

TOXIC EXPOSURE RESEARCH ACT OF 2016

MAY 24, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 1769]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1769) to establish in the Department of Veterans Affairs a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces that are related to that exposure, to establish an advisory board on such health conditions, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Toxic Exposure Research Act of 2016”.

SEC. 2. DEFINITIONS.

In this Act:

(1) **ARMED FORCE.**—The term “Armed Force” means the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, including the reserve components thereof.

(2) **DESCENDANT.**—The term “descendant” means, with respect to an individual, the biological child or grandchild of that individual.

(3) **EXPOSED.**—The term “exposed” means, with respect to a toxic substance, that an individual came into contact with that toxic substance in a manner that could be hazardous to the health of that individual, that may include if that toxic substance was inhaled, ingested, or touched the skin or eyes.

(4) **EXPOSURE.**—The term “exposure” means, with respect to a toxic substance, an event during which an individual was exposed to that toxic substance.

(5) **TOXIC SUBSTANCE.**—The term “toxic substance” means any substance determined by the Administrator of the Environmental Protection Agency to be harmful to the environment or hazardous to the health of an individual if inhaled or ingested by or absorbed through the skin of that individual.

(6) **VETERAN.**—The term “veteran” has the meaning given that term in section 101 of title 38, United States Code.

SEC. 3. NATIONAL CENTER FOR RESEARCH ON THE DIAGNOSIS AND TREATMENT OF HEALTH CONDITIONS OF THE DESCENDANTS OF INDIVIDUALS EXPOSED TO TOXIC SUBSTANCES DURING SERVICE IN THE ARMED FORCES THAT ARE RELATED TO SUCH SERVICE.**(a) NATIONAL CENTER.—**

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, in consultation with the Advisory Board established under section 4, select a medical center of the Department of Veterans Affairs to serve as the national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to such exposure (in this Act referred to as the “National Center”).

(2) CRITERIA FOR SELECTION.—

(A) **IN GENERAL.**—The National Center shall be selected under paragraph (1) from among medical centers of the Department with expertise described in subparagraph (B), or that are affiliated with research medical centers or teaching hospitals with such expertise, that seek to be selected under this section.

(B) **EXPERTISE DESCRIBED.**—The expertise described in this subparagraph is—

(i) expertise in diagnosing and treating functional and structural birth defects; or

(ii) expertise in caring for individuals exposed to toxic substances and diagnosing and treating any health conditions resulting from such exposure.

(C) **PREFERENCE.**—Preference for selection under paragraph (1) shall be given to medical centers of the Department with expertise described in clauses (i) and (ii) of subparagraph (B), or that are affiliated with research medical centers or teaching hospitals with such expertise.

(b) RESEARCH.—

(1) **IN GENERAL.**—The National Center shall conduct research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to that exposure.

(2) **STUDIES.**—In conducting research under paragraph (1), the National Center shall study individuals, at the election of the individual, for whom the Secretary has made one of the following determinations:

- (A)(i) The individual is a descendant of an individual who served as a member of the Armed Forces;
- (ii) such member was exposed to a toxic substance while serving as a member of the Armed Forces; and
- (iii) such descendant is afflicted with a health condition that is related to the exposure of such member to such toxic substance.

- (B)(i) The individual was exposed to a toxic substance while serving as a member of the Armed Forces; and
- (ii) such individual is afflicted with a health condition that is related to the exposure of such individual to such toxic substance.

(3) USE OF RECORDS.—

(A) IN GENERAL.—The Secretary of Defense or the head of a Federal agency shall make available to the Secretary of Veterans Affairs for review records held by the Department of Defense, an Armed Force, or that Federal agency, as appropriate, that might assist the Secretary of Veterans Affairs in making the determinations required by paragraph (2).

(B) MECHANISM.—The Secretary of Veterans Affairs and the Secretary of Defense or the head of the appropriate Federal agency shall jointly establish a mechanism for the availability and review of records by the Secretary of Veterans Affairs under subparagraph (A).

(c) SOCIAL WORKERS.—The National Center shall employ not less than one licensed clinical social worker to coordinate access of individuals to appropriate Federal, State, and local social and healthcare programs and to handle case management.

(d) REIMBURSEMENT FOR NECESSARY TRAVEL AND ROOM AND BOARD.—The National Center shall reimburse any individual participating in a study pursuant to subsection (b), and any parent, guardian, spouse, or sibling who accompanies such individual, for the reasonable cost of—

- (1) travel to the National Center for participation in such study; and
- (2) room and board during the period in which such individual is participating in such study at the National Center.

(e) REPORTS.—

(1) ANNUAL REPORT.—

(A) IN GENERAL.—Not less frequently than annually, the National Center shall submit to Congress and the Advisory Board established under section 4 a report on the functions of the National Center during the year preceding the submittal of the report that includes a summary of the research efforts of the National Center that have been completed during such year and that are ongoing as of the date of the submittal of the report.

(B) UPON REQUEST.—Upon the request of any organization exempt from taxation under section 501(c)(19) of the Internal Revenue Code of 1986, the National Center shall submit a copy of a report submitted under subparagraph (A) to such organization.

(2) QUARTERLY REPORT TO ADVISORY BOARD.—Not less frequently than quarterly, the National Center shall submit to the Advisory Board a report on the functions of the National Center during the quarter preceding the submittal of the report that includes the following:

(A) A summary of the research efforts of the National Center during such quarter.

(B) A description of any determinations made by the National Center pursuant to such research efforts regarding whether health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces are related to that exposure.

SEC. 4. ADVISORY BOARD.

(a) ESTABLISHMENT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish an advisory board (in this section referred to as the “Advisory Board”) to oversee and assess the National Center established under section 3 and to advise the Secretary of Veterans Affairs with respect to the work of the National Center.

(b) MEMBERSHIP.—

(1) COMPOSITION.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Health and Human Services, the Director of the National Institute of Environmental Health Sciences, and other heads of Federal agencies as the Secretary of Veterans Affairs determines appropriate—

(A) shall select not less than 13 voting members of the Advisory Board, of whom—

- (i) not less than three shall be members of organizations exempt from taxation under section 501(c)(19) of the Internal Revenue Code of 1986;
 - (ii) not less than one shall be—
 - (I) a descendant of an individual who was exposed to toxic substances while serving as a member of the Armed Forces and the descendant has manifested a structural or functional birth defect or a health condition that is related to the exposure of such individual to such toxic substance; or
 - (II) a parent or child of that descendant;
 - (iii) not less than six shall be health professionals, scientists, or academics who are not employees of the Federal Government and have expertise in—
 - (I) birth defects;
 - (II) developmental disabilities;
 - (III) epigenetics;
 - (IV) public health;
 - (V) the science of environmental exposure or environmental exposure assessment;
 - (VI) the science of toxic substances; or
 - (VII) medical and research ethics; and
 - (iv) additional members may be selected from among social workers and advocates for veterans or members of the Armed Forces who are not employees of the Federal Government; and
- (B) may select nonvoting members from among individuals described in clause (iii) or (iv) of subparagraph (A) who are employees of the Federal Government.
- (2) CHAIRPERSON.—The Secretary shall select a Chairperson from among the members of the Advisory Board.
- (3) TERMS.—
- (A) IN GENERAL.—Each member of the Advisory Board shall serve a term of two or three years as determined by the Secretary.
 - (B) REAPPOINTMENT.—At the end of the term of a member of the Advisory Board, the Secretary may reselect the member for another term, except that no member may serve more than four consecutive terms.
- (c) DUTIES.—The Advisory Board shall—
- (1) oversee and assess the work of the National Center;
 - (2) not less frequently than quarterly, meet with the director or another representative of the National Center on the work conducted at the National Center, including the research efforts of the National Center;
 - (3) review the annual report submitted by the National Center to Congress and the Advisory Board under section 3(e)(1); and
 - (4) advise the Secretary of Veterans Affairs on—
 - (A) issues related to the research conducted at the National Center;
 - (B) health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to the exposure of such individual to such toxic substance;
 - (C) health care services that are needed by the descendants of individuals exposed to toxic substances while serving as members of the Armed Forces for health conditions that are related to the exposure of such individual to such toxic substance; and
 - (D) any determinations or recommendations that the Advisory Board may have with respect to the feasibility and advisability of the Department providing health care services described in subparagraph (C) to descendants described in such subparagraph, including a description of changes to existing policy.
- (d) REPORT.—
- (1) IN GENERAL.—Not later than one year after the establishment of the Advisory Board under subsection (a), and not less frequently than once each year thereafter, the Advisory Board shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Secretary of Veterans Affairs a report on the recommendations of the Advisory Board.
 - (2) ELEMENTS.—Each report submitted under paragraph (1) shall include recommendations for administrative or legislative action, including recommendations for further research by the National Center, with respect to each health condition of a descendant of an individual exposed to a toxic substance while serving as a member of the Armed Forces for which the National Center has made one of the following determinations in conducting research under section 3(b):

(A) The health condition is related to the exposure of such individual to such toxic substance.

(B) It is unclear whether the health condition is related to the exposure of such individual to such toxic substance.

(C) The health condition is not related to the exposure of such individual to such toxic substance.

(e) MEETINGS.—The Advisory Board shall meet at the call of the Chair, but not less frequently than quarterly.

(f) COMPENSATION.—The members of the Advisory Board shall serve without compensation.

(g) EXPENSES.—The Secretary of Veterans Affairs shall determine the appropriate expenses of the Advisory Board.

(h) PERSONNEL.—

(1) IN GENERAL.—The Chairperson may, without regard to the civil service laws and regulations, appoint an executive director of the Advisory Board, who shall be a civilian employee of the Department of Veterans Affairs, and such other personnel as may be necessary to enable the Advisory Board to perform its duties.

(2) APPROVAL.—The appointment of an executive director under paragraph (1) shall be subject to approval by the Advisory Board.

(3) COMPENSATION.—The Chairperson may fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

SEC. 5. DECLASSIFICATION REVIEW BY DEPARTMENT OF DEFENSE OF CERTAIN INCIDENTS OF EXPOSURE OF MEMBERS OF THE ARMED FORCES TO TOXIC SUBSTANCES.

(a) REVIEW.—The Secretary of Defense shall conduct a declassification review to determine what information may be made publicly available relating to any known incident in which not less than 100 members of the Armed Forces were exposed to a toxic substance that resulted in at least one case of a disability that a specialist in the field of occupational medicine has determined to be credibly associated with that toxic substance.

(b) RELEASE OF DECLASSIFIED INFORMATION.—To the extent practicable, and subject to subsection (c) and consistent with national security, the Secretary of Defense shall make publicly available information declassified following the review required by subsection (a).

(c) LIMITATION.—Information made publicly available pursuant to subsection (b) shall be limited to information necessary for an individual who was potentially exposed to a toxic substance to determine the following:

(1) Whether that individual was exposed to that toxic substance.

(2) The potential severity of the exposure of that individual to that toxic substance.

(3) Any potential health conditions that may have resulted from exposure to that toxic substance.

SEC. 6. NATIONAL OUTREACH CAMPAIGN ON POTENTIAL LONG-TERM HEALTH EFFECTS OF EXPOSURE TO TOXIC SUBSTANCES BY MEMBERS OF THE ARMED FORCES AND THEIR DESCENDANTS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with the Secretary of Health and Human Services and the Secretary of Defense, conduct a national outreach and education campaign directed toward members of the Armed Forces, veterans, and their family members to communicate the following information:

(1) Information on—

(A) incidents of exposure of members of the Armed Forces to toxic substances;

(B) health conditions resulting from such exposure; and

(C) the potential long-term effects of such exposure on the individuals exposed to those substances and the descendants of those individuals.

(2) Information on the National Center established under section 3 for individuals eligible to participate in studies conducted at the National Center.

(b) DEPARTMENT OF VETERANS AFFAIRS.—In carrying out this section, the Secretary of Veterans Affairs shall design and implement the national outreach and education campaign conducted under subsection (a), including—

(1) by distributing printed materials containing the information described in subsection (a) to veterans;

(2) by publishing such information on an Internet website of the Department of Veterans Affairs that is available to the public;

(3) by presenting such information in person at facilities that serve a large number of veterans or members of the Armed Forces; and

(4) by educating employees of all medical facilities of the Department with respect to such information and providing such employees with printed materials containing such information.

(c) DEPARTMENT OF DEFENSE.—The Secretary of Defense shall assist the Secretary of Veterans Affairs in implementing the national outreach and education campaign conducted under subsection (a)—

(1) by making the information described in subsection (a) available to all members of the Armed Forces and their families;

(2) by notifying all members of the Armed Forces of such information; and

(3) by publishing such information on an Internet website of the Department of Defense that is available to the public.

(d) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Secretary of Health and Human Services shall assist the Secretary of Veterans Affairs in implementing the national outreach and education campaign conducted under subsection (a)—

(1) by making the information described in subsection (a) available to members of the health care profession;

(2) by notifying such members of such information; and

(3) by publishing such information on an Internet website of the Department of Health and Human Services that is available to the public.

SEC. 7. PROHIBITION ON NEW APPROPRIATIONS.

No additional funds are authorized to be appropriated to carry out this Act and this Act shall be carried out using amounts otherwise made available for the purposes of this Act.

PURPOSE AND SUMMARY

H.R. 1769, the “Toxic Exposure Research Act of 2016,” was introduced by Representative Dan Benishek of Michigan, the Chairman of the Committee on Veterans’ Affairs Subcommittee on Health, on April 14, 2015. H.R. 1769, as amended, was ordered to be favorably reported to the full House on February 25, 2016, by voice vote.

H.R. 1769, as amended, would require the Department of Veterans Affairs (VA) to select a VA medical center (VAMC) to serve as the national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving in the Armed Forces and establish an Advisory Board to oversee and assess the National Center. The bill would also authorize the Department of Defense (DOD) to conduct a declassification review to determine what, if any, information can be made publicly available regarding a known incident of toxic exposure that resulted in at least one case of a disability that an occupational medicine specialist has determined to be credibly associated with such exposure.

H.R. 1769, as amended, would further require VA—in consultation with DOD and the Department of Health and Human Services (HHS)—to conduct a national outreach and education campaign toward members of the Armed Services, veterans, and their families on potential long-term health effects of exposure to toxic substances.

BACKGROUND AND NEED FOR LEGISLATION

Section 3. National Center for Research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service in the Armed Forces that are related to such service

It is well known that servicemembers may be exposed to a variety of chemical, environmental, and other toxic hazards during their service in the Armed Forces. In some instances, these exposures may result in long-term adverse health effects. As a result, VA conducts or sponsors a number of epidemiology research studies on illnesses or conditions related to toxic exposures in military service and provides a number of benefits—including health care and compensation—to certain veterans who have experienced toxic exposure.

Less well known are the potential multi-generational health effects of toxic exposure for veterans' descendants. VA does provide the biological children of certain veterans who served in Vietnam or Korea and have spina bifida or other birth defects with benefits—including health care and compensation—based on the degree of their disability. These benefits are based on reports dating back to 1996 by the Institute of Medicine (IOM) that found limited, suggestive evidence of an association between exposure to Agent Orange in military service and birth defects in the children of certain veterans.¹ More recently, in 2013, the IOM found that there was a plausible basis that adult children and grandchildren of male veterans who were exposed to Agent Orange in Vietnam could experience adverse health effects as a result of such exposure.² In light of these findings, individual servicemembers, veterans, and military families as well as veterans service organizations and other advocates, have expressed increasing concern about the lack of an entity—within VA or otherwise—dedicated to researching the long-term health impact of toxic exposure on veterans' children and grandchildren, both in Vietnam and Korea and in other conflicts.

In recognition of this, section 3 of the bill would require VA, not later than one year after the date of enactment, to select a VAMC to serve as the national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to such exposure. To be eligible to be selected as the national center, a VAMC would be required to: (1) have expertise in diagnosing and treating functional and structural birth defects; (2) have expertise in caring for individuals exposed to toxic substances and diagnosing and treating health conditions resulting from such exposure; or (3) be affiliated with a research medical center or teaching hospital with such expertise. When making such a selection, VA would be required to give preference to VAMCs that have both the internal expertise listed in (1) and (2) and the affiliate relationship described in (3). The national center would be required to employ at least one licensed clinical social

¹<http://www.nationalacademies.org/hmd/Reports/1997/Veterans-and-Agent-Orange-Update-1996-Summary-and-Research-Highlights.aspx>.

²<http://www.nationalacademies.org/hmd/Reports/2013/Veterans-and-Agent-Orange-Update-2012.aspx>.

worker to coordinate access to appropriate Federal, State, and local social and health care programs and to handle case management.

In terms of research, the national center would be responsible for conducting research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while service as members of the Armed Forces that are related to such exposure. In conducting such research, the national center would be required to study individuals who (1) were exposed to a toxic substance while serving in the Armed Forces and are afflicted with a health condition related to such exposure or (2) are descendants of an individual exposed to a toxic substance during service in the Armed Forces and are afflicted with a health condition related to such exposure.

To assist with such research, Section 3 of the bill would further require that DOD or another Federal agency make applicable records available to VA for review and jointly establish a mechanism for the availability and review of such records. Section 3 of the bill would further require the national center to submit regular reports to Congress and to the Advisory Board created in section 4 of the bill as well as, upon request, to any organization exempt from taxation under section 501(c)(19) of the Internal Revenue Code of 1986. The Committee recognizes that there are a number of governmental and non-governmental scientific organizations—including the National Institute of Environmental Health Sciences, the Centers for Disease Control and Prevention, the Agency for Toxic Substances and Disease Registry, the VA War Related Illness and Injury Study Center, the VA Office of Research and Development, and the VA Office of Public Health—that are conducting worthwhile research on the myriad of possible health effects associated with environmental exposures and intends for the national center that would be created by section 3 of the bill to build on, rather than duplicate, the efforts of such entities.

Section 4. Advisory Board

VA's advisory committee management guide defines an "advisory committee" as, "any committee, board, commission, council, conference, panel, task force, or other similar group, which is established or utilized by the President or by an agency official, for the purpose of obtaining advice or recommendations for the President or on issues or policies within the scope of an agency official's responsibilities."³ According to information VA provided the Committee in November 2015, the Veterans Health Administration—which operates the VA health care system—currently oversees twenty-one advisory committees and thirty three advisory boards. While some of those entities do advise VA on issues relating to toxic exposure among veterans, there is no current advisory entity on issues relating to the long-term effects toxic exposure incidents may have on veterans' descendants.

Section 4 of the bill would require VA to establish an advisory board to oversee and assess the efforts of the national center that would be created under section 3 of the bill. Membership on the advisory board would consist of at least 13 voting members and would

³Department of Veterans Affairs Advisory Committee Management Guide, October 2015, <http://www.va.gov/ADVISORY/docs/October%202015%20ACMO%20Guide.pdf>.

be selected by VA in consultation with HHS, the Director of the National Institute of Environmental Health Sciences, and other appropriate federal agencies. The board membership must include: at least three members from tax exempt organizations; at least one member who is the descendant of an individual who was exposed to a toxic substance while serving in the Armed Forces and who has manifested a structural or functional birth defect or a health condition that is related to such exposure, or the parent or child of such descendant; and not less than six who are health professionals, scientists, or academics who are not Federal government employees and who have expertise in birth defects, development disabilities, epigenetics, public health, environmental exposure or environmental exposure assessment, or medical and research ethics. Federal government employees with similar expertise may be selected as non-voting members of the advisory board.

VA would be required to select a Chairperson and authorized to select additional members to include social workers, veterans' advocates, or members of the Armed Forces. Advisory board members would be required to meet regularly, to serve without compensation, to serve a term of two or three years, as determined by VA, with VA allowed to reselect a member for additional terms so long as no member serves more than four consecutive terms.

The advisory board would be responsible for overseeing and assessing the national center, regularly meeting with representatives of the national center, reviewing the national center's annual report, and advising VA on issues related to the national center and toxic exposure among veterans' descendants. The advisory committee would also be required to report regularly to the Congress. To assist the advisory board in completing their duties, the chairperson would be allowed to appoint an executive director, subject to the approval of the advisory board, and other personnel, without regard to civil service laws and regulations, as well as to fix their compensation.

Section 5. Declassification review by Department of Defense of certain incidents of exposure of Members of the Armed Forces to toxic substances

While VA is responsible for providing veterans—and, in limited circumstances, veterans' children—who have experienced toxic exposure during military service and are experiencing negative health effects as a result with health care and compensation, instances of toxic exposure occur during active duty under the jurisdiction of DOD. As such, documentation regarding particular instances of toxic exposure belongs to DOD. The Committee recognizes and respects the need for certain information regarding potential instances of toxic exposure to be protected from public disclosure for national security purposes. However, it is essential that DOD publicly release whatever information can be appropriately disclosed so that servicemembers, veterans, their families, and researchers can determine whether a servicemember or veteran may have been exposed to a toxic substance, the potential severity of such exposure, and potential health impacts that may result from such exposure on the servicemember, veteran, or descendant.

Section 5 of the bill would require DOD to conduct a declassification review to determine what information may be made publicly

available relating to any known incident in which not less than 100 members of the Armed Forces were exposed to a toxic substance that resulted in at least one case of a disability that a specialist in the field of occupational medicine has determined to be credibly associated with that toxic substance. Following such review, DOD would be required to make information regarding the declassification review publicly available to the extent practicable and consistent with national security. However, such information would be limited to information necessary for an individual who was potentially exposed to a toxic substance to determine whether that individual was exposed to that toxic substance, the potential severity of that exposure, or any potential health conditions that may have resulted from exposure to that toxic substance.

Section 6. National Outreach Campaign on potential long-term health effects of exposure to toxic substances by Members of the Armed Forces and their descendants

As described above, VA does provide veterans—and in some cases their family members—with a number of benefits in response to disabilities or birth defects that occurred as a result of toxic exposure incidents in the Armed Forces. However, the Committee is concerned that VA does not conduct sufficient outreach so that those who may have been impacted by toxic exposure are aware of recent developments in research or the availability of benefits.

As such, section 6 of the bill would require VA to consult with DOD and HHS to conduct a national outreach and education campaign directed toward members of the Armed Forces, veterans, and their family members to communicate information regarding incidents of exposure of members of the Armed Forces, health conditions resulting from such exposure, and the potential long-term effects of such exposure on the individuals exposed to those substances and their descendants as well as the national center created by section 3 of the bill. Under this section VA would be required to design and implement the campaign while DOD and HHS would be required to assist VA in implementing it.

HEARINGS

There were no full Committee hearings held on H.R. 1769, as amended. On April 23, 2015, the Subcommittee on Health conducted a legislative hearing on various bills introduced in the 114th Congress, including H.R. 1769. The following witnesses testified:

The Honorable Gus Bilirakis, U.S. House of Representatives, 12th District, Florida; The Honorable Janice Hahn, U.S. House of Representatives, 44th District, California; The Honorable Jackie Walorski, U.S. House of Representatives, 2nd District, Indiana; Blake Ortner, Deputy Government Relations Director, Paralyzed Veterans of America; Louis J. Celli Jr., Director, National Veterans Affairs and Rehabilitation Division, The American Legion; John Rowan, National President, Vietnam Veterans of America; Adrian Atizado, Assistant National Legislative Director, Disabled American Veterans; Rajiv Jain M.D., the Assistant Deputy Under Secretary for Health for Patient Care Services, Veterans Health Administration, U.S. Department of Veterans Affairs, accompanied by Janet Murphy, Acting Deputy Under Secretary for Health for Oper-

ations and Management, Veterans Health Administration, U.S. Department of Veterans Affairs, and Jennifer Gray, Attorney, Office of the General Counsel, U.S. Department of Veterans Affairs.

Statements for the Record were submitted by:

The Honorable Corrine Brown, U.S. House of Representatives, 5th District, Florida; the American Health Care Association; the American Society for Reproductive Medicine; Concerned Veterans for America; and, RESOLVE: National Infertility Association.

SUBCOMMITTEE CONSIDERATION

There were no Subcommittee markups involving H.R. 1769, as amended.

COMMITTEE CONSIDERATION

On February 25, 2016, the Full Committee met in open markup session, a quorum being present, and ordered H.R. 1769, as amended, to be reported favorably to the House of Representatives by voice vote.

During consideration of H.R. 1769, the following amendment was considered and agreed to by voice vote:

An amendment in the nature of a substitute offered by Representative Dan Benishek of Michigan.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 1769, as amended, reported to the House. A motion by Ranking Member Corrine Brown of Florida to report H.R. 1769, as amended, favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

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

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objective is to advance VA's understanding of potential multi-generational health effects of toxic exposure for veteran's descendants.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1769, as amended, does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1769, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 1769, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

MAY 17, 2016.

Hon. JEFF MILLER,
Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1769, the Toxic Exposure Research Act of 2016.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

KEITH HALL.

Enclosure.

H.R. 1769—Toxic Exposure Research Act of 2016

Summary: H.R. 1769 would require the Department of Veterans Affairs (VA) to establish a national center to conduct research on health conditions affecting descendants of veterans who were exposed to toxic substances during their service in the armed forces. The bill also would create an advisory board to oversee and provide support to the center. CBO estimates that implementing those provisions would cost \$74 million over the 2017–2021 period, subject to appropriation of the necessary amounts. Another provision would require the Department of Defense (DoD) to review a potentially large number of records, with the goal of declassifying material related to the exposure of service members to toxic substances. CBO cannot provide an estimate of the cost of implementing that provision.

Pay-as-you-go procedures do not apply because enacting the legislation would not affect direct spending or revenues. CBO estimates that enacting H.R. 1769 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 1769 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

Estimated cost to the Federal government: The estimated budgetary effect of H.R. 1769 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

	By fiscal year, in millions of dollars—					
	2017	2018	2019	2020	2021	2017–2021
INCREASES IN SPENDING SUBJECT TO APPROPRIATION ^a						
National Research Center:						
Estimated Authorization Level	0	7	14	22	30	73
Estimated Outlays	0	6	13	21	29	69
Advisory Board:						
Estimated Authorization Level	0	*	1	1	1	4
Estimated Outlays	0	*	1	1	1	4
Outreach:						
Estimated Authorization Level	*	*	*	*	*	1
Estimated Outlays	*	*	*	*	*	1
Total Increases:						
Estimated Authorization Level	1	8	15	23	31	78
Estimated Outlays	1	7	14	22	30	74

Note: * = less than \$500,000.
^a In addition to the costs shown above, CBO estimates that implementing section 5, which would require the Department of Defense to review certain records, could have very large costs; however, CBO is unable to estimate the magnitude of those costs. Our analysis of that provision is discussed in the body of the estimate.

Basis of estimate: For this estimate, CBO assumes that H.R. 1769 will be enacted near the start of fiscal year 2017, that the estimated amounts will be appropriated each year, and that outlays will follow historical spending patterns for affected programs.

National Research Center

Section 3 would require VA to establish a national center to conduct research on diagnosing and treating health conditions affecting descendants of veterans that are related to the exposure of those veterans to toxic substances during their service in the armed forces. Within one year of enactment, VA would be required to identify an existing VA medical center to serve as that center.

The center would study volunteers who have health conditions that are related to exposure to toxic substances. On the basis of information from VA, CBO estimates that the center would begin at least three new studies each year, which would continue for multiple years, at an annual cost of \$2 million per study. Those costs include the salaries of the research staff and the cost of travel and room and board for participants in the studies.

The section also would require the center to employ at least one licensed clinical social worker to coordinate the health care and support services for participants in the research studies. In order to facilitate the growing number of participants, CBO estimates that VA would gradually hire seven social workers by 2021, at an average compensation of about \$130,000 per year.

After accounting for the necessary time to implement this section, CBO estimates that section 3 would cost \$69 million over the 2018–2021 period.

Advisory Board

Section 4 would establish a board to oversee the new center and to advise the Secretary of VA on research conducted at the center and on the potential for treatment of health conditions for individ-

uals participating in the studies. The board would consist of 13 voting members composed of representatives from veteran service organizations, family members of veterans exposed to toxins, and health professionals. Voting members of the board would serve without compensation. The executive director and support staff would receive compensation; CBO expects that the board would hire about five people at a cost of about \$200,000 per person. Thus, CBO estimates that staff and administrative costs for the advisory board would total \$4 million over the 2018–2021 period.

Review of Department of Defense records

Section 5 would require the Department of Defense to review the records of service personnel who may have been exposed to toxins while serving in the armed forces. DoD would be required to declassify, where possible, information related to incidents in which at least 100 service members were exposed to a toxic substance that resulted in at least one individual being diagnosed by a specialist in the field of occupational medicine as having a disability linked to that exposure.

DoD expects that this proposal would require the department to set up a process to investigate requests from VA on whether any veterans met that criteria and to have specialists available to participate in the determination. This proposal could have substantial costs, depending on the number of cases reviewed and the extent to which each case is reviewed by DoD. Because the goal of H.R. 1769 is to determine the effects of veterans' exposure to toxic substances on their children, grandchildren, and subsequent generations of descendants, DoD could be required to review records from decades ago that have not been digitalized and must be examined individually. In addition, it is unclear how DoD would determine whether service members who were exposed to toxic substances were later diagnosed by an appropriate specialist as having a disability that was associated with that exposure.

Because CBO is unable to project the number of records reviews that would be required under this provision or the extent of those reviews, we are unable to estimate the cost of implementing section 5.

Outreach

Section 6 would require VA and DoD to carry out an outreach campaign to inform the public of the potential for long-term, multigenerational, health effects from exposure to toxic substances. Based on similar outreach efforts by the VA, we estimate this section would cost \$1 million over the 2017–2021 period.

Pay-As-You-Go considerations: None.

Increase in long-term direct spending and deficits: CBO estimates that enacting H.R. 1769 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

Intergovernmental and private-sector impact: H.R. 1769 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

Estimate prepared by: Federal costs: Ann E. Futrell; Impact on state, local, and tribal governments: Jon Sperl; Impact on the private sector: Paige Piper/Bach.

Estimate approved by: H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 1769, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

Section 4 of H.R. 1769, as amended, would create an advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the United States Constitution, H.R. 1769, as amended, is authorized by Congress' power to "provide for the common Defense and general Welfare of the United States."

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1769, as amended, does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

EXCHANGE OF COMMITTEE CORRESPONDENCE

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, May 18, 2016.

Hon. WILLIAM M. "MAC" THORNBERRY,
*Chairman, Committee on Armed Services,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1769, as amended, the Toxic Exposure Research Act of 2016.

I agree that the Committee on Armed Services has valid jurisdictional claims to certain provisions in this legislation and I appreciate your decision not to request a referral in the interest of expediting consideration of the bill.

I agree that by foregoing a sequential referral to H.R. 1769, as amended, the Committee on Armed Services is not waiving its jurisdiction.

This exchange of letters will be included in the Committee's report on H.R. 1769, as amended.

If you have any further questions or concerns, please contact Christine Hill, Staff Director for the Subcommittee on Health, at Christine.Hill@mail.house.gov or by calling (202) 225-9154.

Thank you for your commitment to the well-being of our nation's veterans.

With warm personal regards I am,
Sincerely,

JEFF MILLER,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ARMED SERVICES,
Washington, DC, May 11, 2016.

Hon. JEFF MILLER,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: I am writing to you concerning the bill H.R. 1769, as amended, the Toxic Exposure Research Act of 2016. There are certain provisions in the legislation which fall within the Rule X jurisdiction of the Committee on Armed Services.

In the interest of permitting your committee to proceed expeditiously to floor consideration of this important bill, I am willing to waive this committees' right to sequential referral. I do so with the understanding that by waiving consideration of the bill the Committee on Armed Services does not waive any future jurisdictional claim over the subject matters contained in the bill which fall within its Rule X jurisdiction. I request that you urge the Speaker to name members of this committee to any conference committee which is named to consider such provisions.

Please place this letter into the committee report on H.R. 1769 and into the Congressional Record during consideration of the measure on the House Floor. Thank you for the cooperative spirit which you have worked regarding this matter and others between our respective committees.

Sincerely,

WILLIAM M. "MAC" THORNBERRY,
Chairman.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to section 3(g) of H. Res. 5, 114th Cong. (2015), the Committee finds that no provision of H.R. 1769, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULEMAKING

Pursuant to section 3(i) of H. Res. 5, 114th Cong. (2015), the Committee estimates that H.R. 1769, as amended, contains no directed rule making that would require the Secretary to prescribe regulations.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would provide the short title to H.R. 1769 as the "Toxic Exposure Research Act of 2015."

Section 2. Definitions

Section 2 of the bill would define: (1) the term “Armed Forces” to mean the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, including the reserve components of those branches; (2) the term “descendant” to mean an individual’s child or grandchild; (3) the term “exposed” to mean an individual has made contact with a toxic substance in a manner that could be hazardous to their health, including through inhalation, ingestion, or contact with skin or eyes; (4) the term “exposure” to mean an event during which an individual was exposed to that toxic substance; (5) the term “toxic substance” to mean any substance determined by the Environmental Protection Agency to be harmful to the environment or hazardous to an individual’s health if inhaled, ingested, or absorbed through the skin; (6) the term “veteran” to have the same meaning as the term found in section 101 of title 38, U.S.C.

Section 3. National Center for Research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service in the Armed Forces that are related to such service

Section 3(a)(1) of the bill would require that, no later than one year after the enactment of this Act, the Secretary of VA select, in consultation with the advisory board established under Section 4, a VA medical center to serve as the national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as a member of the Armed Forces that are related to such exposure (the “National Center”).

Section 3(a)(2) of this bill would require that the National Center be selected from among VA’s medical centers with the expertise described in this Section, or that are affiliated with research medical centers or teaching hospitals with such expertise, that seek to be selected under this Section. This Section would require that the selected medical center have expertise in diagnosing and treating functional and structural birth defects, or expertise in caring for individuals exposed to toxic substances and diagnosing and treating any health conditions resulting from such exposure. This paragraph would also require that, when selecting the National Center, the Secretary give preference to VA medical centers with the expertise described, or that are affiliated with research medical centers or teaching hospitals with such expertise.

Section 3(b)(1) would require that the National Center conduct research on the diagnosis and treatment of health conditions of descendants of individuals who have been exposed to toxic substances while serving in the Armed Forces that are related to that exposure.

Section 3(b)(2) would require that while conducting that research, the National Center study individuals, with those individuals’ permission, for whom the Secretary has made of the following determinations: the individual is a descendant of a member of the Armed Forces and such member was exposed to a toxic substance while serving as a member of the Armed Forces; such descendant is afflicted with a health condition that is related to the exposure of such member to such toxic substance.

Section 3(b)(3) would require that the Secretary of Defense or the head of a Federal agency make available to the Secretary of VA records held by DOD, an Armed Force, or that Federal Agency, as appropriate, that might assist in making the determinations required by paragraph (2). This paragraph would also require that VA and DOD or that Federal agency jointly establish a mechanism to make available those records for VA's review.

Section 3(c) of the bill would require that the National Center employ not less than one licensed clinical social worker to coordinate access of individuals to appropriate Federal, State, and local social and health care programs and to handle case management.

Section 3(d) of the bill would require that the National Center reimburse any individual participating in a study pursuant to subsection (b), and any parent, guardian, spouse, or sibling who accompanies such individual, for the reasonable cost of: travel to the National Center for participation in such study and room and board during the period in which such individual is participating in such study at the National Center.

Section 3(e)(1) of the bill would require that at least once a year, the National Center submit to Congress, and to the advisory board established under Section 4, a report that includes a summary of the research efforts of the National Center that have been completed during that year, and efforts that are ongoing as of the date of submittal of the report. This paragraph would also require that, upon the request of any organization exempt from taxation under section 501(c)(19) of the Internal Revenue Code of 1986, the National Center submit a copy of such report.

Section 3(e)(2) of the bill would require that at least once a quarter, the National Center submit to the advisory board a report on the functions of the National Center during the preceding quarter, including: a summary of the National Center's research efforts that quarter; and a description of any determinations made by the National Center pursuant to such research efforts regarding whether health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces are related to that exposure.

Section 4. Advisory Board

Section 4(a) of the bill would require that, within 180 days of the enactment of this act, VA establish an advisory board (the "Advisory Board") to oversee and assess the National Center established under Section 3 and to advise the Secretary with respect to the National Center's work.

Section 4(b)(1) of the bill would require that, within 120 days of the enactment of this Act, the Secretary of VA, in consultation with the Secretary of HHS, the Director of the National Institute of Environmental Health Sciences, and other heads of Federal agencies as the Secretary of VA determines appropriate: (A) select no less than 13 voting members of the Advisory Board, of whom no less than three must be members of organizations exempt from taxation under section 501(c)(19) of the Internal Revenue Code of 1986; no less than one must be a descendant of an individual who was exposed to toxic substances while serving as a member of the Armed Forces and the descendant has manifested a structural or functional birth defect or a health condition that is related to the expo-

sure of such individual to such toxic substance, or a parent or child of that descendant; no less than six must be professionals, scientists, or academics who are not employees of the Federal Government and have expertise in birth defects, developmental disabilities, epigenetics, public health, the science of environmental exposure or environmental exposure assessment, the science of toxic substances, or medical and research ethics; and additional members may be selected from among social workers and advocates for veterans or members of the Armed Forces who are not employees of the Federal Government; (B) and may select nonvoting members from among individuals described in subparagraph (A) who are employees of the Federal Government.

Section 4(b)(2) of the bill would require the Secretary to select a Chairperson from among the members of the Advisory Board.

Section 4(b)(3) of the bill would require that each member of the Advisory Board serve a term of two or three years, as determined by the Secretary. This paragraph would also require that, at the end of each member's term, the Secretary be allowed to reselect the member for another term, except that no member may serve more than four consecutive terms.

Section 4(c) of the bill would require the Advisory Board to: (1) oversee and assess the work of the National Center; (2) at least quarterly, meet with the director or another representative of the National Center on the Center's work, including its research efforts; (3) review the annual report submitted by the National Center to Congress and the Advisory Board under Section 3(e)(1); and (4) advise the Secretary on: issues related to conduct at the National Center; health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces that are related to the exposure of such individual to toxic substances; health care services that are needed by the descendants of individuals exposed to toxic substances while serving as members of the Armed Forces for health conditions that are related to exposure of such individual to such toxic substance; and any determinations or recommendations that the Advisory Board may have with respect to the feasibility and advisability of the Department providing health care services described in this Section to descendants described in such paragraph, including a description of changes to existing policy.

Section 4(d)(1) of the bill would require that, no later than one year after the establishment of the Advisory Board under subsection (a), and no less frequently than once a year thereafter, the Advisory Board submit to the Committees on Veterans' Affairs of the Senate and House and to the Secretary a report on the Advisory Board's recommendations.

Section 4(d)(2) of the bill would require that each report submitted under paragraph (1) include recommendations for administrative or legislative action, including recommendations for further research by the National Center, with respect to each health condition of a descendant of an individual exposed to a toxic substance while serving as a member of the Armed Forces for which the National Center has made one of the following determinations in conducting research under Section 3(b): the health condition is related to the exposure of such individual to such toxic substance; it is unclear whether the health condition is related to the exposure of

such individual to such toxic substance; or the health condition is not related to the exposure of such individual to such toxic substance.

Section 4(e) of the bill would require the Advisory Board to meet at the call of the Chairperson, but no less frequently than once per quarter.

Section 4(f) of the bill would require the members of the Advisory Board to serve without compensation.

Section 4(g) of the bill would require the Secretary to determine the appropriate expenses of the Advisory Board.

Section 4(h)(1) of the bill would allow the Chairperson, without any regard to the civil service laws and regulations, to appoint an executive director of the Advisory Board, who shall be a civilian employee of VA, and such personnel as may be necessary to enable the Advisory Board to perform its duties.

Section 4(h)(2) of the bill would require that the appointment of an executive director under paragraph (1) be subject to approval by the Advisory Board.

Section 4(h)(3) of the bill would allow the Chairperson to fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, U.S.C., except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

Section 5. Declassification review by Department of Defense of certain incidents of exposure of Members of the Armed Forces to toxic substances

Section 5(a) of this bill would require the Secretary to conduct a declassification review to determine what information may be made publicly available relating to any known incident in which no less than 100 members of the Armed Forces were exposed to a toxic substance that resulted in at least one case of a disability that a specialist in the field of occupational medicine has determined to be credibly associated with that toxic substance.

Section 5(b) of this bill would require that, to the extent possible subject to subsection (c) and consistent with national security, the Secretary of DOD make publicly available information declassified following the review by subsection (a).

Section 5(c) of the bill would require that information made publicly available pursuant to subsection (b) be limited to information necessary for an individual who was potentially exposed to a toxic substance to determine the following: (1) whether that individual was exposed to that toxic substance; (2) the potential severity of the exposure of that individual to that toxic substance; and (3) any potential health conditions that may have resulted from exposure to that toxic substance.

Section 6. National outreach campaign on potential long-term health effects of exposure to toxic substances by Members of the Armed Forces and their descendants

Section 6(a) of the bill would require the Secretary of VA, in consultation with the Secretary of HHS and the Secretary of DOD, to conduct a national outreach and education campaign directed toward members of the Armed Forces, veterans, and their family

members to communicate the following information: (1) information on incidents of exposure of members of the Armed Forces to toxic substances, health conditions resulting from such exposure, and the potential long-term effects of such exposure on the individuals exposed to those substances and the descendants of those individuals; and (2) information on the National Center established under Section 3 for individuals eligible to participate in studies conducted at the National Center.

Section 6(b) of the bill would require the Secretary to design and implement the national outreach and education campaign conducted under subsection (a), including: (1) by distributing printed materials containing information described in subsection (a) to veterans; (2) by publishing such information on a publicly available VA website; (3) by presenting such information in person at facilities that serve a large number of veterans or members of the Armed Forces; and (4) by educating employees of all VA medical facilities with respect to such information and providing such employees with printed materials containing such information.

Section 6(c) of the bill would require the Secretary of DOD to assist the Secretary of VA in implementing the national outreach and education campaign conducted under subsection (a) by making the information described in subsection (a) available to all members of the Armed Forces and their families, by notifying all members of the Armed Forces of such information, and by publishing such information on a publicly available DOD website.

Section 6(d) of the bill would require the Secretary of HHS to assist the Secretary of VA in implementing the national outreach and education campaign conducted under subsection (a) by making the information described in subsection (a) available to members of the health care profession, by notifying such members of such information, and by publishing such information on a publicly available HHS website.

Section 7. Prohibition of new appropriations

Section 7 of the bill would prohibit the additional authorization of appropriated funds to carry out this Act and would instead require that this Act be carried out using amounts otherwise made available for the purpose of this Act.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

If enacted, this bill would make no changes in existing law.

