a program for education, training, certification, and continuing medical education for mental health professionals to specialize in the provision of counseling and care to veterans eligible for services under subsection (a). In carrying out the program, the Secretary shall ensure that all such mental health professionals have been trained in a consistent manner and that such training includes principles of evidence-based treatment and care for sexual trauma.

"(2) The Secretary shall determine the minimum qualifications necessary for mental health professionals certified by the program under paragraph (1) to provide evidence-based treatment and therapy to veterans eligible for services under subsection (a) in facilities of the Department.

"(e) The Secretary shall submit to Congress each year a report on the counseling, care, and services provided to veterans under this section. Each report shall include data for the preceding year with respect to the following:

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

"(2) The number of women veterans who received counseling, care, and services under subsection (a) from professionals and providers who have been trained or certified under the program under subsection (d).

"(3) The number of training, certification, and continuing medical education programs operating under subsection (d).

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

"(5) Such other information as the Secretary considers appropriate."

(b) STANDARDS FOR PERSONNEL PROVIDING TREATMENT FOR SEXUAL TRAUMA.—The Secretary of Veterans Affairs shall establish education, training, certification, and staffing standards for Department of Veterans Affairs health-care facilities for full-time equivalent employees who are trained to provide treatment and care to veterans for sexual trauma.

### SEC. 205. PILOT PROGRAM ON COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS NEWLY SEPARATED FROM SERVICE IN THE ARMED FORCES.

(a) PILOT PROGRAM REQUIRED.—

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

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

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

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

(2) Financial counseling.

(3) Occupational counseling.

(4) Information and counseling on stress reduction.

(5) Information and counseling on conflict resolution.

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

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

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

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

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

**SEC. 206. REPORT ON FULL-TIME WOMEN VETERANS PROGRAM MANAGERS AT MEDICAL CENTERS.**

The Secretary shall, acting through the Under Secretary for Health, submit to Congress a report on employment of full-time women veterans program managers at Department of Veterans Affairs medical centers to ensure that health care needs of women veterans are met. Such report should include an assessment of whether there is at least one full-time employee at each Department medical center who is a full-time women veterans program manager.

**SEC. 207. SERVICE ON CERTAIN ADVISORY COMMITTEES OF WOMEN RECENTLY SEPARATED FROM SERVICE IN THE ARMED FORCES.**

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

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

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

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

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

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

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

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

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

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

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

**SEC. 208. PILOT PROGRAM ON SUBSIDIES FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING HEALTH CARE.**

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

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

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

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

(c) QUALIFIED VETERANS.—In this section, the term “qualified veteran” means a veteran who is the primary caretaker of a child or children and who is receiving from the Department one or more of the following health care services:

(1) Regular mental health care services.

(2) Intensive mental health care services.

(3) Such other intensive health care services that the Secretary determines that payment to the veteran for the provision of child care would improve access to those health care services by the veteran.

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

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

(f) EXISTING MODEL.—To the extent practicable, the Secretary shall model the pilot program after the Department of Veterans Affairs Child Care Subsidy Program that was established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107-67; 115 Stat. 552), using the same income eligibility standards and payment structure.

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

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

**SEC. 209. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.**

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

**“SEC. 1786. CARE FOR NEWBORN CHILDREN OF WOMEN VETERANS RECEIVING MATERNITY CARE.**

“(a) IN GENERAL.—The Secretary may furnish health care services described in subsection (b) to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than 7 days after the birth of the child if the veteran delivered the child in—

“(1) a facility of the Department; or  
“(2) another facility pursuant to a Department contract for services relating to such delivery.

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

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

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

**TITLE III—RURAL HEALTH IMPROVEMENTS**

**SEC. 301. ENHANCEMENT OF DEPARTMENT OF VETERANS AFFAIRS EDUCATION DEBT REDUCTION PROGRAM.**

(a) ENHANCED MAXIMUM ANNUAL AMOUNT.—Paragraph (1) of section 7683(d) is amended by striking “\$44,000” and all that follows through “fifth years of participation in the Program” and inserting “the total amount of principle and interest owed by the participant on loans referred to in subsection (a)”.

(b) NOTICE TO POTENTIAL EMPLOYEES OF ELIGIBILITY AND SELECTION FOR PARTICIPATION.—Section 7682 is amended by adding at the end the following new subsection:

“(d) NOTICE TO POTENTIAL EMPLOYEES.—In each offer of employment made by the Secretary to an individual who, upon acceptance of such offer would be treated as eligible to participate in the Education Debt Reduction Program, the Secretary shall, to the maximum extent practicable, include the following:

“(1) A notice that the individual will be treated as eligible to participate in the Education Debt Reduction Program upon the individual’s acceptance of such offer.

“(2) A notice of the determination of the Secretary whether or not the individual will be selected as a participant in the Education Debt Reduction Program as of the individual’s acceptance of such offer.”.

(c) SELECTION OF EMPLOYEES WHO RECEIVE NOTICE OF SELECTION WITH EMPLOYMENT OFFER.—Section 7683 is further amended by adding at the end the following new subsection:

“(e) SELECTION OF PARTICIPANTS.—(1) The Secretary shall select for participation in the Education Debt Reduction Program each individual eligible for participation in the Education Debt Reduction Program who—

“(A) the Secretary provided notice with an offer of employment under section 7682(d) of this title that indicated the individual would, upon the individual’s acceptance of such offer of employment, be—

“(i) eligible to participate in the Education Debt Reduction Program; and

“(ii) selected to participate in the Education Debt Reduction Program; and

“(B) accepts such offer of employment.

“(2) The Secretary may select for participation in the Education Debt Reduction Program an individual eligible for participation in the Education Debt Reduction Program who is not described by subparagraphs (A) and (B) of paragraph (1).”.

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

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

**“CHAPTER 75—VISUAL IMPAIRMENT AND ORIENTATION AND MOBILITY PROFESSIONALS EDUCATION ASSISTANCE PROGRAM**

“Sec.

“7501. Establishment of scholarship program; purpose.

“7502. Application and acceptance.

“7503. Amount of assistance; duration.

“7504. Agreement.

“7505. Repayment for failure to satisfy requirements of agreement.

**“§ 7501. Establishment of scholarship program; purpose**

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

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

“(2) who enters into an agreement with the Secretary as described in section 7504 of this chapter.

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

“(c) OUTREACH.—The Secretary shall publicize the scholarship program established

under this chapter to educational institutions throughout the United States, with an emphasis on disseminating information to such institutions with high numbers of Hispanic students and to Historically Black Colleges and Universities.

**“§ 7502. Application and acceptance**

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

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

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

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

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

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

**“§ 7503. Amount of assistance; duration**

“(a) AMOUNT OF ASSISTANCE.—The amount of the financial assistance provided for an individual under this chapter shall be the amount determined by the Secretary as being necessary to pay the tuition and fees of the individual. In the case of an individual enrolled in a program of study leading to a dual degree or certification in both the areas of study described in section 7501(a)(1) of this chapter, the tuition and fees shall not exceed the amounts necessary for the minimum number of credit hours to achieve such dual certification or degree.

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

“(c) MAXIMUM AMOUNT OF ASSISTANCE.—(1) In no case may the total amount of assistance provided under this chapter for an academic year to an individual who is a full-time student exceed \$15,000.

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

“(3) In no case may the total amount of assistance provided to an individual under this chapter exceed \$45,000.

“(d) MAXIMUM DURATION OF ASSISTANCE.—The Secretary may provide financial assistance to an individual under this chapter for not more than six years.

**“§ 7504. Agreement**

“An agreement between the Secretary and a participant in the scholarship program

under this chapter shall be in writing, shall be signed by the participant, and shall include—

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

“(2) the participant's agreement—

“(A) to accept such financial assistance;

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

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

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

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

**“§ 7505. Repayment for failure to satisfy requirements of agreement**

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

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

“(c) WAIVER OR SUSPENSION OF COMPLIANCE.—The Secretary shall prescribe regulations providing for the waiver or suspension of any obligation of an individual for service or payment under this chapter (or an agreement under this chapter) whenever non-compliance by the individual is due to circumstances beyond the control of the individual or whenever the Secretary determines that the waiver or suspension of compliance is in the best interest of the United States.

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

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

“75. Visual Impairment and Orientation and Mobility Professionals Education Assistance Program ... 7501.”

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

**SEC. 303. INCLUSION OF DEPARTMENT OF VETERANS AFFAIRS FACILITIES IN LIST OF FACILITIES ELIGIBLE FOR ASSIGNMENT OF PARTICIPANTS IN NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM.**

The Secretary of Veterans Affairs shall transfer \$20,000,000 from accounts of the Veterans Health Administration to the Secretary of Health and Human Services to in-

clude facilities of the Department of Veterans Affairs in the list maintained by the Health Resources and Services Administration of facilities eligible for assignment of participants in the National Health Service Corps Scholarship Program.

**SEC. 304. TELECONSULTATION AND TELEMEDICINE.**

(a) TELECONSULTATION AND TELERETINAL IMAGING.—

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

**“§ 1709. Teleconsultation and teleretinal imaging**

“(a) TELECONSULTATION.—(1) The Secretary shall carry out a program of teleconsultation for the provision of remote mental health and traumatic brain injury assessments in facilities of the Department that are not otherwise able to provide such assessments without contracting with third party providers or reimbursing providers through a fee-basis system.

“(2) The Secretary shall, in consultation with appropriate professional societies, promulgate technical and clinical care standards for the use of teleconsultation services within facilities of the Department.

“(b) TELERETINAL IMAGING.—The Secretary shall carry out a program of teleretinal imaging in each Veterans Integrated Services Network (VISN).

“(c) ANNUAL REPORTS.—In each fiscal year beginning with fiscal year 2010 and ending with fiscal year 2015, the Secretary shall submit to Congress a report on the programs required by subsections (a) and (b). Such report shall include the following:

“(1) A description of the efforts made by the Secretary to make teleconsultation available in rural areas and to utilize teleconsultation in rural areas.

“(2) The rates of utilization of teleconsultation by Veterans Integrated Services Network disaggregated by each fiscal year for which a report is submitted under this subsection.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘teleconsultation’ means the use by a health care specialist of telecommunications to assist another health care provider in rendering a diagnosis or treatment.

“(2) The term ‘teleretinal imaging’ means the use by a health care specialist of telecommunications, digital retinal imaging, and remote image interpretation to provide eye care.”

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item related to section 1708 the following new item:

“1709. Teleconsultation and teleretinal imaging.”

(b) TRAINING IN TELEMEDICINE.—The Secretary of Veterans Affairs shall require each Department of Veterans Affairs facility that is involved in the training of medical residents to work with each university concerned to develop an elective rotation in telemedicine for such residents.

(c) ENHANCEMENT OF VERA.—

(1) INCENTIVES FOR PROVISION OF TELECONSULTATION, TELERETINAL IMAGING, TELEMEDICINE, AND TELEHEALTH SERVICES.—The Secretary of Veterans Affairs shall modify the Veterans Equitable Resource Allocation system to provide Veterans Integrated Services Networks with incentives to utilize teleconsultation, teleretinal imaging, telemedicine, and telehealth coordination services.

(2) INCLUSION OF TELEMEDICINE VISITS IN WORKLOAD REPORTING.—The Secretary shall modify the Veterans Equitable Resource Allocation system to require the inclusion of all telemedicine visits in the calculation of facility workload.



(d) DEFINITIONS.—In this section:

(1) The terms “teleconsultation” and “teleretinal imaging” have the meanings given such terms in section 1709 of title 38, United States Code, as added by subsection (a).

(2) The term “telemedicine” means the use by a health care provider of telecommunications to assist in the diagnosis or treatment of a patient’s medical condition.

(3) The term “telehealth” means the use of telecommunications to collect patient data remotely and send data to a monitoring station for interpretation.

**SEC. 305. DEMONSTRATION PROJECTS ON ALTERNATIVES FOR EXPANDING CARE FOR VETERANS IN RURAL AREAS.**

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

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

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

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

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

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

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

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

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

**SEC. 306. PROGRAM ON PROVISION OF READJUSTMENT AND MENTAL HEALTH CARE SERVICES TO VETERANS WHO SERVED IN OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.**

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

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

(A) peer outreach services;

(B) peer support services;

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

(D) mental health services; and

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

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

(B) in the case such veteran has an injury or illness incurred during such deployment, the recovery of such veteran; and

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

(b) CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS AND QUALIFIED ENTITIES FOR PROVISION OF SERVICES.—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 required by such subsection only in areas the Secretary determines are not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting community health center or entity—

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

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

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

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

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

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

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

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

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

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

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

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

(2) utilizes best practices and technologies.

(e) REPORTS REQUIRED.—

(1) INITIAL REPORT ON PLAN FOR IMPLEMENTATION.—Not later than 45 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing the plans of the Secretary to implement the program required by subsection (a).

(2) STATUS REPORT.—Not later than one year after the date of the enactment of this

Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the implementation of the program. Such report shall include the following:

(A) Information on the number of veterans who received services as part of the program and the type of services received during the last full calendar year completed before the submission of such report.

(B) An evaluation of the provision of services under paragraph (2) of subsection (a) and a recommendation as to whether the period described in such paragraph should be extended to a five-year period.

**SEC. 307. IMPROVEMENT OF CARE OF AMERICAN INDIAN VETERANS.**

(a) INDIAN HEALTH COORDINATORS.—

(1) IN GENERAL.—Subchapter II of chapter 73 is amended by adding at the end the following new section:

**“§ 7330B. Indian Veterans Health Care Coordinators**

“(a) IN GENERAL.—(1) The Secretary shall assign at each of the 10 Department Medical Centers that serve communities with the greatest number of Indian veterans per capita an official or employee of the Department to act as the coordinator of health care for Indian veterans at such Medical Center. The official or employee so assigned at a Department Medical Center shall be known as the ‘Indian Veterans Health Care Coordinator’ for the Medical Center.

“(2) The Secretary shall, from time to time—

“(A) survey the Department Medical Centers for purposes of identifying the 10 Department Medical Centers that currently serve communities with the greatest number of Indian veterans per capita; and

“(B) utilizing the results of the most recent survey conducted under subparagraph (A), revise the assignment of Indian Veterans Health Care Coordinators in order to assure the assignment of such coordinators to appropriate Department Medical Centers as required by paragraph (1).

“(b) DUTIES.—The duties of an Indian Veterans Health Care Coordinator shall include the following:

“(1) Improving outreach to tribal communities.

“(2) Coordinating the medical needs of Indian veterans on Indian reservations with the Veterans Health Administration and the Indian Health Service.

“(3) Expanding the access and participation of the Department of Veterans Affairs, the Indian Health Service, and tribal members in the Department of Veterans Affairs Tribal Veterans Representative program.

“(4) Acting as an ombudsman for Indian veterans enrolled in the health care system of the Veterans Health Administration.

“(5) Advocating for the incorporation of traditional medicine and healing in Department treatment plans for Indian veterans in need of care and services provided by the Department.

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

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7330A the following new item:

“7330B. Indian Veterans Health Coordinators.”

(b) INTEGRATION OF ELECTRONIC HEALTH RECORDS WITH INDIAN HEALTH SERVICE.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Health

and Human Services shall enter into a memorandum of understanding to ensure that the health records of Indian veterans may be transferred electronically between facilities of the Indian Health Service and the Department of Veterans Affairs.

(c) TRANSFER OF MEDICAL EQUIPMENT TO THE INDIAN HEALTH SERVICE.—

(1) IN GENERAL.—The Secretary of Veterans Affairs may transfer to the Indian Health Service such surplus Department of Veterans Affairs medical and information technology equipment as the Secretary of Veterans Affairs and the Secretary of Health and Human Services jointly consider appropriate for purposes of the Indian Health Service.

(2) TRANSPORTATION AND INSTALLATION.—In transferring medical or information technology equipment under this subsection, the Secretary of Veterans Affairs may transport and install such equipment in facilities of the Indian Health Service.

(d) REPORT ON JOINT HEALTH CLINICS WITH INDIAN HEALTH SERVICE.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Health and Human Services shall jointly submit to Congress a report on the feasibility and advisability of the joint establishment and operation by the Veterans Health Administration and the Indian Health Service of health clinics on Indian reservations to serve the populations of such reservations, including Indian veterans.

**SEC. 308. TRAVEL REIMBURSEMENT FOR VETERANS RECEIVING TREATMENT AT FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.**

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

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

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

“(g)(1) Beginning one year after the date of the enactment of the Caregivers and Veterans Omnibus Health Services Act of 2009, the Secretary may adjust the mileage rate described in subsection (a) to be equal to the mileage reimbursement rate for the use of privately owned vehicles by Government employees on official business (when a Government vehicle is available), as prescribed by the Administrator of General Services under section 5707(b) of title 5.

“(2) If an adjustment in the mileage rate under paragraph (1) results in a lower mileage rate than the mileage rate otherwise specified in subsection (a), the Secretary shall, not later than 60 days before the date of the implementation of the mileage rate as so adjusted, submit to Congress a written report setting forth the adjustment in the mileage rate under this subsection, together with a justification for the decision to make the adjustment in the mileage rate under this subsection.”

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

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

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

“(4) In determining for purposes of subsection (a) whether travel by air is the only

practical way for a veteran to reach a Department facility, the Secretary shall consider the medical condition of the veteran and any other impediments to the use of ground transportation by the veteran.”

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

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

**SEC. 309. OFFICE OF RURAL HEALTH FIVE-YEAR STRATEGIC PLAN.**

(a) STRATEGIC PLAN.—Not later than 180 days after the date of the enactment of this Act, the Director of the Office of Rural Health of the Department of Veterans Affairs shall develop a five-year strategic plan for the Office of Rural Health.

(b) CONTENTS.—The plan required by subsection (a) shall include the following:

(1) Specific goals for the recruitment and retention of health care personnel in rural areas, developed in conjunction with the Director of the Health Care Retention and Recruitment Office of the Department of Veterans Affairs.

(2) Specific goals for ensuring the timeliness and quality of health care delivery in rural communities that are reliant on contract and fee-basis care, developed in conjunction with the Director of the Office of Quality and Performance of the Department.

(3) Specific goals for the expansion and implementation of telemedicine services in rural areas, developed in conjunction with the Director of the Office of Care Coordination Services of the Department.

(4) Incremental milestones describing specific actions to be taken for the purpose of achieving the goals specified under paragraphs (1) through (3).

**SEC. 310. OVERSIGHT OF CONTRACT AND FEE-BASIS CARE.**

(a) IN GENERAL.—Subchapter I of chapter 17 is amended by inserting after section 1703 the following new section:

**“§ 1703A. Oversight of contract and fee-basis care**

“(a) RURAL OUTREACH COORDINATORS.—The Secretary shall designate a rural outreach coordinator at each Department community based outpatient clinic at which not less than 50 percent of the veterans enrolled at such clinic reside in a highly rural area. The coordinator at a clinic shall be responsible for coordinating care and collaborating with community contract and fee-basis providers with respect to the clinic.

“(b) INCENTIVES TO OBTAIN ACCREDITATION OF MEDICAL PRACTICE.—(1) The Secretary shall adjust the fee-basis compensation of providers of health care services under the Department to encourage such providers to obtain accreditation of their medical practice from recognized accrediting entities.

“(2) In making adjustments under paragraph (1), the Secretary shall consider the increased overhead costs of accreditation described in paragraph (1) and the costs of achieving and maintaining such accreditation.

“(c) INCENTIVES FOR PARTICIPATION IN PEER REVIEW.—(1) The Secretary shall adjust the

fee-basis compensation of providers of health care services under the Department that do not provide such services as part of a medical practice accredited by a recognized accrediting entity to encourage such providers to participate in peer review under subsection (e).

“(2) The Secretary shall provide incentives under paragraph (1) to a provider of health care services under the Department in an amount which may reasonably be expected (as determined by the Secretary) to encourage participation in the voluntary peer review under subsection (d).

“(d) PEER REVIEW.—(1) The Secretary shall provide for the voluntary peer review of providers of health care services under the Department who provide such services on a fee basis as part of a medical practice that is not accredited by a recognized accrediting entity.

“(2) Each year, beginning with the first fiscal year beginning after the date of the enactment of this section, the Chief Quality and Performance Officer in each Veterans Integrated Services Network (VISN) shall select a sample of patient records from each participating provider in the Officer's Veterans Integrated Services Network to be peer reviewed by a facility designated under paragraph (3).

“(3) The Chief Quality and Performance Officer in each Veterans Integrated Services Network shall designate Department facilities in such network for the peer review of patient records submitted under this subsection.

“(4) Each year, beginning with the first fiscal year beginning after the date of the enactment of this section, each provider who elects to participate in the program shall submit the patient records selected under paragraph (2) to a facility selected under paragraph (3) to be peer reviewed by such facility.

“(5) Each Department facility designated under paragraph (3) that receives patient records under paragraph (4) shall—

“(A) peer review such records in accordance with policies and procedures established by the Secretary;

“(B) ensure that peer reviews are evaluated by the Peer Review Committee; and

“(C) develop a mechanism for notifying the Under Secretary for Health of problems identified through such peer review.

“(6) The Under Secretary for Health shall develop a mechanism by which the use of fee-basis providers of health care are terminated when quality of care concerns are identified with respect to such providers.

“(7) The Chief Quality and Performance Officer in each Veterans Integrated Services Network shall be responsible for the oversight of the program of peer review under this subsection in that network.”

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

“1703A. Oversight of contract and fee-basis care.”

**SEC. 311. ENHANCEMENT OF VET CENTERS TO MEET NEEDS OF VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.**

(a) VOLUNTEER COUNSELORS.—

(1) IN GENERAL.—Subsection (c) of section 1712A is amended—

(A) by striking “The Under Secretary” and inserting “(1) The Under Secretary”;

(B) in paragraph (1), as designated by paragraph (1), by striking “, and, in carrying” and all that follows through “screening activities”; and

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

“(2) In carrying out this section, the Under Secretary may utilize the services of the following:

“(A) 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.

“(B) Eligible volunteer counselors in the provision of counseling and related mental health services.

“(3) For purposes of this subsection, an eligible volunteer counselor is an individual—

“(A) who—

“(i) provides counseling services without compensation at a center;

“(ii) is a licensed psychologist or social worker;

“(iii) has never been named in a tort claim arising from professional activities; and

“(iv) has never had, and has no pending, disciplinary action taken with respect to any license or certification qualifying that individual to provide counseling services; or

“(B) who is otherwise credentialed and privileged to perform counseling services by the Secretary.

“(4) Eligible volunteer counselors shall be issued credentials and privileges for the provision of counseling and related mental health services under this section on an expedited basis in accordance with such procedures as the Secretary shall establish. Such procedures shall provide for the completion by the Secretary of the processing of an application for such credentials and privileges not later than 60 days after receipt of the application.”

(2) PROCEDURES FOR ISSUING CREDENTIALS AND PRIVILEGES TO VOLUNTEER COUNSELORS.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish the procedures described in section 1712A(c)(4), as added by paragraph (1).

(b) OUTREACH.—Subsection (e) of such section is amended—

(1) by striking “The Secretary” and inserting “(1) The Secretary”; and

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

“(2) Each center shall develop an outreach plan to ensure that the community served by the center is aware of the services offered by the center.”

**SEC. 312. CENTERS OF EXCELLENCE FOR RURAL HEALTH RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES.**

(a) IN GENERAL.—Subchapter II of chapter 73, as amended by section 307 of this Act, is further amended by adding at the end the following new section:

**“§ 7330C. Centers of excellence for rural health research, education, and clinical activities**

“(a) ESTABLISHMENT OF CENTERS.—The Secretary, through the Director of the Office of Rural Health, shall establish and operate at least one and not more than five centers of excellence for rural health research, education, and clinical activities, which shall—

“(1) conduct research on the furnishing of health services in rural areas;

“(2) develop specific models to be used by the Department in furnishing health services to veterans in rural areas;

“(3) provide education and training for health care professionals of the Department on the furnishing of health services to veterans in rural areas; and

“(4) develop and implement innovative clinical activities and systems of care for the Department for the furnishing of health services to veterans in rural areas.

“(b) USE OF RURAL HEALTH RESOURCE CENTERS.—In selecting locations for the establishment of centers of excellence under subsection (a), the Secretary may select a rural health resource center that meets the requirements of subsection (a).

“(c) GEOGRAPHIC DISPERSION.—The Secretary shall ensure that the centers established under this section are located at health care facilities that are geographically dispersed throughout the United States.

“(d) FUNDING.—(1) There are authorized to be appropriated to the Medical Care Account and the Medical and Prosthetics Research Account of the Department of Veterans Affairs such sums as may be necessary for the support of the research and education activities of the centers operated under this section.

“(2) There shall be allocated to the centers operated under this section, from amounts authorized to be appropriated to the Medical Care Account and the Medical and Prosthetics Research Account by paragraph (1), such amounts as the Under Secretary of health considers appropriate for such centers. Such amounts shall be allocated through the Director of the Office of Rural Health.

“(3) Activities of clinical and scientific investigation at each center operated under this section—

“(A) shall be eligible to compete for the award of funding from funds appropriated for the Medical and Prosthetics Research Account; and

“(B) shall receive priority in the award of funding from such account to the extent that funds are awarded to projects for research in the care of rural veterans.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73, as amended by section 307 of this Act, is further amended by inserting after the item relating to section 7330B the following new item:

“7330C. Centers of excellence for rural health research, education, and clinical activities.”

**SEC. 313. PILOT PROGRAM ON INCENTIVES FOR PHYSICIANS WHO ASSUME INPATIENT RESPONSIBILITIES AT COMMUNITY HOSPITALS IN HEALTH PROFESSIONAL SHORTAGE AREAS.**

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

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

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

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

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

(d) LOCATIONS.—

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

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

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

(B) the number of eligible physicians willing to assume inpatient responsibilities at

the hospital (as determined utilizing the result of the survey) is sufficient for purposes of the pilot program.

(e) SURVEY OF PHYSICIAN INTEREST IN PARTICIPATION.—

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

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

(f) PHYSICIAN PARTICIPATION.—

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

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

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

(C) primarily have clinical responsibilities with the Department.

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

(g) ASSUMPTION OF INPATIENT PHYSICIAN RESPONSIBILITIES.—

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

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

(h) COMPENSATION.—

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

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

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

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

(j) **INPATIENT RESPONSIBILITIES DEFINED.**—In this section, the term “inpatient responsibilities” means on-call responsibilities customarily required of a physician by a community hospital as a condition of granting privileges to the physician to practice in the hospital.

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

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

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

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

(l) **HEALTH PROFESSIONAL SHORTAGE AREA DEFINED.**—In this section, the term “health professional shortage area” has the meaning given the term in section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a)).

**SEC. 314. ANNUAL REPORT ON MATTERS RELATED TO CARE FOR VETERANS WHO LIVE IN RURAL AREAS.**

(a) **ANNUAL REPORT.**—The Secretary of Veterans Affairs shall submit to Congress each year, together with documents submitted to Congress in support of the budget of the President for the fiscal year beginning in such year (as submitted pursuant to section 1105 of title 31, United States Code), an assessment, current as of the fiscal year ending in the year before such report is submitted, of the following:

(1) The implementation of the provisions of sections 209 through 213, including the amendments made by such sections.

(2) The establishment and functions of the Office of Rural Health under section 7308 of title 38, United States Code.

(b) **ADDITIONAL REQUIREMENTS FOR INITIAL REPORT.**—The first report submitted under subsection (a) shall also include the following:

(1) The assessment of fee-basis health-care program required by section 212(b) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461; 120 Stat. 3422).

(2) An assessment of the outreach program required by section 213 of such Act (120 Stat. 3422; 38 U.S.C. 6303 note).

**SEC. 315. TRANSPORTATION GRANTS FOR RURAL VETERANS SERVICE ORGANIZATIONS.**

(a) **GRANTS AUTHORIZED.**—

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

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

(A) State veterans service agencies.

(B) Veterans service organizations.

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

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

(B) otherwise assist in providing medical care to veterans in highly rural areas.

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

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

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

(1) evaluating grant applications under this section; and

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

(c) **DEFINITIONS.**—In this section:

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

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

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

**SEC. 316. MODIFICATION OF ELIGIBILITY FOR PARTICIPATION IN PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF CERTAIN VETERANS.**

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

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

“(1) is—

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

“(B) eligible for health care under section 1710(e)(3)(C) of title 38, United States Code; and

“(2) resides in a location that is—

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

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

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

**TITLE IV—MENTAL HEALTH CARE MATTERS**

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

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

(b) **NO REQUIREMENT FOR CURRENT ACTIVE DUTY SERVICE.**—A member of the Armed Forces who meets the requirements for eligibility for counseling and services under subsection (a) is entitled to counseling and serv-

ices under that subsection regardless of whether or not the member is currently on active duty in the Armed Forces at the time of receipt of counseling and services under that subsection.

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

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

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

Section 1712A is amended—

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

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

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

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

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

**SEC. 403. STUDY ON SUICIDES AMONG VETERANS.**

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

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

(1) the Secretary of Defense;

(2) Veterans Service Organizations;

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

(4) State public health offices and veterans agencies.

(c) **REPORT TO CONGRESS.**—The Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the study required under subsection (a) and the findings of the Secretary.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as may be necessary to carry out this section.

**SEC. 404. TRANSFER OF FUNDS TO SECRETARY OF HEALTH AND HUMAN SERVICES FOR GRADUATE PSYCHOLOGY EDUCATION PROGRAM.**

(a) **TRANSFER OF FUNDS.**—Not later than September 30, 2010, the Secretary of Veterans Affairs shall transfer \$5,000,000 from accounts of the Veterans Health Administration to the Secretary of Health and Human Services for the Graduate Psychology Education program established under section 755(b)(1)(J) of the Public Health Service Act (42 U.S.C. 294e(b)(1)(J)).

(b) **USE OF FUNDS TRANSFERRED.**—Funds transferred under subsection (a) shall be used

to award grants to support the training of psychologists in the treatment of veterans with post traumatic stress disorder, traumatic brain injury, and other combat-related disorders.

(c) PREFERENCE FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES.—In the awarding of grants under subsection (b), the Graduate Psychology Education program shall give preference to health care facilities of the Department of Veterans Affairs and graduate programs of education that are affiliated with such facilities.

**TITLE V—OTHER HEALTH CARE MATTERS**  
**SEC. 501. REPEAL OF CERTAIN ANNUAL REPORTING REQUIREMENTS.**

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

(1) by striking subsection (f); and  
(2) by redesignating subsection (g) as subsection (f).

(b) LONG-TERM PLANNING REPORT.—

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

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

**SEC. 502. MODIFICATIONS TO ANNUAL GULF WAR RESEARCH REPORT.**

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

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

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

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

**SEC. 504. DISCLOSURES FROM CERTAIN MEDICAL RECORDS.**

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

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

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

**SEC. 505. DISCLOSURE TO SECRETARY OF HEALTH-PLAN CONTRACT INFORMATION AND SOCIAL SECURITY NUMBER OF CERTAIN VETERANS RECEIVING CARE.**

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

**"§ 1709. Disclosure to Secretary of health-plan contract information and social security number of certain veterans receiving care**

"(a) REQUIRED DISCLOSURE OF HEALTH-PLAN CONTRACTS.—(1) Any individual who applies for or is in receipt of care described in paragraph (2) shall, at the time of such application, or otherwise when requested by the Secretary, submit to the Secretary such current information as the Secretary may require to identify any health-plan contract (as defined in section 1729(i) of this title) under which such individual is covered, to include, as applicable—

"(A) the name, address, and telephone number of such health-plan contract;

"(B) the name of the individual's spouse, if the individual's coverage is under the spouse's health-plan contract;

"(C) the plan number; and

"(D) the plan's group code.

"(2) The care described in this paragraph is—

"(A) hospital, nursing home, or domiciliary care;

"(B) medical, rehabilitative, or preventive health services; or

"(C) other medical care under laws administered by the Secretary.

"(b) REQUIRED DISCLOSURE OF SOCIAL SECURITY NUMBER.—(1) Any individual who applies for or is in receipt of care described in paragraph (2) shall, at the time of such application, or otherwise when requested by the Secretary, submit to the Secretary—

"(A) the individual's social security number; and

"(B) the social security number of any dependent or Department beneficiary on whose behalf, or based upon whom, such individual applies for or is in receipt of such care.

"(2) The care described in this paragraph is—

"(A) hospital, nursing home, or domiciliary care;

"(B) medical, rehabilitative, or preventive health services; or

"(C) other medical care under laws administered by the Secretary.

"(3) This subsection does not require an individual to furnish the Secretary with a social security number for any individual to whom a social security number has not been assigned.

"(c) FAILURE TO DISCLOSE SOCIAL SECURITY NUMBER.—(1) The Secretary shall deny an individual's application for, or may terminate an individual's enrollment in, the system of patient enrollment established by the Secretary under section 1705 of this title, if such individual does not provide the social security number required or requested to be submitted pursuant to subsection (b).

"(2) Following a denial or termination under paragraph (1) with respect to an individual, the Secretary may, upon receipt of the information required or requested under subsection (b), approve such individual's application or reinstate such individual's enrollment (if otherwise in order), for such medical care and services provided on and after the date of such receipt of information.

"(d) CONSTRUCTION.—Nothing in this section shall be construed as authority to deny medical care and treatment to an individual in a medical emergency."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter 17 is amended by inserting after the item relating to section 1708 the following new item:

"1709. Disclosure to Secretary of health-plan contract information and social security number of certain veterans receiving care."

**SEC. 506. ENHANCEMENT OF QUALITY MANAGEMENT.**

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

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

**"§ 7311A. Quality management officers**

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

"(2) The National Quality Management Officer shall report directly to the Under Sec-

retary for Health in the discharge of responsibilities and duties of the Officer under this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"(2) The quality management officer for a facility shall report directly to the director of the facility, and to the quality management officer of the Veterans Integrated

Services Network in which the facility is located, regarding the discharge of the responsibilities and duties of the quality management officer under this section.

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

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

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

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

“7311A. Quality management officers.”

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

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

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

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

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

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

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

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

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

**SEC. 507. REPORTS ON IMPROVEMENTS TO DEPARTMENT HEALTH CARE QUALITY MANAGEMENT.**

(a) REPORT.—Not later than December 15, 2010, and each year thereafter through 2012, the Secretary of Veterans Affairs shall submit to the congressional veterans affairs committees a report on the implementation of sections 604 and 506 of this Act and the amendments made by such sections during the preceding fiscal year. Each report shall include, for the fiscal year covered by such report, the following:

(1) A comprehensive description of the implementation of sections 604 and 506 of this Act and the amendments made by such sections.

(2) Such recommendations as the Secretary considers appropriate for legislative or administrative action to improve the authorities and requirements in such sections and the amendments made by such sections or to otherwise improve the quality of health care and the quality of the physicians in the Veterans Health Administration.

(b) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this section, the term “congressional veterans affairs committees” means—

(1) the Committees on Veterans’ Affairs and Appropriations of the Senate; and

(2) the Committees on Veterans’ Affairs and Appropriations of the House of Representatives.

**SEC. 508. PILOT PROGRAM ON USE OF COMMUNITY-BASED ORGANIZATIONS AND LOCAL AND STATE GOVERNMENT ENTITIES TO ENSURE THAT VETERANS RECEIVE CARE AND BENEFITS FOR WHICH THEY ARE ELIGIBLE.**

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

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

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

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

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

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

(c) PROGRAM LOCATIONS.—

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

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

(A) rural areas;

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

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

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

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

(e) SELECTION OF GRANT RECIPIENTS.—

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

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

(A) A description of how the proposal was developed in consultation with the Department of Veterans Affairs.

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

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

(g) REPORT ON PROGRAM.—

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

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

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

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

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

**SEC. 509. SPECIALIZED RESIDENTIAL CARE AND REHABILITATION FOR CERTAIN VETERANS.**

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

“(g) The Secretary may contract with appropriate entities to provide specialized residential care and rehabilitation services to a veteran of Operation Enduring Freedom or Operation Iraqi Freedom who the Secretary determines suffers from a traumatic brain injury, has an accumulation of deficits in activities of daily living and instrumental activities of daily living, and because of these deficits, would otherwise require admission to a nursing home even though such care would generally exceed the veteran’s nursing needs.”

**SEC. 510. EXPANDED STUDY ON THE HEALTH IMPACT OF PROJECT SHIPBOARD HAZARD AND DEFENSE.**

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

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

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

**SEC. 511. USE OF NON-DEPARTMENT FACILITIES FOR REHABILITATION OF INDIVIDUALS WITH TRAUMATIC BRAIN INJURY.**

Section 1710E is amended—

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

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

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

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

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

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

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

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

**SEC. 512. INCLUSION OF FEDERALLY RECOGNIZED TRIBAL ORGANIZATIONS IN CERTAIN PROGRAMS FOR STATE VETERANS HOMES.**

(a) TREATMENT OF TRIBAL ORGANIZATION HEALTH FACILITIES AS STATE HOMES.—Section 8138 is amended—

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

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

“(e)(1) A health facility (or certain beds in a health facility) of a tribal organization is treatable as a State home under subsection (a) in accordance with the provisions of that subsection.

“(2) Except as provided in paragraph (3), the provisions of this section shall apply to a health facility (or certain beds in such facility) treated as a State home under subsection (a) by reason of this subsection to the same extent as health facilities (or beds) treated as a State home under subsection (a).

“(3) Subsection (f) shall not apply to the treatment of health facilities (or certain beds in such facilities) of tribal organizations as a State home under subsection (a).”.

(b) STATE HOME FACILITIES FOR DOMICILIARY, NURSING, AND OTHER CARE.—

(1) IN GENERAL.—Chapter 81 is further amended—

(A) in section 8131, by adding at the end the following new paragraph:

“(5) The term ‘tribal organization’ has the meaning given such term in section 3765 of this title.”;

(B) in section 8132, by inserting “and tribal organizations” after “the several States”; and

(C) by inserting after section 8133 the following new section:

**“§ 8133A. Tribal organizations**

“(a) AUTHORITY TO AWARD GRANTS.—The Secretary may award a grant to a tribal organization under this subchapter in order to carry out the purposes of this subchapter.

“(b) MANNER AND CONDITION OF GRANT AWARDS.—(1) Grants to tribal organizations under this section shall be awarded in the same manner, and under the same conditions, as grants awarded to the several States under the provisions of this subchapter, subject to such exceptions as the Secretary shall prescribe for purposes of this subchapter to take into account the unique circumstances of tribal organizations.

“(2) For purposes of according priority under subsection (c)(2) of section 8135 of this title to an application submitted under subsection (a) of such section, an application submitted under such subsection (a) by a tribal organization of a State that has previously applied for award of a grant under this subchapter for construction or acquisition of a State nursing home shall be considered under subparagraph (C) of such subsection (c)(2) an application from a tribal organization that has previously applied for such a grant.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 81 is amended by inserting after the item relating to section 8133 the following new item:

“8133A. Tribal organizations.”.

**SEC. 513. PILOT PROGRAM ON PROVISION OF DENTAL INSURANCE PLANS TO VETERANS AND SURVIVORS AND DEPENDENTS OF VETERANS.**

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

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

(1) Any veteran who is enrolled in the system of annual patient enrollment under section 1705 of this title.

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

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

(d) PILOT PROGRAM LOCATIONS.—The pilot program shall be carried out in not less than two and not more than four Veterans Integrated Services Networks (VISNs) selected by the Secretary of Veterans Affairs for purposes of the pilot program.

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

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

(g) ENROLLMENT.—

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

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

(h) PREMIUMS.—

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

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

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

(i) VOLUNTARY DISENROLLMENT.—

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

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

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

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

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

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

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

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

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

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

**SEC. 514. EXPANSION OF VETERAN ELIGIBILITY FOR REIMBURSEMENT BY SECRETARY OF VETERANS AFFAIRS FOR EMERGENCY TREATMENT FURNISHED IN A NON-DEPARTMENT FACILITY.**

(a) EXPANSION OF ELIGIBILITY.—Subsection (b)(3)(C) of section 1725 is amended by striking “, in whole or in part,”.

(b) LIMITATIONS ON REIMBURSEMENT.—Section 1725 is further amended—

(1) in subsection (c), by adding at the end the following new paragraph:

“(4)(A) If the veteran has contractual or legal recourse against a third party that would, in part, extinguish the veteran's liability to the provider of the emergency treatment and payment for the treatment may be made both under subsection (a) and by the third party, the amount payable for such treatment under such subsection shall be the amount by which the costs for the emergency treatment exceed the amount payable or paid by the third party, except that the amount payable may not exceed the maximum amount payable established under paragraph (1)(A).

“(B) In any case in which a third party is financially responsible for part of the veteran's emergency treatment expenses, the Secretary shall be the secondary payer.

“(C) A payment in the amount payable under subparagraph (A) shall be considered payment in full and shall extinguish the veteran's liability to the provider.

“(D) The Secretary may not reimburse a veteran under this section for any copayment or similar payment that the veteran owes the third party or for which the veteran is responsible under a health-plan contract.”; and

(2) in subsection (f)(3)—

(A) in subparagraph (A), by inserting before the period at the end the following: “, including the Secretary of Health and Human Services with respect to the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.)”; and

(B) in subparagraph (B), by inserting before the period at the end the following: “, including a State Medicaid agency with respect to payments made under a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.)”.

(C) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by subsections (a) and (b) shall take effect on the date of the enactment of this Act, and shall apply with respect to emergency treatment furnished on or after that date.

(2) REIMBURSEMENT FOR TREATMENT BEFORE EFFECTIVE DATE.—The Secretary of Veterans Affairs may provide reimbursement under section 1725 of title 38, United States Code, as amended by this subsection, for emergency treatment furnished before the date of the enactment of this Act if the Secretary determines that, under the circumstances applicable with respect to the veteran, it is appropriate to do so.

**SEC. 515. PROHIBITION ON COLLECTION OF COPAYMENTS FROM VETERANS WHO ARE CATASTROPHICALLY DISABLED.**

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

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

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

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

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

**TITLE VI—DEPARTMENT PERSONNEL MATTERS**

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

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

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

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

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

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

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

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

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

“(C) Before submitting notice under subparagraph (B), the Secretary shall solicit

comments from any labor organization representing employees in such class and include such comments in such notice.”.

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

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

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

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

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

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

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

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

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

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

“(A) the employment of such nurse shall—

“(i) no longer be considered temporary; and

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

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

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

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

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

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

(d) WAIVER OF OFFSET FROM PAY FOR CERTAIN REEMPLOYED ANNUITANTS.—

(1) IN GENERAL.—Section 7405, as amended by subsection (c), is further amended by adding at the end the following new subsection:

“(h)(1) The Secretary may waive the application of sections 8344 and 8468 of title 5 (relating to annuities and pay on reemployment) or any other similar provision of law under a Government retirement system on a case-by-case basis for an annuitant reemployed on a temporary basis under the authority of subsection (a) in a position described under paragraph (1) of that subsection.

“(2) An annuitant to whom a waiver under paragraph (1) is in effect shall not be considered an employee for purposes of any Government retirement system.

“(3) An annuitant to whom a waiver under paragraph (1) is in effect shall be subject to the provisions of chapter 71 of title 5 (including all labor authority and labor representative collective bargaining agreements) applicable to the position to which appointed.

“(4) In this subsection:

“(A) The term ‘annuitant’ means an annuitant under a Government retirement system.

“(B) The term ‘employee’ has the meaning under section 2105 of title 5.

“(C) The term ‘Government retirement system’ means a retirement system established by law for employees of the Government of the United States.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect on the date that is 180 days after the date of the enactment of this Act, and shall apply to pay periods beginning on or after such effective date.

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

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

(A) by striking “The annual” and inserting “(1) The annual”;

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

“(2) The pay”;

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

and

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

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

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

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

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

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

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

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

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

“(a) IN GENERAL.—The Secretary may”;

and

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

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

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

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

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



“(C) The personal qualifications of the individual.

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

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

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

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

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

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

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

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

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

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

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

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

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

(k) LOCALITY PAY SCALE COMPUTATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) in subsection (b)—

(i) in the first sentence—

(I) by striking “on a tour of duty”;

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

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

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

(C) in subsection (c)—

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

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

(D) in subsection (e)—

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

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

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

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

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

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

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

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

(a) OVERTIME DUTY.—

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

### “§ 7459. Nursing staff: special rules for overtime duty

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

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

“(2) The refusal of nursing staff to work hours prohibited by subsection (a) shall not be grounds to discriminate (within the meaning of section 704(a) of the Civil Rights Act of 1964 (42 U.S.C. 2000e-3(a))) against the staff, dismissal or discharge of the staff, or any other adverse personnel action against the staff.

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

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

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

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

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

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

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

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

“(1) A registered nurse.

“(2) A licensed practical or vocational nurse.

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

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

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

“7459. Nursing staff: special rules for overtime duty.”

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

(1) by striking subsection (c); and

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

(c) ALTERNATE WORK SCHEDULES.—

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

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

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

(B) in paragraph (2)—

(i) in subparagraph (A), by striking “40-hour basic work week” and inserting “80-hour pay period”;

(ii) in subparagraph (B), by striking “regularly scheduled 36-hour tour of duty within the work week” and inserting “scheduled 72-hour tour of duty within the bi-weekly pay period”;

(iii) in subparagraph (C)—

(I) in clause (i), by striking “regularly scheduled 36-hour tour of duty within an administrative work week” and inserting “scheduled 72-hour tour of duty within an administrative pay period”;

(II) in clause (ii), by striking “regularly”; and

(III) in clause (iii), by striking “regularly scheduled 36-hour tour of duty work week” and inserting “scheduled 72-hour tour of duty pay period”; and

(iv) in subparagraph (D), by striking “regularly”; and

(C) in paragraph (3), by striking “regularly”.

#### SEC. 603. IMPROVEMENTS TO CERTAIN EDUCATIONAL ASSISTANCE PROGRAMS.

(a) REINSTATEMENT OF HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE SCHOLARSHIP PROGRAM.—

(1) IN GENERAL.—Section 7618 is amended by striking “December 31, 1998” and inserting “December 31, 2014”.

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

(b) IMPROVEMENTS TO EDUCATION DEBT REDUCTION PROGRAM.—

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

(2) ELIGIBILITY.—Section 7682 is amended—

(A) in subsection (a)(1), by striking “a recently appointed” and inserting “an”; and

(B) by striking subsection (c).

(c) LOAN REPAYMENT PROGRAM FOR CLINICAL RESEARCHERS FROM DISADVANTAGED BACKGROUNDS.—

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

(2) LIMITATIONS.—The exercise by the Secretary of Veterans Affairs of the authorities referred to in paragraph (1) shall be subject to the conditions and limitations specified in paragraphs (2) and (3) of section 487E(a) of the Public Health Service Act (42 U.S.C. 288-5(a)(2) and (3)).

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

#### SEC. 604. STANDARDS FOR APPOINTMENT AND PRACTICE OF PHYSICIANS IN DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.

(a) STANDARDS.—

(1) IN GENERAL.—Subchapter I of chapter 74 is amended by inserting after section 7402 the following new section:

#### “§ 7402A. Appointment and practice of physicians: standards

“(a) IN GENERAL.—The Secretary shall, acting through the Under Secretary for Health, prescribe standards to be met by individuals in order to qualify for appointment in the Veterans Health Administration in the position of physician and to practice as a physician in medical facilities of the Administration. The standards shall incorporate the requirements of this section.

“(b) DISCLOSURE OF CERTAIN INFORMATION BEFORE APPOINTMENT.—Each individual seeking appointment in the Veterans Health Administration in the position of physician shall do the following:

“(1) Provide the Secretary a full and complete explanation of the following:

“(A) Each lawsuit, civil action, or other claim (whether open or closed) brought against the individual for medical malpractice or negligence.

“(B) Each payment made by or on behalf of the individual to settle any lawsuit, action, or claim covered by subparagraph (A).

“(C) Each investigation or disciplinary action taken against the individual relating to the individual’s performance as a physician.

“(2) Provide the Secretary a written authorization that permits the State licensing board of each State in which the individual holds or has held a license to practice medicine to disclose to the Secretary any information in the records of such State on the following:

“(A) Each lawsuit, civil action, or other claim brought against the individual for medical malpractice or negligence covered by paragraph (1)(A) that occurred in such State.

“(B) Each payment made by or on behalf of the individual to settle any lawsuit, action, or claim covered by subparagraph (A).

“(C) Each medical malpractice judgment against the individual by the courts or administrative agencies or bodies of such State.

“(D) Each disciplinary action taken or under consideration against the individual by an administrative agency or body of such State.

“(E) Any change in the status of the license to practice medicine issued the individual by such State, including any voluntary or nondisciplinary surrendering of such license by the individual.

“(F) Any open investigation of the individual by an administrative agency or body of such State, or any outstanding allegation against the individual before such an administrative agency or body.

“(G) Any written notification by the State to the individual of potential termination of a license for cause or otherwise.

“(c) DISCLOSURE OF CERTAIN INFORMATION FOLLOWING APPOINTMENT.—(1) Each individual appointed in the Veterans Health Administration in the position of physician after the date of the enactment of this section shall, as a condition of service under the appointment, disclose to the Secretary, not later than 30 days after the occurrence of such event, the following:

“(A) A judgment against the individual for medical malpractice or negligence.

“(B) A payment made by or on behalf of the individual to settle any lawsuit, action, or claim disclosed under paragraph (1) or (2) of subsection (b).

“(C) Any disposition of or material change in a matter disclosed under paragraph (1) or (2) of subsection (b).

“(D) Any lawsuit, disciplinary action, or claim filed or undertaken after the date of the disclosures under subsection (b).

“(2) Each individual appointed in the Veterans Health Administration in the position

of physician as of the date of the enactment of this section shall do the following:

“(A) Not later than the end of the 60-day period beginning on the date of the enactment of this section and as a condition of service under the appointment after the end of that period, submit the request and authorization described in subsection (b)(2).

“(B) Agree, as a condition of service under the appointment, to disclose to the Secretary, not later than 30 days after the occurrence of such event, the following:

“(i) A judgment against the individual for medical malpractice or negligence.

“(ii) A payment made by or on behalf of the individual to settle any lawsuit, action, or claim disclosed pursuant to subparagraph (A) or under this subparagraph.

“(iii) Any disposition of or material change in a matter disclosed pursuant to subparagraph (A) or under this subparagraph.

“(3) Each individual appointed in the Veterans Health Administration in the position of physician shall, as part of the biennial review of the performance of the physician under the appointment, submit the request and authorization described in subsection (b)(2). The requirement of this paragraph is in addition to the requirements of paragraph (1) or (2), as applicable.

“(d) INVESTIGATION OF DISCLOSED MATTERS.—(1) The Director of the Veterans Integrated Services Network (VISN) in which an individual is seeking appointment in the Veterans Health Administration in the position of physician shall perform an investigation (in such manner as the standards required by this section shall specify) of each matter disclosed under subsection (b) with respect to the individual.

“(2) The Director of the Veterans Integrated Services Network in which an individual is appointed in the Veterans Health Administration in the position of physician shall perform an investigation (in a manner so specified) of each matter disclosed under subsection (c) with respect to the individual.

“(3) The results of each investigation performed under this subsection shall be fully documented.

“(e) APPROVAL OF APPOINTMENTS BY DIRECTORS OF VISNS.—(1) An individual may not be appointed in the Veterans Health Administration in the position of physician without the approval of the Director of the Veterans Integrated Services Network in which the individual will first serve under the appointment, unless the medical center director and credentialing and privileging manager of the facility hiring the physician certify in writing that—

“(A) a full investigation was carried out in compliance with section 104 of this title; and

“(B) an investigation did not disclose any actions described in subsections (b), (c), and (d) of such section.

“(2) In approving the appointment under this subsection of an individual for whom any matters have been disclosed under subsection (b), a Director shall—

“(A) certify in writing the completion of the performance of the investigation under subsection (d)(1) of each such matter, including the results of such investigation; and

“(B) provide a written justification why any matters raised in the course of such investigation do not disqualify the individual from appointment.

“(f) ENROLLMENT OF PHYSICIANS WITH PRACTICE PRIVILEGES IN PROACTIVE DISCLOSURE SERVICE.—Each medical facility of the Department at which physicians are extended the privileges of practice shall enroll each physician extended such privileges in the Proactive Disclosure Service of the National Practitioner Data Bank.

“(g) ENCOURAGING HIRING OF PHYSICIANS WITH BOARD CERTIFICATION.—(1) The Secretary shall, for each performance contract with a Director of a Veterans Integrated Services Network (VISN), include in such contract a provision that encourages such director to hire physicians who are board eligible or board certified in the specialty in which the physicians will practice.

“(2) The Secretary may determine the nature and manner of the provision described in paragraph (1).”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by inserting after the item relating to section 7402 the following new item:

“7402A. Appointment and practice of physicians: standards.”.

(b) EFFECTIVE DATE AND APPLICABILITY.—

(1) EFFECTIVE DATE.—Except as provided in paragraphs (2) and (3), the amendments made by subsection (a) shall take effect on the date of the enactment of this Act.

(2) APPLICABILITY OF CERTAIN REQUIREMENTS TO PHYSICIANS PRACTICING ON EFFECTIVE DATE.—In the case of an individual appointed to the Veterans Health Administration in the position of physician as of the date of the enactment of this Act, the requirements of section 7402A(f) of title 38, United States Code, as added by subsection (a) of this section, shall take effect on the date that is 60 days after the date of the enactment of this Act.

(3) APPLICABILITY OF REQUIREMENTS RELATED TO HIRING OF PHYSICIANS WITH BOARD CERTIFICATION.—The requirement of section 7402A(g) of such title, as added by subsection (a), shall begin with the first cycle of performance contracts for directors of Veterans Integrated Services Networks beginning after the date of the enactment of this Act.

#### TITLE VII—HOMELESS VETERANS MATTERS

##### SEC. 701. PILOT PROGRAM ON FINANCIAL SUPPORT FOR ENTITIES THAT COORDINATE THE PROVISION OF SUPPORTIVE SERVICES TO FORMERLY HOMELESS VETERANS RESIDING ON CERTAIN MILITARY PROPERTY.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—Subject to the availability of appropriations for such purpose, the Secretary of Veterans Affairs may carry out a pilot program to make grants to public and nonprofit organizations (including faith-based and community organizations) to coordinate the provision of supportive services available in the local community to very low income, formerly homeless veterans residing in permanent housing that is located on qualifying property described in subsection (b).

(2) NUMBER OF GRANTS.—The Secretary may make grants at up to 10 qualifying properties under the pilot program.

(b) QUALIFYING PROPERTY.—Qualifying property under the pilot program is property that—

(1) was part of a military installation that was closed in accordance with—

(A) decisions made as part of the 2005 round of defense base closure and realignment under the Defense Base Closure and Realignment Act of 1990 (part A of title XXIX of Public Law 101-510; 10 U.S.C. 2687 note); and

(B) subchapter III of chapter 5 of title 40, United States Code; and

(2) the Secretary of Defense determines, after considering any redevelopment plans of any local redevelopment authority relating to such property, may be used to assist the homeless in accordance with such redevelopment plan.

(c) CRITERIA FOR GRANTS.—The Secretary shall prescribe criteria and requirements for

grants under this section and shall publish such criteria and requirements in the Federal Register.

(d) DURATION OF PROGRAM.—The authority of the Secretary to provide grants under a pilot program under this section shall cease on the date that is five years after the date of the commencement of the pilot program.

(e) VERY LOW INCOME DEFINED.—In this section, the term “very low income” has the meaning given that term in the Resident Characteristics Report issued annually by the Department of Housing and Urban Development.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated from amounts made available under the heading “General Operating Expenses”, not more than \$3,000,000 in each of fiscal years 2010 through 2014 to carry out the purposes of this section.

##### SEC. 702. PILOT PROGRAM ON FINANCIAL SUPPORT OF ENTITIES THAT COORDINATE THE PROVISION OF SUPPORTIVE SERVICES TO FORMERLY HOMELESS VETERANS RESIDING IN PERMANENT HOUSING.

(a) ESTABLISHMENT OF PILOT PROGRAM.—

(1) IN GENERAL.—Subject to the availability of appropriations for such purpose, the Secretary of Veterans Affairs may carry out a pilot program to make grants to public and nonprofit organizations (including faith-based and community organizations) to coordinate the provision of supportive services available in the local community to very low income, formerly homeless veterans residing in permanent housing.

(2) NUMBER OF GRANTS.—The Secretary may make grants at up to 10 qualifying properties under the pilot program.

(b) QUALIFYING PROPERTY.—Qualifying property under the pilot program is any property in the United States on which permanent housing is provided or afforded to formerly homeless veterans, as determined by the Secretary.

(c) CRITERIA FOR GRANTS.—The Secretary shall prescribe criteria and requirements for grants under this section and shall publish such criteria and requirements in the Federal Register.

(d) DURATION OF PILOT PROGRAM.—The authority of the Secretary to provide grants under a pilot program under this section shall cease on the date that is five years after the date of the commencement of the pilot program.

(e) VERY LOW INCOME DEFINED.—In this section, the term “very low income” has the meaning given that term in the Resident Characteristics Report issued annually by the Department of Housing and Urban Development.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated from amounts made available under the heading “General Operating Expenses”, not more than \$3,000,000 in each of fiscal years 2010 through 2014 to carry out the purposes of this section.

##### SEC. 703. PILOT PROGRAM ON FINANCIAL SUPPORT OF ENTITIES THAT PROVIDE OUTREACH TO INFORM CERTAIN VETERANS ABOUT PENSION BENEFITS.

(a) AUTHORITY TO MAKE GRANTS.—In addition to the outreach authority provided to the Secretary of Veterans Affairs by section 6303 of title 38, United States Code, the Secretary may carry out a pilot program to make grants to public and nonprofit organizations (including faith-based and community organizations) for services to provide outreach to inform low-income and elderly veterans and their spouses who reside in rural areas of benefits for which they may be eligible under chapter 15 of such title.

(b) CRITERIA FOR GRANTS.—The Secretary shall prescribe criteria and requirements for grants under this section and shall publish such criteria and requirements in the Federal Register.

(c) DURATION OF PILOT PROGRAM.—The authority of the Secretary to provide grants under a pilot program under this section shall cease on the date that is five years after the date of the commencement of the pilot program.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated from amounts made available under the heading “General Operating Expenses”, not more than \$1,275,000 in each of fiscal years 2010 through 2014 to carry out the purposes of this section.

##### SEC. 704. ASSESSMENT OF PILOT PROGRAMS.

(a) PROGRESS REPORTS.—Not less than one year before the expiration of the authority to carry out a pilot program authorized by sections 501 through 503, the Secretary of Veterans Affairs shall submit to Congress a progress report on such pilot program.

(b) CONTENTS.—Each progress report submitted for a pilot program under subsection (a) shall include the following:

(1) The lessons learned by the Secretary of Veterans Affairs with respect to such pilot program that can be applied to other programs with similar purposes.

(2) The recommendations of the Secretary on whether to continue such pilot program.

(3) The number of veterans and dependents served by such pilot program.

(4) An assessment of the quality of service provided to veterans and dependents under such pilot program.

(5) The amount of funds provided to grant recipients under such pilot program.

(6) The names of organizations that have received grants under such pilot program.

#### TITLE VIII—NONPROFIT RESEARCH AND EDUCATION CORPORATIONS

##### SEC. 801. GENERAL AUTHORITIES ON ESTABLISHMENT OF CORPORATIONS.

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

(1) IN GENERAL.—Section 7361 is amended—  
(A) by redesignating subsection (b) as subsection (e); and

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

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

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

“(3) In facilitating the conduct of research, education, or both at more than one Department medical center under this subchapter, a multi-medical center research corporation may administer receipts and expenditures relating to such research, education, or both, as applicable, performed at the Department medical centers concerned.”.

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

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

“(1) the board of directors of the corporation approves a resolution permitting facilitation by the corporation of the conduct of

research, education, or both at the other Department medical center or medical centers concerned; and

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

(b) RESTATEMENT AND MODIFICATION OF AUTHORITIES ON APPLICABILITY OF STATE LAW.—

(1) IN GENERAL.—Section 7361, as amended by subsection (a) of this section, is further amended by inserting after subsection (b) the following new subsection (c):

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

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

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

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

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

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

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

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

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

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

**SEC. 802. CLARIFICATION OF PURPOSES OF CORPORATIONS.**

(a) CLARIFICATION OF PURPOSES.—Subsection (a) of section 7362 is amended—

(1) in the first sentence—

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

(B) by inserting before the period at the end the following: “or centers”; and

(2) in the second sentence, by inserting “or centers” after “at the medical center”.

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

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

(d) AVAILABILITY OF EDUCATION FOR FAMILIES OF VETERAN PATIENTS.—Paragraph (2) of

subsection (b) of such section is amended by striking “to patients and to the families” and inserting “and includes education and training for patients and families”.

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

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

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

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

“(ii) the chief of staff; and

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

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

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

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

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

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

**SEC. 804. CLARIFICATION OF POWERS OF CORPORATIONS.**

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

**“§ 7364. General powers**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“7365. Coverage of employees under certain Federal tort claims laws.”.

**SEC. 806. IMPROVED ACCOUNTABILITY AND OVERSIGHT OF CORPORATIONS.**

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

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

“(2)(A) A corporation with revenues in excess of \$300,000 for any year shall obtain an audit of the corporation for that year.

“(B) A corporation with annual revenues between \$10,000 and \$300,000 shall obtain an audit of the corporation at least once every three years.

“(C) Any audit under this paragraph shall be performed by an independent auditor.

“(3) The corporation shall include in each report to the Secretary under paragraph (1) the following:

“(A) The most recent audit of the corporation under paragraph (2).

“(B) The most recent Internal Revenue Service Form 990 ‘Return of Organization Exempt from Income Tax’ or equivalent and the applicable schedules under such form.”.

(b) CONFIRMATION OF APPLICATION OF CONFLICT OF INTEREST REGULATIONS TO APPROPRIATE CORPORATION POSITIONS.—Subsection (c) of such section is amended—

(1) by striking “laws and” each place it appears;

(2) in paragraph (1)—

(A) by inserting “each officer and” after “under this subchapter.”; and

(B) by striking “, and each employee of the Department” and all that follows through “during any year”; and

(3) in paragraph (2)—

(A) by inserting “, officer,” after “verifying that each director”; and

(B) by striking “in the same manner” and all that follows before the period at the end.

(c) ESTABLISHMENT OF APPROPRIATE PAYEE REPORTING THRESHOLD.—Subsection (d)(3)(C) of such section is amended by striking “\$35,000” and inserting “\$50,000”.

#### TITLE IX—CONSTRUCTION AND NAMING MATTERS

##### SEC. 901. AUTHORIZATION OF MEDICAL FACILITY PROJECTS.

(a) AUTHORIZATION OF FISCAL YEAR 2010 MAJOR MEDICAL FACILITY PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2010, with each project to be carried out in the amount specified for each project:

(1) Construction (including acquisition of land) for the realignment of services and closure projects at the Department of Veterans Affairs Medical Center in Livermore, California, in an amount not to exceed \$55,430,000.

(2) Construction of a Multi-Specialty Care Facility in Walla Walla, Washington, in an amount not to exceed \$71,400,000.

(3) Construction (including acquisition of land) for a new medical facility at the Department of Veterans Affairs Medical Center in Louisville, Kentucky, in an amount not to exceed \$75,000,000.

(4) Construction (including acquisition of land) for a clinical expansion for a Mental Health Facility at the Department of Veterans Affairs Medical Center in Dallas, Texas, in an amount not to exceed \$15,640,000.

(5) Construction (including acquisition of land) for a replacement bed tower and clinical expansion at the Department of Veterans Affairs Medical Center in St. Louis, Missouri, in an amount not to exceed \$43,340,000.

(b) EXTENSION OF AUTHORIZATION FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2010, as follows with each project to be carried out in the amount specified for that project:

(1) Replacement of the existing Department of Veterans Affairs Medical Center in Denver, Colorado, in an amount not to exceed \$800,000,000.

(2) Construction of Outpatient and Inpatient Improvements in Bay Pines, Florida, in an amount not to exceed \$194,400,000.

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Af-

fairs for fiscal year 2010, or the year in which funds are appropriated, for the Construction, Major Projects account—

(A) \$260,810,000 for the projects authorized in subsection (a); and

(B) \$994,400,000 for the projects authorized in subsection (b).

(2) LIMITATION.—The projects authorized in subsections (a) and (b) may only be carried out using—

(A) funds appropriated for fiscal year 2010 pursuant to the authorization of appropriations in paragraph (1) of this section;

(B) funds available for Construction, Major Projects for a fiscal year before fiscal year 2010 that remain available for obligation;

(C) funds available for Construction, Major Projects for a fiscal year after fiscal year 2010 that remain available for obligation;

(D) funds appropriated for Construction, Major Projects for fiscal year 2010 for a category of activity not specific to a project;

(E) funds appropriated for Construction, Major Projects for a fiscal year before 2010 for a category of activity not specific to a project; and

(F) funds appropriated for Construction, Major Projects for a fiscal year after 2010 for a category of activity not specific to a project.

##### SEC. 902. DESIGNATION OF ROBLEY REX DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) DESIGNATION.—The Department of Veterans Affairs Medical Center in Louisville, Kentucky, and any successor to such medical center, shall after the date of the enactment of this Act be known and designated as the “Robley Rex Department of Veterans Affairs Medical Center”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the medical center referred to in subsection (a) shall be considered to be a reference to the Robley Rex Department of Veterans Affairs Medical Center.

##### SEC. 903. MERRIL LUNDMAN DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC.

(a) IN GENERAL.—The Department of Veterans Affairs outpatient clinic in Havre, Montana, shall after the date of the enactment of this Act be known and designated as the “Merril Lundman Department of Veterans Affairs Outpatient Clinic”.

(b) REFERENCES.—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Merrill Lundman Department of Veterans Affairs Outpatient Clinic.

##### SEC. 904. MODIFICATION ON RESTRICTION OF ALIENATION OF CERTAIN REAL PROPERTY IN GULF PORT, MISSISSIPPI.

(a) IN GENERAL.—Section 2703(b) of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Hurricane Recovery, 2006 (Public Law 109-234; 120 Stat. 469), as amended by section 231 of the Military Construction and Veterans Affairs and Related Agencies Appropriations Act, 2009 (division E of Public Law 110-329; 122 Stat. 3713), is further amended by inserting after “the City of Gulfport” the following: “, or its urban renewal agency.”.

(b) MEMORIALIZATION OF MODIFICATION.—The Secretary of Veterans Affairs shall take appropriate actions to modify the quitclaim deeds executed to effectuate the conveyance authorized by section 2703 of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Hurricane Recovery, 2006 (Public Law 109-234) in order to accurately reflect and memorialize the amendment made by subsection (a).

#### TITLE X—OTHER MATTERS

##### SEC. 1001. EXPANSION OF AUTHORITY FOR DEPARTMENT OF VETERANS AFFAIRS POLICE OFFICERS.

Section 902 is amended—

(1) in subsection (a)—

(A) by amending paragraph (1) to read as follows:

“(1) Employees of the Department who are Department police officers shall, with respect to acts occurring on Department property—

“(A) enforce Federal laws;

“(B) enforce the rules prescribed under section 901 of this title;

“(C) enforce traffic and motor vehicle laws of a State or local government (by issuance of a citation for violation of such laws) within the jurisdiction of which such Department property is located as authorized by an express grant of authority under applicable State or local law;

“(D) carry the appropriate Department-issued weapons, including firearms, while off Department property in an official capacity or while in an official travel status;

“(E) conduct investigations, on and off Department property, of offenses that may have been committed on property under the original jurisdiction of Department, consistent with agreements or other consultation with affected local, State, or Federal law enforcement agencies; and

“(F) carry out, as needed and appropriate, the duties described in subparagraphs (A) through (E) of this paragraph when engaged in duties authorized by other Federal statutes.”;

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

(C) in paragraph (2), as redesignated by subparagraph (B) of this paragraph, by inserting “, and on any arrest warrant issued by competent judicial authority” before the period; and

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

“(c) The powers granted to Department police officers designated under this section shall be exercised in accordance with guidelines approved by the Secretary and the Attorney General.”.

##### SEC. 1002. UNIFORM ALLOWANCE FOR DEPARTMENT OF VETERANS AFFAIRS POLICE OFFICERS.

Section 903 is amended—

(1) by amending subsection (b) to read as follows:

“(b)(1) The amount of the allowance that the Secretary may pay under this section is the lesser of—

“(A) the amount currently allowed as prescribed by the Office of Personnel Management; or

“(B) estimated costs or actual costs as determined by periodic surveys conducted by the Department.

“(2) During any fiscal year no officer shall receive more for the purchase of a uniform described in subsection (a) than the amount established under this subsection.”; and

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

“(c) The allowance established under subsection (b) shall be paid at the beginning of a Department police officer’s employment for those appointed on or after October 1, 2008. In the case of any other Department police officer, an allowance in the amount established under subsection (b) shall be paid upon the request of the officer.”.

Mrs. MURRAY. Madam President, I move to reconsider the vote and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Washington is recognized.

## MORNING BUSINESS

Mrs. MURRAY. Madam President, I ask unanimous consent the Senate proceed to a period of morning business with Senators permitted to speak for up to 10 minutes each.

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

Mrs. MURRAY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

## HEALTH CARE REFORM

Mr. GRASSLEY. Madam President, we have been waiting for many weeks while the Democratic leadership worked behind closed doors to write a new health care reform bill. Rather than trying to build consensus for a bill that could get broad-based support, they toiled in secret, but at long last this new health care reform plan is finally public. They have come forward to at last reveal the legislative language for a health care reform bill that the Democrats intend to bring to the floor.

We know where they started. We know the changes they made along the way. Those in this Chamber will recall that we worked for months in the Senate Finance Committee on health reform. Senator BAUCUS and I worked very carefully in committee to try to develop a bipartisan reform plan.

Health care, as everybody knows, is one-sixth of the economy. If that economic fact is obscure to people, \$1 out of every \$6 in the United States is spent on health care.

We are, of course, to spend upward of \$33 trillion on health care in this country over the next decade—\$33 trillion. Already our health care system is on an unsustainable path. Our current health care entitlement programs, at least the two, Medicare and Medicaid, are both on very unsound financial footing. Not only are both programs in jeopardy financially, but the magnitude of the problem is a real threat to the Federal budget.

Starting in 2008, the Medicare Program began spending more out of the hospital insurance trust fund than it is taking in. That deficit spending at the trust fund is the beginning of the end of Medicare unless Congress steps in and does something to maintain that trust fund. The Medicare trustees have been warning us for years that the hospital insurance fund—the trust fund, that is—is going to go broke. They now predict that year of going broke is 2017. To keep Medicare going for future retirees means finding a way to bridge the gap for the \$75 trillion of unfunded liability, and this must be done in a

manner that does not worsen the health care quality or access for beneficiaries.

Likewise, the Medicaid Program, which serves 59 million low-income pregnant women as well as children and the families, is on a very shaky financial ground.

We have the Government Accountability Office reporting to Congress that States—meaning the 50 States—are reaching a crisis with their part of the Medicaid Program. The Government Accountability Office models predict that State spending will grow faster than State revenues for at least the next 10 years. The impact of declining revenues is very clear. I quote what the GAO has said about this situation:

Since most state and local governments are required to balance their operating budgets, the declining fiscal conditions shown in our simulations suggest that, without intervention, these governments would need to make substantial policy changes to avoid growing fiscal imbalances.

This, too, is the crisis facing the Medicaid Program today. So both of the two major Federal health care programs are in very serious trouble. These are major problems with some of the most significant implications for our entire country and the 300 or more million people who live here. If reforms to health care are not done carefully—and I say “carefully” because I am not saying they should not be done—this is going to make the situation far worse, not better. Anyone listening would have no doubt of the ability of Congress to make it worse.

These dire economic implications are not the only thing at stake with health care reform. Besides the significant economic implications of health care reform, this is a bill that affects everyone in another very important way. It affects everyone’s health by changing the way we get health care in this country. It touches the lives of every family, every senior, every child, every student. In plain language, it affects everybody: the 306 million people who live here now and the many more people who will be living here in the future.

It makes changes to health care that will be nearly impossible to undo. The reforms these bills contemplate will make long lasting changes to our health care system. These are changes all of us will have to live with for decades to come. Health reform presents this Chamber with a bill that has significant economic implications at a time when all eyes are focused on the economy, so focused on the economy that it almost reminds me of how President Clinton got elected on the campaign slogan, “It’s the economy, stupid.” This health care reform bill is a bill that will make permanent changes to our system of health care.

For all of these reasons, it makes it all the more important that changes of this magnitude be done with broad-based support in this Chamber and across the country. This broad-based

support was something Senator BAUCUS and I focused on in our work on the Finance Committee, as we were trying to bring forth a bill that would be bipartisan.

In the Finance Committee, we believed strongly that a bill of such significance should be done with broad-based support; in other words, health care is a life-or-death issue for every American, and it affects \$1 out of every \$6 spent in America. Because it is so big, that is the basis for that statement “broad-based support.”

Under the leadership of Senator BAUCUS, chairman of the Finance Committee, we started last year with a bipartisan health care reform summit. We held 20 hearings. We held three public forums this year on options for financing, coverage, and delivery system reform. We invited in experts from across the country. We invited anyone to submit input to the committee on those options, and we received over 600 sets of comments on the option papers.

Senator BAUCUS and I developed the broad outlines of what we believed would be a good reform package. That broad outline reflected the input we had from that very open and public process. We took that outline, and we sat down with four other leaders on the issue of health care in this very Chamber. That group soon became known as the group of six. That group began meeting in June to take that framework and finish the important details. We met for untold hours. We consulted with experts at the Congressional Budget Office and the Joint Committee on Taxation. We invested a tremendous amount of time and effort to develop a bipartisan package.

Then what happens around here too often? People get impatient. In this case, the Democratic leaders got impatient. They wanted the reform bill to be finished faster. They were more concerned with health care reform getting done right now rather than getting done right. We said we needed to give the process the time it needed. We said we were not going to be bound by arbitrary deadlines. We wanted to get the job done right. But when the first of September rolled around, they were not willing to give the group of six any more time.

As a result, the Democratic leaders pulled the plug on that bipartisan work, and the hope for a bill with broad bipartisan support ended at that point. Ultimately, the Finance Committee reported out a bill that did not have that broad bipartisan support, the support we had hoped for earlier in the year. The bigger and far more liberal agenda driven by the White House and the Democratic leadership went beyond where the true consensus on reform exists.

Now the next step in this process has been to merge together the bills from the HELP Committee and the Finance Committee. That job fell to the Democratic leader and the chairmen of the two committees. But, ultimately, their