

prepared today to respond to these types of events. Storm damage reduction projects, warning systems, and mitigation efforts have helped to reduce the catastrophic loss of life as was witnessed in 1928.

As we commemorate this tragic event of 80 years ago, let us also recognize that today's investments in hurricane and flood risk reduction projects save both lives and property.

There are many ways to reduce the risk of storm damage in low-lying coastal areas, some are structural, such as levees and flood gates; some are nonstructural, such as zoning, response planning, and insurance. All levels of government must use their abilities and their budgets to reduce hurricane and flood damage in the Nation.

I urge all Members to support the resolution. And again, I want to thank the gentleman from Florida for bringing this forward. Certainly, we need to remember events like this and prevent their occurrence in the future.

Mr. OBERSTAR. Mr. Speaker, I rise today to support H. Res. 1376, to commemorate the 80th anniversary of the Okeechobee Hurricane of 1928.

H. Res. 1376 memorializes the loss of more than 3,000 lives in the United States and its territories as a result of Hurricane Okeechobee in 1928. Furthermore, the resolution recognizes the importance of hurricane preparedness, mitigation, enhanced evacuation measures, emergency plans, and disaster response training for helping to prevent the tragic loss of life as a result of natural disasters. This resolution recognizes the important roles that the Federal Government, States, and local governments all play in planning, collaborating, preparing for, and mitigating loss in the event of a natural disaster.

Hurricane Okeechobee, also known as Hurricane San Felipe Segundo, had winds exceeding 160 miles per hours. This was the first recorded hurricane to achieve winds at levels which equate to a Category 5 on the modern Saffir-Simpson Hurricane Scale. The hurricane made its way through the Caribbean Sea, landing in Palm Beach County, Florida, and then making its way up the East Coast from September 10–20, 1928, and then travelled all the way to Ontario, Canada. The storm surge on Lake Okeechobee overwhelmed the low dike around the lake, flooding hundred of acres and killing thousands of people.

As a result of the Okeechobee Hurricane and later hurricanes in the 1940s and 1950s, a series of larger dikes was built around the lake. The Herbert Hoover Dike was the culmination of large dike construction around Lake Okeechobee and was completed in the 1960s. Recent reviews of the Herbert Hoover Dike have indicated the dike is in a deteriorating condition. The Army Corps of Engineers is presently undertaking a comprehensive rehabilitation of the Dike to provide protection for citizens living in the area of Lake Okeechobee.

I urge my colleagues to join me in agreeing to the resolution.

Mr. BOOZMAN. Mr. Speaker, I yield back the balance of my time.

Ms. EDWARDS of Maryland. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Maryland (Ms. EDWARDS) that the House suspend the rules and agree to the resolution, H. Res. 1376, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

#### VETERANS' MENTAL HEALTH AND OTHER CARE IMPROVEMENTS ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2162) to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes, as amended.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

#### S. 2162

*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 “Veterans’ Mental Health and Other Care Improvements Act of 2008”.

(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—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

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

#### TITLE II—MENTAL HEALTH RESEARCH

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

#### TITLE III—ASSISTANCE FOR FAMILIES OF VETERANS

Sec. 301. Clarification of authority of Secretary of Veterans Affairs to provide mental health services to families of veterans.

Sec. 302. Pilot program on provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers.

#### TITLE IV—HEALTH CARE MATTERS

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

#### TITLE V—PAIN CARE

Sec. 501. Comprehensive policy on pain management.

#### TITLE VI—HOMELESS VETERANS MATTERS

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

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

Sec. 701. Authorization for fiscal year 2009 major medical facility projects.  
Sec. 702. Modification of authorization amounts for certain major medical facility construction projects previously authorized.  
Sec. 703. Authorization of fiscal year 2009 major medical facility leases.  
Sec. 704. Authorization of appropriations.  
Sec. 705. Increase in threshold for major medical facility leases requiring Congressional approval.  
Sec. 706. Conveyance of certain non-Federal land by City of Aurora, Colorado, to Secretary of Veterans Affairs for construction of veterans medical facility.  
Sec. 707. Report on facilities administration.  
Sec. 708. Annual report on outpatient clinics.  
Sec. 709. Name of Department of Veterans Affairs spinal cord injury center, Tampa, Florida.

**TITLE VIII—EXTENSION OF CERTAIN AUTHORITIES**

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

**TITLE IX—OTHER MATTERS**

- Sec. 901. Technical amendments.

**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—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE**

**SEC. 101. TRIBUTE TO JUSTIN BAILEY.**

This title is enacted in tribute to Justin Bailey, who, after returning to the United States from service as a member of the Armed Forces in Operation Iraqi Freedom, died in a domiciliary facility of the Department of Veterans Affairs while receiving care for post-traumatic stress disorder and a substance use disorder.

**SEC. 102. FINDINGS ON SUBSTANCE USE DISORDERS AND MENTAL HEALTH.**

Congress makes the following findings:

- (1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use disorder, with similar rates of acknowledged problems with alcohol use disorder among members of the National Guard.
- (2) The effects of substance use disorder are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.
- (3) While veterans suffering from mental health conditions, chronic physical illness, and polytrauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.
- (4) While the Veterans Health Administration has dramatically increased health services for veterans from 1996 through 2006, the

number of veterans receiving specialized substance use disorder treatment services decreased 18 percent during that time. No comparable decrease in the national rate of substance use disorder has been observed during that time.

(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

(6) According to a 2006 report by the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and the Fiscal Year 2007 National Mental Health Program Monitoring System report shows that little progress has been made in restoring these services to their pre-1996 levels.

**SEC. 103. EXPANSION OF SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall ensure the provision of such services and treatment to each veteran enrolled in the health care system of the Department of Veterans Affairs who is in need of services and treatments for a substance use disorder as follows:

- (1) Screening for substance use disorder in all settings, including primary care settings.
- (2) Short term motivational counseling services.
- (3) Marital and family counseling.
- (4) Intensive outpatient or residential care services.
- (5) Relapse prevention services.
- (6) Ongoing aftercare and outpatient counseling services.
- (7) Opiate substitution therapy services.
- (8) Pharmacological treatments aimed at reducing craving for drugs and alcohol.
- (9) Detoxification and stabilization services.
- (10) Coordination with groups providing peer to peer counseling.
- (11) Such other services as the Secretary considers appropriate.

(b) **PROVISION OF SERVICES.**—

(1) **ALLOCATION OF RESOURCES FOR PROVISION OF SERVICES.**—The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care, treatment, and services described in subsection (a) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

(2) **MANNER OF PROVISION.**—The services and treatment described in subsection (a) may be provided to a veteran described in such subsection—

(A) at Department of Veterans Affairs medical centers or clinics;

(B) by referral to other facilities of the Department that are accessible to such veteran; or

(C) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

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

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

(a) **IN GENERAL.**—If the Secretary of Veterans Affairs provides a veteran inpatient or

outpatient care for a substance use disorder and a comorbid mental health disorder, the Secretary shall ensure that treatment for such disorders is provided concurrently—

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

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

(3) by a team of clinicians with appropriate expertise.

(b) **TEAM OF CLINICIANS WITH APPROPRIATE EXPERTISE DEFINED.**—In this section, the term “team of clinicians with appropriate expertise” means a team consisting of the following:

(1) Clinicians and health professionals with expertise in treatment of substance use disorders and mental health disorders who act in coordination and collaboration with each other.

(2) Such other professionals as the Secretary considers appropriate for the provision of treatment to veterans for substance use and mental health disorders.

**SEC. 105. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.**

(a) **FINDINGS.**—Congress makes the following findings:

(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

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

(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

(5) Veterans living in rural areas may find access to treatment for substance use disorder limited.

(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

(b) **IN GENERAL.**—Not later than October 1, 2009, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program shall be available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

(c) **ELEMENTS OF PILOT PROGRAM.**—

(1) **IN GENERAL.**—In carrying out the pilot program under this section, the Secretary shall ensure that—

(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department of Veterans Affairs;

(B) the Internet website is accessible from remote locations, especially rural areas; and

(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

(2) CONSIDERATION OF SIMILAR PROJECTS.—In designing the pilot program under this section, the Secretary shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2304).

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

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

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

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

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

**SEC. 106. REPORT ON RESIDENTIAL MENTAL HEALTH CARE FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.**

(a) REVIEW.—

(1) IN GENERAL.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall, acting through the Inspector General of the Department of Veterans Affairs, complete a review of all residential mental health care facilities, including domiciliary facilities, of the Veterans Health Administration.

(2) ASSESSMENT.—As part of the review required by paragraph (1), the Secretary, acting through the Inspector General, shall assess the following:

(A) The availability of care in residential mental health care facilities in each Veterans Integrated Service Network (VISN).

(B) The supervision and support provided in the residential mental health care facilities of the Veterans Health Administration.

(C) The ratio of staff members at each residential mental health care facility to patients at such facility.

(D) The appropriateness of rules and procedures for the prescription and administration of medications to patients in such residential mental health care facilities.

(E) The protocols at each residential mental health care facility for handling missed appointments.

(3) RECOMMENDATIONS.—As part of the review required by paragraph (1), the Secretary, acting through the Inspector General, shall develop such recommendations as the Secretary considers appropriate for im-

provements to residential mental health care facilities of the Veterans Health Administration and the care provided in such facilities.

(b) FOLLOW-UP REVIEW.—Not later than two years after the date of the completion of the review required by subsection (a), the Secretary of Veterans Affairs shall, acting through the Inspector General of the Department of Veterans Affairs, complete a follow-up review of the facilities reviewed under subsection (a) to evaluate any improvements made or problems remaining since the review under subsection (a) was completed.

(c) REPORT.—Not later than 90 days after the completion of the review required by subsection (a), 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 findings of the Secretary with respect to such review.

**SEC. 107. PILOT PROGRAM ON PEER OUTREACH AND SUPPORT FOR VETERANS AND USE OF COMMUNITY MENTAL HEALTH CENTERS AND INDIAN HEALTH SERVICE FACILITIES.**

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

(1) Peer outreach services.

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

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

(4) Other mental health services.

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

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

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

(3) Through other appropriate entities under contracts or other agreements entered into by the Secretary of Veterans Affairs for the provision of such services for purposes of the pilot program.

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

(d) PROGRAM LOCATIONS.—

(1) IN GENERAL.—The pilot program shall be carried out within areas selected by the Secretary for the purpose of the pilot program in at least three Veterans Integrated Service Networks (VISNs).

(2) RURAL GEOGRAPHIC LOCATIONS.—The locations selected shall be in rural geographic locations that, as determined by the Secretary, lack access to comprehensive mental health services through the Department of Veterans Affairs.

(3) QUALIFIED PROVIDERS.—In selecting locations for the pilot program, the Secretary shall select locations in which an adequate number of licensed mental health care providers with credentials equivalent to those of Department mental health care providers are available in Indian Health Service facilities, community mental health centers, and other entities for participation in the pilot program.

(e) PARTICIPATION IN PROGRAM.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall—

(1) provide the services described in paragraphs (3) and (4) of subsection (a) to eligible veterans, including, to the extent practicable, telehealth services that link the center or facility with Department of Veterans Affairs clinicians;

(2) use the clinical practice guidelines of the Veterans Health Administration or the Department of Defense in the provision of such services; and

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

(f) COMPLIANCE WITH DEPARTMENT PROTOCOLS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall comply with—

(1) applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services as part of the pilot program; and

(2) access and quality standards of the Department relevant to the provision of services as part of the pilot program.

(g) PROVISION OF CLINICAL INFORMATION.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall, in a timely fashion, provide the Secretary with such clinical information on each veteran for whom such health center or facility provides mental health services under the pilot program as the Secretary shall require.

(h) TRAINING.—

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

(2) TRAINING OF CLINICIANS.—

(A) IN GENERAL.—The Secretary shall conduct a training program for clinicians of community mental health centers, Indian Health Service facilities, or other entities participating in the pilot program under subsection (b) to ensure that such clinicians can provide the services described in paragraphs (3) and (4) of subsection (a) in a manner that accounts for factors that are unique to the experiences of veterans who served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including their combat and military training experiences).

(B) PARTICIPATION IN TRAINING.—Personnel of each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall participate in the training program conducted pursuant to subparagraph (A).

(i) ANNUAL REPORTS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b)

shall submit to the Secretary on an annual basis a report containing, with respect to the provision of services under subsection (b) and for the last full calendar year ending before the submission of such report—

- (1) the number of—
  - (A) veterans served; and
  - (B) courses of treatment provided; and
- (2) demographic information for such services, diagnoses, and courses of treatment.

(j) PROGRAM EVALUATION.—

(1) IN GENERAL.—The Secretary shall, through Department of Veterans Affairs Mental Health Services investigators and in collaboration with relevant program offices of the Department, design and implement a strategy for evaluating the pilot program.

(2) ELEMENTS.—The strategy implemented under paragraph (1) shall assess the impact that contracting with community mental health centers, the Indian Health Service, and other entities participating in the pilot program under subsection (b) has on the following:

(A) Access to mental health care by veterans in need of such care.

(B) The use of telehealth services by veterans for mental health care needs.

(C) The quality of mental health care and substance use disorder treatment services provided to veterans in need of such care and services.

(D) The coordination of mental health care and other medical services provided to veterans.

(k) DEFINITIONS.—In this section:

(1) The term “community mental health center” has the meaning given such term in section 410.2 of title 42, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act).

(2) The term “eligible veteran” means a veteran in need of mental health services who—

(A) is enrolled in the Department of Veterans Affairs health care system; and

(B) has received a referral from a health professional of the Veterans Health Administration to a community mental health center, a facility of the Indian Health Service, or other entity for purposes of the pilot program.

(3) The term “Indian Health Service” means the organization established by section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1661(a)).

(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.

**TITLE II—MENTAL HEALTH RESEARCH**

**SEC. 201. RESEARCH PROGRAM ON COMORBID POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS.**

(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Development, carry out a program of research into comorbid post-traumatic stress disorder (PTSD) and substance use disorder.

(b) DISCHARGE THROUGH NATIONAL CENTER FOR POSTTRAUMATIC STRESS DISORDER.—The research program required by subsection (a) shall be carried out by the National Center for Posttraumatic Stress Disorder. In carrying out the program, the Center shall—

(1) develop protocols and goals with respect to research under the program; and

(2) coordinate research, data collection, and data dissemination under the program.

(c) RESEARCH.—The program of research required by subsection (a) shall address the following:

(1) Comorbid post-traumatic stress disorder and substance use disorder.

(2) The systematic integration of treatment for post-traumatic stress disorder with treatment for substance use disorder.

(3) The development of protocols to evaluate care of veterans with comorbid post-traumatic stress disorder and substance use disorder.

(d) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2012, \$2,000,000 to carry out this section.

(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall be made available to the National Center on Posttraumatic Stress Disorder for the purpose specified in that paragraph.

(3) SUPPLEMENT NOT SUPPLANT.—Any amount made available to the National Center on Posttraumatic Stress Disorder for a fiscal year under paragraph (2) is in addition to any other amounts made available to the National Center on Posttraumatic Stress Disorder for such year under any other provision of law.

**SEC. 202. EXTENSION OF AUTHORIZATION FOR SPECIAL COMMITTEE ON POST-TRAUMATIC STRESS DISORDER.**

Section 110(e)(2) of the Veterans' Health Care Act of 1984 (38 U.S.C. 1712A note; Public Law 98-528) is amended by striking “through 2008” and inserting “through 2012”.

**TITLE III—ASSISTANCE FOR FAMILIES OF VETERANS**

**SEC. 301. CLARIFICATION OF AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO PROVIDE MENTAL HEALTH SERVICES TO FAMILIES OF VETERANS.**

(a) IN GENERAL.—Chapter 17 is amended—

(1) in section 1701(5)(B)—

(A) by inserting “marriage and family counseling,” after “professional counseling,”; and

(B) by striking “as may be essential to” and inserting “as the Secretary considers appropriate for”; and

(2) in section 1782—

(A) in subsection (a), by inserting “marriage and family counseling,” after “professional counseling,”; and

(B) in subsection (b)—

(i) by inserting “marriage and family counseling,” after “professional counseling,”; and

(ii) by striking “if—” and all that follows and inserting a period.

(b) LOCATION.—Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly referred to as “Vet Centers”), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.

**SEC. 302. PILOT PROGRAM ON PROVISION OF READJUSTMENT AND TRANSITION ASSISTANCE TO VETERANS AND THEIR FAMILIES IN COOPERATION WITH VET CENTERS.**

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

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

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

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

(c) NON-DEPARTMENT OF VETERANS AFFAIRS ENTITY.—

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

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

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

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

(f) LOCATION OF PILOT PROGRAM.—

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

(2) DESIGNATIONS.—In designating centers described in subsection (a) for purposes of the pilot program, the Secretary shall designate centers so as to provide a balanced geographical representation of such centers throughout the United States, including the District of Columbia, the Commonwealth of Puerto Rico, tribal lands, and other territories and possessions of the United States.

(g) PARTICIPATION OF CENTERS.—A center described in subsection (a) that is designated under subsection (f) for participation in the pilot program shall participate in the pilot program by promoting awareness of the assistance and training available to veterans and their families through—

(1) the facilities and other resources of such center;

(2) the non-Department of Veterans Affairs entity selected pursuant to subsection (c); and

(3) other appropriate mechanisms.

(h) ADDITIONAL SUPPORT.—In carrying out the pilot program, the Secretary may enter into contracts or other agreements, in addition to the contract or agreement described in subsection (c), with such other non-Department of Veterans Affairs entities meeting the requirements of subsection (c) as the Secretary considers appropriate for purposes of the pilot program.

(i) REPORT ON PILOT PROGRAM.—

(1) REPORT REQUIRED.—Not later than three years after the date of the enactment of this Act, the Secretary shall submit to the congressional veterans affairs committees a report on the pilot program.

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

(A) A description of the activities under the pilot program as of the date of such report, including the number of veterans and families provided assistance under the pilot program and the scope and nature of the assistance so provided.

(B) A current assessment of the effectiveness of the pilot program.

(C) Any recommendations that the Secretary considers appropriate for the extension or expansion of the pilot program.

(3) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this subsection, the

term “congressional veterans affairs committees” means—

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

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

(j) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2011 \$1,000,000 to carry out this section.

(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall remain available until expended.

#### TITLE IV—HEALTH CARE MATTERS

##### SEC. 401. VETERANS BENEFICIARY TRAVEL PROGRAM.

(a) REPEAL OF REQUIREMENT TO ADJUST AMOUNTS DEDUCTED FROM PAYMENTS OR ALLOWANCES FOR BENEFICIARY TRAVEL.—

(1) IN GENERAL.—Section 111(c) is amended—

(A) by striking paragraph (5); and

(B) in paragraph (2), by striking “, except as provided in paragraph (5) of this subsection.”.

(2) REINSTATEMENT OF AMOUNT OF DEDUCTION SPECIFIED BY STATUTE.—Notwithstanding any adjustment made by the Secretary of Veterans Affairs under paragraph (5) of section 111(c) of title 38, United States Code, as such paragraph was in effect before the date of the enactment of this Act, the amount deducted under paragraph (1) of such section 111(c) on or after such date shall be the amount specified in such paragraph.

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

(1) by amending paragraph (1) to read as follows:

“(1) Subject to paragraph (3), in determining the amount of allowances or reimbursement to be paid under this section, the Secretary shall use 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) by striking paragraphs (3) and (4); and

(3) by inserting after paragraph (2) the following new paragraph (3):

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

(c) REPORT.—Not later than 14 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report containing an estimate of the additional costs incurred by the Department of Veterans Affairs because of this section, including—

(1) any costs resulting from increased utilization of healthcare services by veterans eligible for travel allowances or reimbursements under section 111 of title 38, United States Code; and

(2) the additional costs that would be incurred by the Department should the Secretary exercise the authority described in subsection (g)(3) of such section.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to travel expenses incurred after the expiration of the 90-day period that begins on the date of the enactment of this Act.

##### SEC. 402. MANDATORY REIMBURSEMENT OF VETERANS RECEIVING EMERGENCY TREATMENT IN NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES UNTIL TRANSFER TO DEPARTMENT FACILITIES.

(a) CERTAIN VETERANS WITHOUT SERVICE-CONNECTED DISABILITY.—Section 1725 is amended—

(1) in subsection (a)(1), by striking “may reimburse” and inserting “shall reimburse”; and

(2) in subsection (f)(1), by striking subparagraph (C) and inserting the following new subparagraph (C):

“(C) until—

“(i) such time as the veteran can be transferred safely to a Department facility or other Federal facility and such facility is capable of accepting such transfer; or

“(ii) such time as a Department facility or other Federal facility accepts such transfer if—

“(I) at the time the veteran could have been transferred safely to a Department facility or other Federal facility, no Department facility or other Federal facility agreed to accept such transfer; and

“(II) the non-Department facility in which such medical care or services was furnished made and documented reasonable attempts to transfer the veteran to a Department facility or other Federal facility.”.

(b) CERTAIN VETERANS WITH SERVICE-CONNECTED DISABILITY.—Section 1728 is amended—

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

“(a) The Secretary shall, under such regulations as the Secretary prescribes, reimburse veterans eligible for hospital care or medical services under this chapter for the customary and usual charges of emergency treatment (including travel and incidental expenses under the terms and conditions set forth in section 111 of this title) for which such veterans have made payment, from sources other than the Department, where such emergency treatment was rendered to such veterans in need thereof for any of the following:

“(1) An adjudicated service-connected disability.

“(2) A non-service-connected disability associated with and held to be aggravating a service-connected disability.

“(3) Any disability of a veteran if the veteran has a total disability permanent in nature from a service-connected disability.

“(4) Any illness, injury, or dental condition of a veteran who—

“(A) is a participant in a vocational rehabilitation program (as defined in section 3101(9) of this title); and

“(B) is medically determined to have been in need of care or treatment to make possible the veteran’s entrance into a course of training, or prevent interruption of a course of training, or hasten the return to a course of training which was interrupted because of such illness, injury, or dental condition.”;

(2) in subsection (b), by striking “care or services” both places it appears and inserting “emergency treatment”; and

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

“(c) In this section, the term ‘emergency treatment’ has the meaning given such term in section 1725(f)(1) of this title.”.

##### SEC. 403. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS.

(a) PILOT PROGRAM REQUIRED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a pilot program under which the Secretary provides covered health services to covered veterans through quali-

fying non-Department of Veterans Affairs health care providers.

(2) COMMENCEMENT.—The Secretary shall commence the conduct of the pilot program on the date that is 120 days after the date of the enactment of this Act.

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

(4) PROGRAM LOCATIONS.—The pilot program shall be carried out within areas selected by the Secretary for the purposes of the pilot program in at least five Veterans Integrated Service Networks (VISNs). Of the Veterans Integrated Service Networks so selected—

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

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

(C) all such networks shall include area within the borders of at least four States; and

(D) no such networks shall be participants in the Healthcare Effectiveness through Resource Optimization pilot program of the Department of Veterans Affairs.

(b) COVERED VETERANS.—

(1) IN GENERAL.—For purposes of the pilot program under this section, a covered veteran is any highly rural veteran who 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.

(2) HIGHLY RURAL VETERANS.—For purposes of this subsection, a highly rural veteran is any veteran who—

(A) resides in a location that is—

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

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

(iii) more than 240 miles driving distance from the nearest Department health care facility providing tertiary care, if the veteran is seeking such care; or

(B) in the case of a veteran who resides in a location less than the distance specified in clause (i), (ii), or (iii) of subparagraph (A), as applicable, experiences such hardship or other difficulties in travel to the nearest appropriate Department health care facility that such travel is not in the best interest of the veteran, as determined by the Secretary pursuant to regulations prescribed for purposes of this subsection.

(c) COVERED HEALTH SERVICES.—For purposes of the pilot program under this section, a covered health service with respect to a covered veteran is any hospital care, medical service, rehabilitative service, or preventative health service that is authorized to be provided by the Secretary to the veteran under chapter 17 of title 38, United States Code, or any other provision of law.

(d) QUALIFYING NON-DEPARTMENT HEALTH CARE PROVIDERS.—For purposes of the pilot program under this section, an entity or individual is a qualifying non-Department

health care provider of a covered health service if the Secretary determines that the entity or individual is qualified to furnish such service to veterans under the pilot program.

(e) ELECTION.—A covered veteran seeking to be provided covered health services under the pilot program under this section shall submit to the Secretary an application therefor in such form, and containing such information as the Secretary shall specify for purposes of the pilot program.

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

(g) EXCHANGE OF MEDICAL INFORMATION.—In conducting the pilot program under this section, the Secretary shall develop and utilize a functional capability to provide for the exchange of appropriate medical information between the Department and non-Department health care providers providing health services under the pilot program.

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

(1) the assessment of the Secretary of the pilot program during the preceding year, including its cost, volume, quality, patient satisfaction, benefit to veterans, and such other findings and conclusions with respect to pilot program as the Secretary considers appropriate; and

(2) such recommendations as the Secretary considers appropriate regarding—

(A) the continuation of the pilot program;

(B) extension of the pilot program to other or all Veterans Integrated Service Networks of the Department;

(C) making the pilot program permanent.

#### SEC. 404. EPILEPSY CENTERS OF EXCELLENCE.

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

##### “§ 7330A. Epilepsy centers of excellence

“(a) ESTABLISHMENT OF CENTERS.—(1) Not later than 120 days after the date of the enactment of the Veterans' Mental Health and Other Care Improvements Act of 2008, the Secretary shall designate at least four but not more than six Department health care facilities as locations for epilepsy centers of excellence for the Department.

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

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

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

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

“(2) The Secretary may not designate a facility as a location for an epilepsy center of excellence under subsection (a) unless the peer review panel established under subsection (c) has determined under that subsection that the proposal submitted by such facility seeking designation as a location for an epilepsy center of excellence is among

those proposals that meet the highest competitive standards of scientific and clinical merit.

“(3) In choosing from among the facilities meeting the requirements of paragraph (2), the Secretary shall also consider appropriate geographic distribution when designating the epilepsy centers of excellence under subsection (a).

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

“(2)(A) The membership of the peer review panel shall consist of experts on epilepsy, including post-traumatic epilepsy.

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

“(C) Of the members first appointed to the panel, one half shall be appointed for a period of three years and one half shall be appointed for a period of two years, as designated by the Under Secretary at the time of appointment.

“(3) The peer review panel shall review each proposal submitted to the panel by the Under Secretary for Health and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.

“(4) The peer review panel shall, in conjunction with the national coordinator designated under subsection (e), conduct regular evaluations of each epilepsy center of excellence established and operated under subsection (a) to ensure compliance with the requirements of this section.

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

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

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

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

“(3) An advisory committee composed of veterans and appropriate health care and research representatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of the center during the period of the operation of such center.

“(4) The capability to conduct effectively evaluations of the activities of such center.

“(5) The capability to assist in the expansion of the Department's use of information systems and databases to improve the quality and delivery of care for veterans enrolled within the Department's health care system.

“(6) The capability to assist in the expansion of the Department telehealth program to develop, transmit, monitor, and review neurological diagnostic tests.

“(7) The ability to perform epilepsy research, education, and clinical care activities in collaboration with Department medical facilities that have centers for research, education, and clinical care activities on

complex multi-trauma associated with combat injuries established under section 7327 of this title.

“(e) NATIONAL COORDINATOR FOR EPILEPSY PROGRAMS.—(1) To assist the Secretary and the Under Secretary for Health in carrying out this section, the Secretary shall designate an individual in the Veterans Health Administration to act as a national coordinator for epilepsy programs of the Veterans Health Administration.

“(2) The duties of the national coordinator for epilepsy programs shall include the following:

“(A) To supervise the operation of the centers established pursuant to this section.

“(B) To coordinate and support the national consortium of providers with interest in treating epilepsy at Department health care facilities lacking such centers in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department.

“(C) To conduct, in conjunction with the peer review panel established under subsection (c), regular evaluations of the epilepsy centers of excellence to ensure compliance with the requirements of this section.

“(D) To coordinate (as part of an integrated national system) education, clinical care, and research activities within all facilities with an epilepsy center of excellence.

“(E) To develop jointly a national consortium of providers with interest in treating epilepsy at Department health care facilities lacking an epilepsy center of excellence in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department. Such consortium should include a designated epilepsy referral clinic in each Veterans Integrated Service Network.

“(3) In carrying out duties under this subsection, the national coordinator for epilepsy programs shall report to the official of the Veterans Health Administration responsible for neurology.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

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

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

“(3) The Secretary shall ensure that funds for such centers are designated for the first three years of operation as a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

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

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

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 is

amended by inserting after the item relating to section 7330 the following new item:

“7330A. Epilepsy centers of excellence.”.

**SEC. 405. ESTABLISHMENT OF QUALIFICATIONS FOR PEER SPECIALIST APPOINTEES.**

(a) IN GENERAL.—Section 7402(b) is amended—

(1) by redesignating the paragraph (11) relating to other health care positions as paragraph (14); and

(2) by inserting after paragraph (12) the following new paragraph (13):

“(13) PEER SPECIALIST.—To be eligible to be appointed to a peer specialist position, a person must—

“(A) be a veteran who has recovered or is recovering from a mental health condition; and

“(B) be certified by—

“(i) a not-for-profit entity engaged in peer specialist training as having met such criteria as the Secretary shall establish for a peer specialist position; or

“(ii) a State as having satisfied relevant State requirements for a peer specialist position.”.

(b) PEER SPECIALIST TRAINING.—Section 7402 is amended by adding at the end the following new subsection:

“(g) The Secretary may enter into contracts with not-for-profit entities to provide—

“(1) peer specialist training to veterans; and

“(2) certification for veterans under subsection (b)(13)(B)(i).”.

**SEC. 406. ESTABLISHMENT OF CONSOLIDATED PATIENT ACCOUNTING CENTERS.**

(a) ESTABLISHMENT OF CENTERS.—Chapter 17 is amended by inserting after section 1729A the following new section:

**“§ 1729B. Consolidated patient accounting centers**

“(a) IN GENERAL.—Not later than five years after the date of the enactment of this section, the Secretary of Veterans Affairs shall establish not more than seven consolidated patient accounting centers for conducting industry-modeled regionalized billing and collection activities of the Department.

“(b) FUNCTIONS.—The centers shall carry out the following functions:

“(1) Reengineer and integrate all business processes of the revenue cycle of the Department.

“(2) Standardize and coordinate all activities of the Department related to the revenue cycle for all health care services furnished to veterans for non-service-connected medical conditions.

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

“(4) Apply other requirements with respect to such revenue cycle improvement as the Secretary may specify.”.

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

“1729B. Consolidated patient accounting centers.”.

**SEC. 407. REPEAL OF LIMITATION ON AUTHORITY TO CONDUCT WIDESPREAD HIV TESTING PROGRAM.**

Section 124 of the Veterans' Benefits and Services Act of 1988 (title I of Public Law 100-322, as amended; 38 U.S.C. 7333 note) is repealed.

**SEC. 408. PROVISION OF COMPREHENSIVE HEALTH CARE BY SECRETARY OF VETERANS AFFAIRS TO CHILDREN OF VIETNAM VETERANS BORN WITH SPINA BIFIDA.**

(a) PROVISION OF COMPREHENSIVE HEALTH CARE.—Section 1803(a) is amended by strik-

ing “such health care as the Secretary determines is needed by the child for the spina bifida or any disability that is associated with such condition” and inserting “health care under this section”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to care furnished after the date of the enactment of this Act.

**SEC. 409. EXEMPTION FROM COPAYMENT REQUIREMENT FOR VETERANS RECEIVING HOSPICE CARE.**

Section 1710 is amended—

(1) in subsection (f)(1), by inserting “(except if such care constitutes hospice care)” after “nursing home care”; and

(2) in subsection (g)(1), by inserting “(except if such care constitutes hospice care)” after “medical services”.

**TITLE V—PAIN CARE**

**SEC. 501. COMPREHENSIVE POLICY ON PAIN MANAGEMENT.**

(a) COMPREHENSIVE POLICY REQUIRED.—Not later than October 1, 2009, the Secretary of Veterans Affairs shall develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs.

(b) SCOPE OF POLICY.—The policy required by subsection (a) shall cover each of the following:

(1) The Department-wide management of acute and chronic pain experienced by veterans.

(2) The standard of care for pain management to be used throughout the Department.

(3) The consistent application of pain assessments to be used throughout the Department.

(4) The assurance of prompt and appropriate pain care treatment and management by the Department, system-wide, when medically necessary.

(5) Department programs of research related to acute and chronic pain suffered by veterans, including pain attributable to central and peripheral nervous system damage characteristic of injuries incurred in modern warfare.

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

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

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

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

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the completion and initial implementation of the policy required by subsection (a) and on October 1 of every fiscal year thereafter through fiscal year 2018, 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 policy required by subsection (a).

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

(A) A description of the policy developed and implemented under subsection (a) and any revisions to such policy under subsection (c).

(B) A description of the performance measures used to determine the effectiveness of

such policy in improving pain care for veterans system-wide.

(C) An assessment of the adequacy of Department pain management services based on a survey of patients managed in Department clinics.

(D) An assessment of the research projects of the Department relevant to the treatment of the types of acute and chronic pain suffered by veterans.

(E) An assessment of the training provided to Department health care personnel with respect to the diagnosis, treatment, and management of acute and chronic pain.

(F) An assessment of the patient pain care education programs of the Department.

(f) VETERANS SERVICE ORGANIZATION DEFINED.—In this section, the term “veterans service organization” means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

**TITLE VI—HOMELESS VETERANS MATTERS**

**SEC. 601. INCREASED AUTHORIZATION OF APPROPRIATIONS FOR COMPREHENSIVE SERVICE PROGRAMS.**

Section 2013 is amended by striking “\$130,000,000” and inserting “\$150,000,000”.

**SEC. 602. EXPANSION AND EXTENSION OF AUTHORITY FOR PROGRAM OF REFERRAL AND COUNSELING SERVICES FOR AT-RISK VETERANS TRANSITIONING FROM CERTAIN INSTITUTIONS.**

(a) PROGRAM AUTHORITY.—Subsection (a) of section 2023 is amended by striking “a demonstration program for the purpose of determining the costs and benefits of providing” and inserting “a program of”.

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

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

(2) by striking “demonstration”; and

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

(c) EXTENSION OF AUTHORITY.—Subsection (d) of such section is amended by striking “shall cease” and all that follows and inserting “shall cease on September 30, 2012.”.

(d) CONFORMING AMENDMENTS.—

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

(2) The heading of such section is amended to read as follows:

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

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

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

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

**SEC. 603. PERMANENT AUTHORITY FOR DOMICILIARY SERVICES FOR HOMELESS VETERANS AND ENHANCEMENT OF CAPACITY OF DOMICILIARY CARE PROGRAMS FOR FEMALE VETERANS.**

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

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

**SEC. 604. FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-INCOME VETERAN FAMILIES IN PERMANENT HOUSING.**

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

(b) **FINANCIAL ASSISTANCE.**—

(1) **IN GENERAL.**—Subchapter V of chapter 20 is amended by adding at the end the following new section:

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

“(a) **DISTRIBUTION OF FINANCIAL ASSISTANCE.**—(1) The Secretary shall provide financial assistance to eligible entities approved under this section to provide and coordinate the provision of supportive services described in subsection (b) for very low-income veteran families occupying permanent housing.

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

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

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

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

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

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

“(7) The Secretary may require entities receiving financial assistance under this section to submit a report to the Secretary that describes the projects carried out with such financial assistance.

“(b) **SUPPORTIVE SERVICES.**—The supportive services referred to in subsection (a) are the following:

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

“(A) outreach services;

“(B) case management services;

“(C) assistance in obtaining any benefits from the Department which the veteran may be eligible to receive, including, but not limited to, vocational and rehabilitation counseling, employment and training service, educational assistance, and health care services; and

“(D) assistance in obtaining and coordinating the provision of other public benefits provided in federal, State, or local agencies, or any organization defined in subsection (f), including—

“(i) health care services (including obtaining health insurance);

“(ii) daily living services;

“(iii) personal financial planning;

“(iv) transportation services;

“(v) income support services;

“(vi) fiduciary and representative payee services;

“(vii) legal services to assist the veteran family with issues that interfere with the family’s ability to obtain or retain housing or supportive services;

“(viii) child care;

“(ix) housing counseling; and

“(x) other services necessary for maintaining independent living.

“(2) Services described in paragraph (1) that are delivered to very low-income veteran families who are homeless and who are scheduled to become residents of permanent housing within 90 days pending the location or development of housing suitable for permanent housing.

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

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

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

“(A) a description of the supportive services proposed to be provided by the eligible entity and the identified needs for those services;

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

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

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

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

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

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

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

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

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

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

“(d) **TECHNICAL ASSISTANCE.**—(1) The Secretary shall provide training and technical assistance to participating eligible entities regarding the planning, development, and provision of supportive services to very low-income veteran families occupying permanent housing, through the Technical Assistance grants program in section 2064 of this title.

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

“(e) **FUNDING.**—(1) From amounts appropriated to the Department for Medical Services, there shall be available to carry out subsection (a), (b), and (c) amounts as follows:

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

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

“(C) \$25,000,000 for fiscal year 2011.

“(2) Not more than \$750,000 may be available under paragraph (1) in any fiscal year to provide technical assistance under subsection (d).

“(3) There is authorized to be appropriated \$1,000,000 for each of the fiscal year 2009 through 2011 to carry out the provisions of subsection (d).

“(f) **DEFINITIONS.**—In this section:

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

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

“(A) a private nonprofit organization; or

“(B) a consumer cooperative.

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

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

“(5) The term ‘private nonprofit organization’ means any of the following:

“(A) Any incorporated private institution or foundation—

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

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

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

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

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

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

“(6)(A) Subject to subparagraphs (B) and (C), the term ‘very low-income veteran family’ means a veteran family whose income does not exceed 50 percent of the median income for an area specified by the Secretary for purposes of this section, as determined by the Secretary in accordance with this paragraph.

“(B) The Secretary shall make appropriate adjustments to the income requirement under subparagraph (A) based on family size.

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

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

(2) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 20 is amended by inserting after the item relating to section 2043 the following new item:

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

(c) STUDY OF EFFECTIVENESS OF PERMANENT HOUSING PROGRAM.—

(1) IN GENERAL.—For fiscal years 2009 and 2010, the Secretary shall conduct a study of the effectiveness of the permanent housing program under section 2044 of title 38, United States Code, as added by subsection (b), in meeting the needs of very low-income veteran families, as that term is defined in that section.

(2) COMPARISON.—In the study required by paragraph (1), the Secretary shall compare the results of the program referred to in that subsection with other programs of the Department of Veterans Affairs dedicated to the delivery of housing and services to veterans.

(3) CRITERIA.—In making the comparison required in paragraph (2), the Secretary shall examine the following:

(A) The satisfaction of veterans targeted by the programs described in paragraph (2).

(B) The health status of such veterans.

(C) The housing provided such veterans under such programs.

(D) The degree to which such veterans are encouraged to productive activity by such programs.

(4) REPORT.—Not later than March 31, 2011, 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 results of the study required by paragraph (1).

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

##### SEC. 701. AUTHORIZATION FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2009 in the amount specified for each project:

(1) Seismic corrections, Building 2, at the Department of Veterans Affairs Palo Alto Health Care System, Palo Alto Division Palo Alto, California, in an amount not to exceed \$54,000,000.

(2) Construction of a polytrauma healthcare and rehabilitation center at the Department of Veterans Affairs Medical Center, San Antonio, Texas, in an amount not to exceed \$66,000,000.

(3) Seismic corrections, Building 1, at the Department of Veterans Affairs Medical Center, San Juan, Puerto Rico, in an amount not to exceed \$225,900,000.

##### SEC. 702. MODIFICATION OF AUTHORIZATION AMOUNTS FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.

(a) MODIFICATION OF MAJOR MEDICAL FACILITY AUTHORIZATIONS.—Section 801(a) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended—

(1) in paragraph (1)—

(A) by striking "\$300,000,000" and inserting "\$625,000,000"; and

(B) by striking the second sentence; and

(2) in paragraph (3), by striking "\$98,000,000" and inserting "\$568,400,000".

(b) MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.—

(1) CORRECTION OF PATIENT PRIVACY DEFICIENCIES AT THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, GAINESVILLE, FLORIDA.—Paragraph (5) of section 802 of the Veterans Benefits, Health Care, and Information

Technology Act of 2006 (Public Law 109-461) is amended by striking "\$85,200,000" and inserting "\$136,700,000".

(2) CONSTRUCTION OF A NEW MEDICAL CENTER FACILITY AT THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, LAS VEGAS, NEVADA.—Paragraph (7) of such section is amended by striking "\$406,000,000" and inserting "\$600,400,000".

(3) CONSTRUCTION OF A NEW OUTPATIENT CLINIC, LEE COUNTY, FLORIDA.—Paragraph (8) of such section is amended—

(A) by striking "ambulatory" and all that follows through "purchase," and inserting "outpatient clinic in"; and

(B) by striking "\$65,100,000" and inserting "\$131,800,000".

(4) CONSTRUCTION OF A NEW MEDICAL CENTER FACILITY, ORLANDO, FLORIDA.—Paragraph (11) of such section is amended by striking "\$377,700,000" and inserting "\$656,800,000".

(5) CONSOLIDATION OF CAMPUSES AT THE UNIVERSITY DRIVE AND H. JOHN HEINZ III DIVISIONS, PITTSBURGH, PENNSYLVANIA.—Paragraph (12) of such section is amended by striking "\$189,205,000" and inserting "\$295,600,000".

##### SEC. 703. AUTHORIZATION OF FISCAL YEAR 2009 MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following major medical facility leases in fiscal year 2009 at the locations specified, and in an amount for each lease not to exceed the amount shown for such location:

(1) For an outpatient clinic, Brandon, Florida, \$4,326,000.

(2) For an outpatient clinic, Colorado Springs, Colorado, \$10,300,000.

(3) For an outpatient clinic, Eugene, Oregon, \$5,826,000.

(4) For the expansion of an outpatient clinic, Green Bay, Wisconsin, \$5,891,000.

(5) For an outpatient clinic, Greenville, South Carolina, \$3,731,000.

(6) For an outpatient clinic, Mansfield, Ohio, \$2,212,000.

(7) For an outpatient clinic, Mayaguez, Puerto Rico, \$6,276,000.

(8) For an outpatient clinic, Mesa, Arizona, \$5,106,000.

(9) For interim research space, Palo Alto, California, \$8,636,000.

(10) For the expansion of an outpatient clinic, Savannah, Georgia, \$3,168,000.

(11) For an outpatient clinic, Sun City, Arizona, \$2,295,000.

(12) For a primary care annex, Tampa, Florida, \$8,652,000.

(13) For an outpatient clinic, Peoria, Illinois, \$3,600,000.

##### SEC. 704. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION OF APPROPRIATIONS FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2009 for the Construction, Major Projects, account—

(1) \$345,900,000 for the projects authorized in section 701; and

(2) \$1,493,495,000 for the increased amounts authorized for projects whose authorizations are modified by section 702.

(b) AUTHORIZATION FOR APPROPRIATIONS FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2009 for the Medical Facilities account, \$70,019,000, for the leases authorized in section 703.

##### SEC. 705. INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY LEASES REQUIRING CONGRESSIONAL APPROVAL.

Section 8104(a)(3)(B) is amended by striking "\$600,000" and inserting "\$1,000,000".

##### SEC. 706. CONVEYANCE OF CERTAIN NON-FEDERAL LAND BY CITY OF AURORA, COLORADO, TO SECRETARY OF VETERANS AFFAIRS FOR CONSTRUCTION OF VETERANS MEDICAL FACILITY.

Section 410 of title IV of division I of the Consolidated Appropriations Act, 2008 (Public Law 110-161; 121 Stat. 2276) is amended to read as follows:

##### "SEC. 410. CONVEYANCE OF CERTAIN NON-FEDERAL LAND.

"(a) DEFINITIONS.—In this section:

"(1) CITY.—The term 'City' means the City of Aurora, Colorado.

"(2) DEED.—The term 'deed' means the quitclaim deed—

"(A) conveyed to the City by the Secretary (acting through the Director of the National Park Service); and

"(B) dated May 24, 1999.

"(3) NON-FEDERAL LAND.—The term 'non-Federal land' means—

"(A) parcel I of the former United States Army Garrison Fitzsimons, Adams County, Colorado, as more specifically described in the deed; and

"(B) the parcel of land described in the deed.

"(4) SECRETARY.—The term 'Secretary' means the Secretary of the Interior.

"(b) DUTY OF SECRETARY.—To allow the City to convey by donation to the United States the non-Federal land to be used by the Secretary of Veterans Affairs for the construction of a veterans medical facility, not later than 60 days after the date of enactment of this section, the Secretary shall execute each instrument that is necessary to release all rights, conditions, and restrictions retained by the United States in and to the non-Federal land conveyed in the deed."

##### SEC. 707. REPORT ON FACILITIES ADMINISTRATION.

Not later than 60 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the progress of the Secretary in complying with section 312A of title 38, United States Code.

##### SEC. 708. ANNUAL REPORT ON OUTPATIENT CLINICS.

(a) ANNUAL REPORT REQUIRED.—Subchapter I of chapter 81 is amended by adding at the end the following new section:

##### "§ 8119. Annual report on outpatient clinics

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

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

"(1) A list of each community-based outpatient clinic and other outpatient clinic of the Department, and for each such clinic, the type of clinic, location, size, number of health professionals employed by the clinic, workload, whether the clinic is leased or constructed and operated by the Secretary, and the annual cost of operating the clinic.

"(2) A list of community-based outpatient clinics and other outpatient clinics that the Secretary opened during the fiscal year preceding the fiscal year during which the report is submitted and a list of clinics the Secretary proposes opening during the fiscal year during which the report is submitted and the subsequent fiscal year, together with the cost of activating each such clinic and

the information required to be provided under paragraph (1) for each such clinic and proposed clinic.

“(3) A list of proposed community-based outpatient clinics and other outpatient clinics that are, as of the date of the submission of the report, under review by the National Review Panel and a list of possible locations for future clinics identified in the Department’s strategic planning process, including any identified locations in rural and underserved areas.

“(4) A prioritized list of sites of care identified by the Secretary that the Secretary could establish without carrying out construction or entering into a lease, including—

“(A) any such sites that could be expanded by hiring additional staff or allocating staff to Federal facilities or facilities operating in collaboration with the Federal Government; and

“(B) any sites established, or able to be established, under sections 8111 and 8153 of this title.”.

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

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

“8119. Annual report on outpatient clinics.”.

**SEC. 709. NAME OF DEPARTMENT OF VETERANS AFFAIRS SPINAL CORD INJURY CENTER, TAMPA, FLORIDA.**

The spinal cord injury center located at the James A. Haley Department of Veterans Affairs Medical Center in Tampa, Florida, shall after the date of the enactment of this Act be known and designated as the “Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center”. Any reference to such center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the “Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center”.

**TITLE VIII—EXTENSION OF CERTAIN AUTHORITIES**

**SEC. 801. REPEAL OF SUNSET ON INCLUSION OF NONINSTITUTIONAL EXTENDED CARE SERVICES IN DEFINITION OF MEDICAL SERVICES.**

Section 1701 is amended—

(1) by striking paragraph (10); and

(2) in paragraph (6)—

(A) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively; and

(B) by inserting after subparagraph (D) the following new subparagraph (E):

“(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.”.

**SEC. 802. EXTENSION OF RECOVERY AUDIT AUTHORITY.**

Section 1703(d)(4) is amended by striking “September 30, 2008” and inserting “September 30, 2013”.

**SEC. 803. PERMANENT AUTHORITY FOR PROVISION OF HOSPITAL CARE, MEDICAL SERVICES, AND NURSING HOME CARE TO VETERANS WHO PARTICIPATED IN CERTAIN CHEMICAL AND BIOLOGICAL TESTING CONDUCTED BY THE DEPARTMENT OF DEFENSE.**

(a) **PERMANENT AUTHORITY.**—Subsection (e)(3) of section 1710 is amended—

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

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

(3) by striking subparagraph (D).

(b) **CONFORMING AMENDMENT.**—Subsection (e)(1)(E) of such section is amended by striking “paragraphs (2) and (3)” and inserting “paragraph (2)”.

**SEC. 804. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.**

(a) **HEALTH CARE COPAYMENTS.**—Section 1710(f)(2)(B) is amended by striking “September 30, 2008” and inserting “September 30, 2010”.

(b) **MEDICAL CARE COST RECOVERY.**—Section 1729(a)(2)(E) is amended by striking “October 1, 2008” and inserting “October 1, 2010”.

**SEC. 805. EXTENSION OF NURSING HOME CARE.**

Section 1710A(d) is amended by striking “December 31, 2008” and inserting “December 31, 2013”.

**SEC. 806. PERMANENT AUTHORITY TO ESTABLISH RESEARCH CORPORATIONS.**

(a) **REPEAL.**—Chapter 73 is amended by striking section 7368.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by striking the item relating to section 7368.

**SEC. 807. EXTENSION OF REQUIREMENT TO SUBMIT ANNUAL REPORT ON THE COMMITTEE ON CARE OF SEVERELY CHRONICALLY MENTALLY ILL VETERANS.**

Section 7321(d)(2) is amended by striking “through 2008” and inserting “through 2012”.

**SEC. 808. PERMANENT REQUIREMENT FOR BIENNIAL REPORT ON WOMEN’S ADVISORY COMMITTEE.**

Section 542(c)(1) is amended by striking “through 2008”.

**SEC. 809. EXTENSION OF PILOT PROGRAM ON IMPROVEMENT OF CAREGIVER ASSISTANCE SERVICES.**

Section 214 of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461; 38 U.S.C. 1710B note) is amended—

(1) in subsection (b), by striking “two-year period” and inserting “three-year period”; and

(2) in subsection (d), by striking “fiscal years 2007 and 2008” and inserting “fiscal years 2007 through 2009”.

**TITLE IX—OTHER MATTERS**

**SEC. 901. TECHNICAL AMENDMENTS.**

(a) **TITLE 38.**—Title 38, United States Code, is amended—

(1) in section 1712A—

(A) by striking subsection (g);

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

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

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

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

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

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

(5) in the table of sections at the beginning of chapter 51, by striking the item relating to section 5121 and inserting the following new item:

“5121. Payment of certain accrued benefits upon death of a beneficiary.”;

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

(7) in section 8117(a)(1), by striking “such such” and inserting “such”; and

(8) in each of sections 1708(d), 7314(f), 7320(j)(2), 7325(i)(2), and 7328(i)(2), by striking “medical care account” and inserting “medical services account”.

(b) **VETERANS BENEFITS, HEALTH CARE, AND INFORMATION TECHNOLOGY ACT OF 2006.**—Section 807(e) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) is amended by striking “Medical Care” each place it appears and inserting “Medical Facilities”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Indiana (Mr. BUYER) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

We are considering two bills. This first one, S. 2162, as amended, the Veterans’ Mental Health and Other Care Improvements Act of 2008, and the next one is going to be about the Veterans’ Benefits Improvement Act of 2008. These are two bills which passed the Senate, and is an omnibus bill that includes legislation from the Senate and from the House.

Many of our Members have legislation in this bill. And they are two bills that are really going to be great for veterans, greatly enhance the benefit in both the health field and on the benefit field.

As we have discussed these bills, we have learned much about the needs of our Nation’s veterans, and this bill goes a long way to address them. Rates for post traumatic stress disorder, for example, amongst Operation Enduring Freedom and Operation Iraqi Freedom veterans has been estimated to be higher than 30 percent. Additionally, as we have tragically learned, suicide is on the rise. The Army reports, in fact, rates as high as they were during the Vietnam War. And the rate of homelessness among this cohort is also tragically growing. We must act now to address these issues before it’s too late.

We know from past wars that some veterans will struggle with substance abuse, homelessness, and PTSD. And we can see the same patterns emerging as a result of the stress of repeated deployments to OEF and OIF.

This bill expands and improves the health care services available to veterans fighting substance use disorders and requires that all VA medical centers provide veterans access to the full continuum of care for substance use disorders.

I would like to recognize both the leadership of the chairman of the Subcommittee on Health, Mr. MICHAUD, and Ms. BERKLEY for their strong advocacy for veterans who suffer with substance use disorder and for their contributions to this very important provision in the bill.

As a way to honor the memory of Justin Bailey, a brave veteran that we lost to the horrors of war, this bill would ensure that the VA conduct more research about the often tragic relationship between PTSD and substance use disorders. The bill allows

community mental health centers in rural areas to work with the VA to provide peer outreach and support services as well as readjustment and mental health services.

We now know that PTSD not only affects the veteran, but also has a profound effect on their family. Thanks to the leadership of Mr. HARE from Illinois, this bill makes necessary changes to the law to allow the VA to provide needed counseling to families of veterans.

In addition to addressing the mental health challenges facing our veterans, many also experience homelessness. While the VA continues to be the largest provider of direct services to homeless veterans, we must ensure that it remains postured to assist the growing number of homeless veterans and veterans at risk for homelessness. To this end, the bill increases the authorization for homeless programs to \$150 million.

It also expands and extends a valuable joint VA and Department of Labor program of referral and counseling services, ensures that the VA domiciliary program is capable of meeting the needs of the growing female population, and provides necessary support to low-income veteran families that have made the transition to permanent housing. I want to thank Mr. MURPHY and Ms. HERSETH SANDLIN for their focus on this issue and ensuring that these provisions are in the bill.

Aside from mental health and homelessness, many veterans struggle to cope with chronic and acute pain. This pain lingers long after the physical wounds of war have healed and affects the quality of life of many veterans. Thanks to Mr. WALZ of Minnesota's leadership, this bill would require the VA to develop and implement a system-wide policy on pain management.

S. 2162 also improves the health care for certain groups of especially vulnerable populations within the VA. It establishes Epilepsy Centers of Excellence to care for the 89,000 veterans with epilepsy, provides comprehensive health care to children of Vietnam veterans born with spina bifida, and updates VA policies regarding HIV testing. This would not have been possible without the hard work of Mr. PERLMUTTER of Colorado, Mr. ELLSWORTH of Indiana, and Mr. DOYLE of Pennsylvania.

Next, this bill would reduce the financial burden placed on our veterans. It requires the VA to reimburse veterans for the cost of emergency treatment received in non-VA facilities, prohibits the collection of copayments for all hospice care furnished by the VA, and increases the beneficiary travel mileage reimbursement rate to the current government employee rate. I want to thank Mr. SPACE of Ohio for his contribution on the emergency treatment provision. And I would like to thank Mr. MILLER from Florida for his work on prohibiting copayments for hospice care.

Another challenge facing the VA is rural health. Today, nearly 39 percent of veterans enrolled in the VA health care system live in rural areas. Despite the expansion of community-based outpatient clinics and vet centers, many rural veterans still have problems of access. Thanks to Mr. MORAN of Kansas' leadership, this bill requires the VA to conduct a 3-year pilot program in five Veterans Integrated Service Networks to allow highly rural veterans to seek covered health services from non-VA health care providers.

The VA is currently authorized to collect third-party payments from veterans' insurance companies, but due to ineffective procedures, over \$1 billion go uncollected annually. This legislation would require the VA to establish no more than seven other Consolidated Patient Account Centers to enable it to improve its billing performance. And I want to recognize and thank my ranking member, Mr. BUYER of Indiana, for his contributions to this issue.

The bill also gives the VA the legal authorities it needs to move forward in major facility construction projects and leases so that it can continue to provide world-class health care to veterans in world-class facilities.

The bill also extends or makes permanent a number of important expiring authorities.

Finally, the bill would name the VA Spinal Cord Injury Center in Tampa, Florida, after our former colleague, Michael Bilirakis. It was through former Congressman Bilirakis' efforts that this center came into being. He served in the Air Force in the 1950s and served in Congress for 24 years. It is fitting that we recognize his efforts in naming the center after him.

I want to recognize and thank Mr. MILLER of Florida for his leadership on this issue, and also the younger Mr. BILIRAKIS from Florida for carrying on his father's tradition.

Mr. Speaker, both Republican and Democratic Members of this committee made major contributions to this bill. And I want to thank the staff from both sides of the aisle for putting together such a comprehensive package. It takes care of the men and women who have given so much to defend this Nation, provides our veterans with the quality health care programs and services they need and they so richly deserve.

I hope my colleagues will support S. 2162, as amended.

Mr. Speaker, I reserve the balance of my time.

Mr. BUYER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 2162, the Veterans' Mental Health and Other Care Improvements Act of 2008, as amended. I would like to say up front how very pleased I am with the overall bill, as well as S. 3023, as amended, the Veterans' Benefits Improvement Act, which will follow this bill.

Before us, this bill incorporates almost 50 veterans' health care provi-

sions that have passed either the House or the Senate this Congress in 15 bills listed in the joint explanatory statement accompanying this legislation.

I would like to thank Chairman FILLNER and our esteemed colleagues in the Senate, Chairman AKAKA and Ranking Member RICHARD BURR, for their bipartisan efforts to bring the compromise to the floor here tonight.

I would also like to commend Health Subcommittee Chairman MIKE MICHAUD and Ranking Member JEFF MILLER for their leadership and spirit of cooperation that enabled us to reach this compromise agreement with the Senate.

This comprehensive bill includes an array of substantive initiatives, and I would like to highlight just a few of them.

The chairman just mentioned the construction bill. And in particular, I'm very pleased that we have the \$66 million to fund for the fifth polytrauma center. And at these polytrauma centers, very dedicated individuals do amazing work to help save America's most precious assets. And so funding for the fifth polytrauma center is extremely important.

I am also pleased that we have not only the facilities in Palo Alto, but also in Puerto Rico with regard to seismic corrections. We have increases in previous authorizations, not only in New Orleans, but also in Denver. And I'm most hopeful that the initiatives in Denver can be worked out satisfactorily that also please the Secretary of the VA. We also have increases with Orlando. So these three ongoing projects, New Orleans, Denver and Orlando, are extremely important to me.

I also recognize and I want to thank the chairman. At the last moment—out-of-scope revisions are always difficult for us, and the VA brought us one of the out-of-scope provisions that dealt with the outpatient clinic in Peoria. And I want to thank the chairman for taking this up, and I also want to thank the Senate for accepting this, because that facility in Peoria, there were some miscalculations. And had we not acted, the VA could have proceeded, but in the end it would have cost us more money.

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Acting and taking care of this outpatient clinic in Peoria was the right thing to do. I want to thank the chairman for taking up this out-of-scope provision and also for the leadership of RAY LAHOOD of Illinois.

I also want to comment on the VA substance-use disorder and mental health programs. A full continuum of care for substance-use disorder will go a long way I believe to help at-risk veterans obtain care and overcome the stigma that may prevent them from seeking the services that they in fact need.

In order to ensure that VA implements a patient-centered pain care strategy that is effective and consistent system-wide, the bill will require the VA to develop and implement

a comprehensive pain management policy.

The bill will also establish a pilot program to allow veterans in certain highly rural areas to obtain care from their local community providers. This provision originated from legislation introduced by my good friend and longtime member of the VA Committee, JERRY MORAN of Kansas. JERRY MORAN is a real champion of rural veterans, and I applaud him for his hard work and dedication to this cause. This is a cause that has lasted now for several Congresses.

I am pleased that this bill also includes a measure I introduced, H.R. 6366, to help the VA secure collections from third-party insurance companies. This is an issue that I have been working on now for the last four sessions of Congress. Specifically, it would require the VA to establish seven Consolidated Patient Accounting Centers, or CPACs, modeled after the successful Mid-Atlantic CPAC over the next 5 years. I would like to thank Chairman FILNER for working with me in a bipartisan fashion to make sure that this was included in the bill, and I also want to applaud the leadership of MIKE MICHAUD and Mr. MILLER.

This measure comes from a bill I introduced to help the VA better manage third-party collections and provide additional fiscal responsibility for the department. The Consolidated Patient Accounting Center was established as a demonstration project back in 2005. It proved to be very successful in enhancing revenue by more than \$12.5 million in fiscal year 2007 in the demonstration project alone and more than \$22 million over and above the goal as of August for fiscal year 2008.

Building on this success would enable the VA to secure hundreds of millions of dollars that currently go uncollected. What we did is we did a pilot. We found how successful that pilot project was over and above the projected revenue that we would get. And so we looked at this and said, well, this is something that needs to be rolled out across the country, and when we do this, we in fact are going to be receiving hundreds of millions of dollars. Those dollars then can be poured back in to further improve veterans' health care.

I want to thank subcommittee Chairman MIKE MICHAUD and Ranking Member JEFF MILLER for having joined me as cosponsors on this initiative along with the leadership of Chairman FILNER.

Also, Mr. Speaker, there are a number of other important provisions in this bill that are omitted from my remarks simply because of the result of the constraints on time. But I would like to conclude by mentioning a notable provision that would designate the spinal cord injury center at the VA Medical Center in Tampa, Florida, as the MICHAEL BILIRAKIS Department of Veterans Affairs Spinal Cord Injury Center that the chairman spoke of. All

of us have a great deal of respect for Michael Bilirakis, and I am very, very pleased that my good friend and this great public servant is going to be recognized.

Mr. Speaker, I would like to acknowledge at this time the hard work of the staff of both sides of the aisle here in the House Committee on Veterans' Affairs for their work on this legislation, in particular not only the individuals of the House majority health subcommittee but also that in the House and the Senate.

With that, I want to reserve my time.

Mr. FILNER. Mr. Speaker, I would like to yield 4 minutes to an incredibly active and important new Member from New York, JOHN HALL, who chairs our Subcommittee on Disability Assistance and Memorial Affairs. I thank you for all your efforts on behalf of our veterans.

Mr. HALL of New York. Thank you, Mr. Chairman.

I rise today in strong support of this bill, the Veterans' Mental Health and Other Care Improvements Act. I am so pleased that the needs of our returning soldiers are finally being recognized and that Congress is finally taking action.

While this is no panacea and much still needs to be done to fully care for our soldiers, namely to make wartime service in the theater of combat a presumption for post traumatic stress disorder which I have submitted that concept in independent legislation, I am glad to see that mental health is beginning to gain the recognition and the treatment it deserves.

There is no greater time for this recognition than right now. The Rand Corporation did studies showing that approximately 20 to 30 percent of our military servicemembers returning from Iraq and Afghanistan are showing symptoms of PTSD or depression. Longer and more frequent deployments are placing increased stresses on our military families and are taking a very real toll. Substance abuse and suicides are up, and coupled with our current financial hardships, our returning brave men and women and their families are facing incredibly difficult times.

I am very grateful for all the work of the members of the Senate and House Veterans' Affairs Committees and for the leadership of Chairman FILNER and Ranking Member BUYER for pushing through this legislation.

Just to name a few of the provisions of the bill, it will utilize the Internet to provide education, outreach and treatment for substance abuse, PTSD or other ailments soldiers are facing; a review and update of all the VA's mental health facilities by the Inspector General; an additional pilot program providing peer outreach, peer support, readjustment and mental health services to veterans through contracts with community mental health centers; it increases funds for mental health research; and it provides marriage and family counseling within authorized

mental health services and also bolsters family outreach programs.

I strongly encourage my colleagues to support this bill and provide the returning men and women of our Armed Forces who have sacrificed so much for our Nation with the treatment and the respect that they deserve.

Mr. BUYER. Mr. Speaker, I would like to yield to the gentleman from Kansas who actually represents 69 counties in the State of Kansas, which is about the size of the State of Indiana. But before he gets too excited, you could probably take five Kansases and put it in the State of Alaska. I bring that to your attention, Mr. Speaker, because this gentleman is a champion of rural America.

With that, I yield as much time as the gentleman from Kansas (Mr. MORAN) may consume.

Mr. MORAN of Kansas. I thank the gentleman from Indiana for yielding me the time, and I am very grateful for the efforts that he and our chairman, the gentleman from California (Mr. FILNER) have made on this entire legislation. But I'm here tonight to express my gratitude for the inclusion of provisions that for a long time have been a high priority for me as a Member of Congress from a very rural part of America. I have always thought that our veterans should not be discriminated against based upon where they live. And while we've made progress in regard to caring for all our veterans, we've made progress in regard to caring for our rural veterans, we still have a lot of effort that needs to be made. This bill tonight takes one additional step that I think is very important.

The Department of Veterans Affairs, through our encouragement, has increased the number of outpatient clinics in this country so that those who live long distances from a VA hospital can access routine health care closer to home. We also have significantly increased the mileage reimbursement rate for veterans who live long distances. That is a major undertaking on our part, particularly with the ever rising cost of gasoline. And so we are making some steps that I think benefit rural veterans.

But still, despite that effort, many veterans, including many who live in my congressional district in the State of Kansas, drive up to 5 hours to access a VA outpatient clinic or a VA hospital. And so what a portion of this bill does tonight, the part I want to commend and bring forth for the Members of the House of Representatives to know and to understand, is this bill requires the Department of Veterans Affairs to create a 3-year pilot project that gives our highly rural veterans living in rural regions of this country the choice to receive health care at home. What this says is that the veteran can have the opportunity to see his or her hometown physician, be admitted to his or her hometown hospital, and that the Department of Veterans Affairs must enter into a contract to provide those services.

So while I am very appreciative of the outpatient clinics and I appreciate the service and care that our VA hospitals provide, we have the opportunity for our veterans, particularly those who are aging, and many of our rural veterans are older every day, many of them are World War II veterans in their eighties and nineties, and a trip that is miles away and hours from home requires a significant undertaking. This allows those who are that distance, and that distance being about 60 miles from a VA clinic, 120 miles from a VA hospital or 240 miles from a specialized care facility, to have those services provided at home.

It's also a good thing for the rural health care provider. I always describe it this way: Our hospitals, the infrastructure that surrounds the delivery of health care in rural America, is a lot like schools. We need every student we can get in a rural school to keep the school going, just as our hospitals and physicians need every patient that they can get in order to keep the hospital alive and well.

So I'm here to commend my colleagues for their support of this legislation. I am very grateful to Delores Dunn, the staff director of the subcommittee, who has shepherded this effort on my behalf but really on behalf of veterans across rural America, and I commend our chairman and ranking member for their strong efforts on behalf of rural American veterans.

Mr. BUYER. Reclaiming my time, I want to thank the gentleman for his leadership. He went through several Congresses with this. This is a testimonial really to your persistence and your dedication to the issue. I want to thank you. You never gave up on it. I want to thank you for your leadership.

With that, I reserve my time.

Mr. FILNER. Mr. Speaker, I would recognize another great and new member of our committee, the gentleman from Illinois (Mr. HARE), also for 4 minutes.

Mr. HARE. Mr. Speaker, I rise in strong support of S. 2162, the Veterans' Mental Health and Other Care Improvement Acts of 2008. I want to commend Chairman AKAKA, Chairman FILNER, Ranking Member BUYER and all the members of the Senate and House Veterans' Affairs Committee for their leadership and hard work on this bill.

S. 2162 is a bill that improves a variety of health care services provided by the Department of Veterans Affairs. First, it improves the treatment and services provided by the VA to veterans suffering from post traumatic stress disorder. Second, it provides more treatment for veterans battling substance-use disorders, and it directs the VA to develop and implement a comprehensive policy on the management of pain care.

The bill also authorizes medical facility projects and major medical facility leases which are crucial to the improvement of health care for our veterans. And it takes on the unaccept-

able plight of homelessness, which thousands of our veterans face each and every night.

S. 2162 also improves access to health care for veterans living in rural areas. It allows highly rural veterans to get services closer to home, and it provides a fair reimbursement rate to those who have to drive considerable distances. We have been working on this issue tirelessly throughout the 110th Congress. As someone who represents a district in Illinois that is very rural, I appreciate the progress that has been made on this issue. I want to commend my friend, Congressman MORAN from Kansas, for his hard work and dedication on this issue.

Finally, S. 2162 expands mental health care for the families of our heroes. The psychological toll that war brings also extends to the brave family members of our servicemembers. That is why I am encouraged to see that a bill I introduced, the Mental Health For Heroes' Family Act of 2008, has been included in S. 2162. Specifically, my bill removes the requirement that counseling must be initiated during the veteran's hospitalization, and is essential to permit the discharge of the veteran from the hospital. It also directs the Secretary of the Veterans Administration to carry out a 3-year pilot program to assess the feasibility and advisability of providing readjustment and transition assistance to veterans and their families.

Mr. Speaker, I again thank Chairman AKAKA, Chairman FILNER and Ranking Member BUYER for their leadership on this bill and I want to commend both the Senate and House Veterans' Affairs Committee staff for their tireless work on this bill. I urge all of my colleagues to support this incredibly important piece of legislation.

Mr. BUYER. The first thing I would like to do, Mr. Speaker, is I want to thank Mr. HARE for his leadership in mental health. You're a great addition to the committee, and I want to thank the gentleman.

With that I reserve my time.

Mr. FILNER. Mr. Speaker, I would like to recognize for 5 minutes the dynamic gentlelady from Florida who has served with me and fought with me for 16 years on this committee, Ms. BROWN.

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Ms. CORRINE BROWN of Florida. Mr. Speaker, first of all, let me thank Mr. FILNER for his leadership on this committee. I am so proud that I am a part of this committee. Under his leadership, we passed the largest VA budget in the history of the United States. Our committee doesn't just "talk the talk." We are "walking the walk" for the veterans. Thank you, and thanks to all of the members of the committee.

I rise in support of S. 2162, the Veterans' Mental Health and Other Care Improvements Act of 2008. This bill includes many important issues of concern for veterans: mental health care, assistance for families, health care,

pain care, provisions helping homeless vets, and construction of badly needed medical facilities.

This last item is very important to Florida. My State has the largest and fastest growing elderly veterans population in the country. Everyone enjoys the warm weather, and veterans are no different. It is high time we build the facilities that will take care of those heroes and sheroes.

The bill increases the authorization for the construction of a new VA medical facility in Orlando for close to \$700 million. We have waited over 25 years for this facility. Let me repeat that. We have waited over 25 years for this facility, and to have construction delayed because of lack of money due to increased energy costs or inflation would be criminal.

Also this bill increases the authorization by \$51.5 million to fund patient privacy at the Gainesville Medical Center. We need to make sure our veterans are treated with respect.

Earlier this year, this Congress passed the Military Construction and Veterans Affairs Appropriations bill under the leadership of Chairman Chet Edwards. I appreciate his including funds for the projects in this bill, allowing for the continued development of these medical centers.

I urge the passage of this bill and continued support for our Nation's veterans.

May God bless America, and I thank all the veterans for their service.

Mr. FILNER. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. RODRIGUEZ), another Member who has served on our committee for almost a decade.

Mr. RODRIGUEZ. Madam Speaker, let me take this opportunity once again to thank Chairman FILNER and the ranking member for this opportunity.

Let me just say that the 110th Congress will be seen as the Congress that has done the most for veterans in the history of this House in terms of the funding of over \$13 billion from the 2007-2008 budget, in addition to the supplementals. This will be the largest amount of resources for the VA since its inception in any one session. So the 110th Congress is going to be seen as one of those Congresses that provided the resources, but also provided the programs that were needed and the accountability that needs to occur in order to make it happen. The result of that is because of the leadership in the form of Congressman Bob Filner, and I want to once again personally thank him for his leadership.

Let me just say this particular bill has language that begins to make services permanent for those soldiers that participated in what was referred to as Project 112, or Project SHAD, which were the studies during the Cold War that this country did on our soldiers from the use of nerve gas to other items to see how our soldiers reacted.

Now we know these soldiers are in need of services, and this language extends that opportunity for thousands of these soldiers to get those services that they are entitled to. So I want to thank the leadership for that. I know it was a struggle with the Department of Defense in just identifying these projects.

Secondly, I also want to signify that we have four major polytrauma centers throughout this country. The fifth one is going to be built in San Antonio. This particular center allows an opportunity for those soldiers that are out there that come back as veterans that have a multitude of problems, and this will allow the opportunity for returning servicemembers to be able to get the help they are entitled to and the construction of this facility, referred to as the fifth polytrauma center.

In closing, let me also just say that I have one of the largest districts in the Nation. My district runs in a straight line 650 miles and 785 miles along the border, over 20 large counties. Some of the counties are larger than some of the States in the country. I have an area where not a single clinic exists in the Rural Health Initiatives that are out there to provide access for these soldiers and veterans.

It is also important and essential, as indicated earlier, the fact that we have raised the amount of resources for reimbursement rates per mile for gasoline, and we know we might have to come back and revisit this because of the cost of gasoline.

So, once again I thank the chairman and the ranking member for allowing us to pass these pieces of legislation.

Mr. BUYER. Madam Speaker, I yield myself such time as I may consume.

I would like to comment on a provision from the ranking member in the Senate, RICHARD BURR, the provision to require the VA to provide financial assistance grants to very low income veterans families residing in permanent housing for supportive services, including outreach, case management, assistance in obtaining VA benefits and assistance in obtaining other forms of public benefits.

As we transition veterans from homelessness into permanent housing, these are provisions that in the last Congress Senator BURR was working very hard on, but did not come out as a result of the conference. He hung in there and we were able to get this done, and I want to thank Chairman FILNER, who also accepted these provisions, and I want to extend my appreciation.

I also want to extend appreciation to the leadership and to some Members who worked very hard on Orlando in making sure that that becomes a reality. These are Members that seem to never leave me alone. In particular, TOM FEENEY, CLIFF STEARNS, CORRINE BROWN, GINNY BROWN-WAITE and RIC KELLER, working very hard to make sure that Orlando becomes a reality.

The last thing I would like to thank Chairman FILNER for was accepting the provisions along with Chairman MICHAUD, and that was Ranking Mem-

ber JEFF MILLER of the Health Subcommittee sought to eliminate all copayments for hospice care. Those of us that have had to deal with a loved one that goes through hospice care understand how difficult and challenging that moment is in all of our lives. So for us to waive those copayments during that time period I think was the right thing to do, and I want to thank the gentleman for his leadership on that.

With that, I encourage all Members to support this legislation.

Madam Speaker, I yield back my time.

#### GENERAL LEAVE

Mr. FILNER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 2162, as amended.

The SPEAKER pro tempore (Ms. KAPTUR). Is there objection to the request of the gentleman from California?

There was no objection.

Mr. FILNER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I want to say to Congressman BUYER, the ranking member, and really all the Members on both the Republican and Democrat side of this committee, we have had some ups and downs in this year, but these two bills that we are doing today are great bills. I think we, and I say "we" meaning all of us, have a great deal to be proud of. We are going to touch millions of veterans with these bills, millions, and their families, and we are doing it on behalf of people that we know deserve no less.

We have traveled around the country. We have met thousands of veterans in different States. I think both of us get more and more impressed with both the newer veterans and the older veterans and what they have accomplished and how they have carried out their lives. So we are very proud to have worked together to produce these bills.

JOINT EXPLANATORY STATEMENT FOR S. 2162,  
AS AMENDED

#### VETERANS' MENTAL HEALTH AND OTHER CARE IMPROVEMENTS ACT OF 2008

The "Veterans' Mental Health and Other Care Improvements Act of 2008" reflects a compromise agreement that the Senate and House of Representatives' Committees on Veterans' Affairs reached on certain provisions of a number of bills considered by the House and Senate during the 110th Congress, including: S. 2162, to improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes, passed by the Senate on June 3, 2008 [hereinafter, "Senate Bill"]; H.R. 5554, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance use disorders, and for other purposes, passed by the House on May 20, 2008 [hereinafter, "House Bill"]; S. 1233, to provide and enhance intervention, rehabilitative treatment, and services to veterans with traumatic brain injury, and for other purposes, placed on the Senate calendar on August 29, 2007.

H.R. 1527, to conduct a pilot program to permit certain highly rural veterans enrolled in the health system of the Department of Veterans Affairs to receive covered health services through providers other than those of the Department, passed by the House on September 10, 2008; H.R. 2623, to prohibit the collection of copayments for all hospice care furnished by the Department of Veterans Affairs, passed by the House on July 30, 2007; H.R. 2818, to provide for the establishment of epilepsy centers of excellence in the Veterans Health Administration of the Department of Veterans Affairs, passed by the House on June 24, 2008; H.R. 2874, to make certain improvements in the provision of health care to veterans, and for other purposes, passed by the House on July 30, 2007; S. 2969, to enhance the capacity of the Department of Veterans Affairs to recruit and retain nurses and other critical health care professionals, and for other purposes, placed on the Senate calendar on September 18, 2008.

H.R. 3819, to reimburse veterans receiving emergency treatment in non-Department of Veterans Affairs facilities for such treatment until such veterans are transferred to Department facilities, and for other purposes, passed by the House on May 21, 2008; H.R. 4264, to name the Department of Veterans Affairs spinal cord injury center in Tampa, Florida, as the "Michael Bilirakis Department of Veterans Affairs Spinal Cord Injury Center, passed by the House on June 26, 2008; H.R. 5729, to provide comprehensive health care to children of Vietnam veterans born with Spina Bifida, and for other purposes, passed by the House on May 20, 2008; H.R. 6445, to prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled, and for other purposes, passed by the House on July 30, 2008; H.R. 6832, to authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 2009, to extend certain authorities of the Secretary of Veterans Affairs, and for other purposes, passed by the House on September 11, 2008; S. 2969, to enhance the capacity of the Department of Veterans Affairs to recruit and retain nurses and other critical health care professionals and for other purposes, which was placed on the Senate legislative calendar on September 18, 2008.

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the compromise bill, S. 2162 (hereinafter referred to as the "Compromise Agreement"). Differences between the provisions contained in the Compromise Agreement and the related provisions in the bills listed above are noted in this document, except for clerical corrections and conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

#### TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

tribute to justin bailey (sec. 101)

The Senate bill contained a provision (sec. 306) to specify that this title is enacted in tribute to Justin Bailey, who, after returning to the United States from service as member of the Armed Forces in Operation Iraqi Freedom, died in a domiciliary facility of the Department of Veterans Affairs while receiving care for post-traumatic stress disorder and a substance use disorder.

Section 6 of the House bill contained the identical provision.

The Compromise Agreement contains this provision.

Findings on Substance Use Disorders and Mental Health (sec. 102)

The Senate bill contained a provision (sec. 301) that would express the sense of the Congress that:

(1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use, with similar rates of acknowledged problems with alcohol use among members of the National Guard.

(2) The effects of substance abuse are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.

(3) While veterans suffering from mental health conditions, chronic physical illness, and poly trauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.

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

(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

(6) According to the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and has made little progress since in restoring these services to their pre-1996 levels.

The House bill contained no similar provision.

The Compromise Agreement contains the Senate provision but modifies finding (6) to include the year of the Government Accountability report and cites the National Mental Health Program Monitoring System report.

Expansion of Substance Use Disorder Treatment Services Provided by the Department of Veterans Affairs (sec. 103)

The Senate bill contained a provision (sec. 302) that would require that the Secretary of Veterans Affairs ensure the provision of services and treatment to each veteran enrolled in the health care system of the Department who is in need of services and treatments for a substance use disorder, and the bill included a specific list of services. The Senate bill would also authorize that the services and treatments may be provided to a veteran: (1) at Department of Veterans Affairs medical centers or clinics; (2) by referral to other facilities of the Department that are accessible to such veteran; or (3) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

The House bill contained a similar provision (sec. 2) that would require the Secretary to provide a full continuum of care for substance use disorders to veterans in need of such care and included a specific list of services, including three services not included in the Senate bill: marital and family counseling, screening for substance use disorders, and coordination with groups providing peer to peer counseling. The House bill (sec. 3) would also require the Secretary to ensure that the amounts made available for care, treatment, and services are allocated evenly throughout the system, including an annual reporting requirement.

The Compromise Agreement includes the listing of substance use disorder services included in both the Senate and House bills, and follows the Senate bill with respect to the locations of where services would be provided. The Compromise Agreement follows the House bill with respect to ensuring the equitable distribution of resources for substance abuse services but does not include the annual reporting requirement.

Care for Veterans with Mental Health and Substance Use Disorders (sec. 104)

The Senate bill contained a provision (sec. 303) that would ensure that if the Secretary of Veterans Affairs provides a veteran inpatient or outpatient care for a substance use disorder and a comorbid mental health disorder, that the treatment for such disorders be provided concurrently: (1) through a service provided by a clinician or health professional who has training and expertise in treatment of substance use disorders and mental health disorders; (2) by separate substance use disorder and mental health disorder treatment services when there is appropriate coordination, collaboration, and care management between such treatment services; or (3) by a team of clinicians with appropriate expertise.

The House bill contained no similar provision.

The Compromise Agreement contains the Senate provision.

Pilot Program for Internet-based Substance Use Disorder Treatment for Veterans of Operation Iraqi Freedom and Operation Enduring Freedom (sec. 105)

The House bill contained a provision (sec. 4) that would express the sense of the Congress that:

(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

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

(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

(5) Veterans living in rural areas find access to treatment for substance use disorder limited.

(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

This provision would also require the Secretary of Veterans Affairs to carry out a pilot program to test the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary.

The Senate bill contained no similar provision.

The Compromise Agreement contains the House provision.

Report on Residential Mental Health Care Facilities of the Veterans Health Administration (sec. 106)

The Senate bill contained a provision (sec. 305) that would require the Secretary of Veterans Affairs, acting through the Office of Mental Health Services of the Department of Veterans Affairs, not later than six months after the date of the enactment of this Act, conduct a review of all residential mental health care facilities, including domiciliary facilities, of the Veterans Health Administration; and not later than two years after the date of the completion of the first review conduct a follow-up review of such facilities to evaluate any improvements made or problems remaining since the first review was completed. Not later than 90 days after the completion of the first review, the Secretary would be required to 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 review.

The House bill (sec. 5) contained a similar provision, except there was no provision for a two-year follow-up review, and the six-month review would be carried out by the Office of the Medical Inspector.

The Compromise Agreement includes the Senate provision which specifies the two-year follow-up review, but would have the Inspector General carry out the reviews.

Pilot Program on Peer Outreach and Support for Veterans and Use of Community Mental Health Centers and Indian Health Service Facilities (sec. 107)

The Senate bill contained a provision (sec. 401) that would require the Secretary of Veterans Affairs to carry out a pilot program to assess the feasibility and advisability of providing the following to veterans of OIF/OEF in at least two Veterans Integrated Service Networks: 1) peer outreach services; 2) peer support services provided by licensed providers of peer support services or veterans who have personal experience with mental illness; 3) readjustment counseling services; and other mental health services. Services would be provided through community mental health centers or other entities under contracts or other agreements and through the Indian Health Service pursuant to a memorandum of understanding entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services.

Section 6 of H.R. 2874 required the Secretary to carry out a program to provide peer outreach services, peer support services, and readjustment and mental health services to covered veterans. This provision was not a pilot program and did not provide for the means to collaborate with the Indian Health Service.

The Compromise Agreement contains the Senate provision with an amendment that would authorize at least three pilot sites.

## TITLE II—MENTAL HEALTH RESEARCH

## Research Program on Comorbid Post-traumatic Stress Disorder and Substance Use Disorders (sec. 201)

The Senate bill contained a provision (sec. 501) that would require the Secretary of Veterans Affairs to carry out a program of research into comorbid post-traumatic stress disorder (PTSD) and substance use disorder. This research program shall be carried out by the National Center for Posttraumatic Stress Disorder. In carrying out the program, the Center shall: 1) develop protocols and goals with respect to research under the program; and 2) coordinate research, data collection, and data dissemination under the program.

The House bill contained no similar provision.

The Compromise Agreement contains the Senate provision.

## Extension of Authorization for Special Committee on Post-Traumatic Stress Disorder (sec. 202)

The Senate bill contained a provision (sec. 502) that would modify section 110(e)(2) of the Veterans' Health Care Act of 1984, P.L. 98-528, to extend the reporting requirement for the Special Committee on Post-Traumatic Stress Disorder. Currently, the reporting requirement is set to expire in 2008; this provision would extend it through 2012.

Section 209 of H.R. 6832 contained an identical provision.

The Compromise Agreement contains the provision.

## TITLE III—ASSISTANCE FOR FAMILIES OF VETERANS

## Clarification of Authority of Secretary of Veterans Affairs to Provide Mental Health Services to Families of Veterans (sec. 301)

The Senate bill contained a provision (sec. 601) that would amend section 1701(5)(B) of title 38, United States Code, to clarify the authority of the Secretary of Veterans Affairs to provide mental health services to families of veterans.

Section 3 of H.R. 6445 contained a provision that would modify section 1782(b) of title 38 so as to eliminate the requirement that family support services be initiated during the veteran's hospitalization and deemed essential to permit the veteran's discharge.

The Compromise Agreement follows the House bill with respect to the provision eliminating the need for services to be initiated during a veteran's hospitalization and essential to the veteran's discharge, but follows the Senate bill with respect to the provision to clarify the authority of the Secretary of Veterans Affairs to provide mental health services to families.

## Pilot Program on Provision of Readjustment and Transition Assistance to Veterans and Their Families in Cooperation with Vet Centers (sec. 302)

The Senate bill contained a provision (sec. 402) that would establish a pilot program to assess the feasibility and advisability of providing additional readjustment and transition assistance to veterans and their families in cooperation with Readjustment Counseling Centers. The pilot would be similar to family assistance programs previously conducted at ten Army facilities around the country.

The House bill contained no similar provision.

The Compromise Agreement contains the Senate provision with an amendment to begin

the pilot program no later than 180 days after the enactment of the Act.

## TITLE IV—HEALTH CARE MATTERS

## Veterans Beneficiary Travel Program (sec. 401)

The Senate bill contained a provision (sec. 101) that would direct the Secretary to reimburse qualifying veterans at the rate authorized for Government employees under section 5707(b) of title 5. The Senate provision would also strike a provision that allows the Secretary to raise or lower the deductible for reimbursements in proportion to a change in the mileage rate. Finally, the Senate provision would reinstate the amount of the deductible for the beneficiary travel reimbursement program to the amount in effect prior to the Secretary's February 1, 2008, decision on beneficiary travel.

The House bill contained no similar provision.

The Compromise Agreement contains the Senate provision.

## Mandatory Reimbursement of Veterans Receiving Emergency Treatment in Non-Department of Veterans Affairs Facilities until Transfer to Department Facilities (sec. 402)

The Senate bill contained a provision that would amend section 1725 of title 38 in subsections (a)(1) and (f)(1). Subsection (a)(1) would be amended by replacing 'may reimburse' with 'shall reimburse.' This change would make reimbursement for emergency care received at non-VA facilities mandatory for eligible veterans, rather than at the discretion of the Secretary. Subsection (f)(1) would be amended to provide greater specificity regarding the termination of VA's obligation to reimburse. The Senate bill would also amend section 1728 of title 38 so as to make that section, which relates to reimbursement for the emergency treatment of service-connected conditions, consistent with section 1725, as amended. Thus, reimbursement would also be made mandatory under Section 1728. The existing criteria, defining veteran eligibility for reimbursement for emergency care services, would be carried over in the revised statutory language. In addition, the Senate bill would further amend section 1728 so as to strike the phrase 'care and services' in current subsection (b) of section 1728, and replace that phrase with 'emergency treatment.' This proposed change is designed to promote consistency between sections 1725 and 1728.

H.R. 3819 contained similar provisions. The Compromise Agreement contains these provisions.

## Pilot Program of Enhanced Contract Care Authority for Health Care Needs of Veterans in Highly Rural Areas (sec. 403)

H.R. 1527 (sec. 2) would require the Secretary to conduct a pilot program which permits highly rural veterans who are enrolled in the system of patient enrollment established under section 1705(a) of title 38, and who reside in Veterans Integrated Service Networks (VISNs) 1, 15, 18, and 19, to elect to receive covered health services for which such veterans are eligible, through a non-Department health care provider.

The Senate bill contained no similar provision.

The Compromise Agreement follows the House bill, with an amendment that specifies that the pilot program will be carried out in 5 VISNs, four of which shall include at least three highly rural counties (as determined by

the Secretary based upon the most recent census data), and one of which shall include one highly rural county. All VISNs selected must include an area within the borders of at least four states, and not be already participating in Project HERO. Eligibility for participation in the pilot program would be limited to those veterans already enrolled in the VA health care system at the time of commencement of the program, as well as OIF/OEF veterans who are eligible for VA health care under section 1710(e)(3)(C) of title 38.

## Epilepsy Centers of Excellence (sec. 404)

The Senate bill contained a provision (sec. 103) that would require that the Secretary, upon the recommendation of the Under Secretary for Health, designate not less than six Department health care facilities as locations for epilepsy centers of excellence.

H.R. 2818 (sec. 2) would require the Secretary to designate an epilepsy center of excellence at each of the 5 centers designated under section 7327 of title 38 (Centers for research, education, and clinical activities on complex multi-trauma associated with combat injuries).

The Compromise Agreement specifies that the Secretary shall designate at least four but not more than six Department health care facilities as locations for epilepsy centers of excellence. Not less than two of these centers shall be collocated with centers designated under 7327 of title 38.

## Establishment of Qualifications for Peer Specialist Appointees (sec. 405)

The Senate bill contained a provision (sec. 104) that would amend section 7402(b) of title 38 so as to define qualifications for peer specialist positions employed by the Veterans Health Administration. Specifically, in order to be eligible to be appointed to a peer specialist position, a person must be a veteran who has recovered or is recovering from a mental health condition; and be certified by a not-for-profit entity engaged in peer specialist training by having met such criteria as the Secretary shall establish for a peer specialist position; or a State by having satisfied relevant State requirements for a peer specialist position. The Senate bill would also amend section 7402 of title 38 so as to add a new subsection providing authority for the Secretary to enter into contracts with not-for-profit entities to provide peer specialist training to veterans and certification for veterans.

The House bill contained no similar provision.

The Compromise Agreement contains the Senate provision.

## Establishment of Consolidated Patient Accounting Centers (sec. 406)

Section 5 of H.R. 6445 contained a provision that would amend chapter 17 of title 38 to insert a new section mandating that not later than 5 years after the date of enactment of this bill, the Secretary of Veterans Affairs shall establish not more than seven consolidated patient accounting centers for conducting industry-modeled regionalized billing and collection activities of the Department.

The Senate bill contained no comparable provision.

The Compromise Agreement contains the House provision.

Widespread HIV Testing Program (sec. 407)

Section 217 of S. 2969 would repeal section 124 of Public Law 100–322, which permits VA to test a patient for HIV infection only if the veteran receives pre-test counseling and provides written informed consent for such testing. Eliminating this section from the law would bring VA's statutory HIV testing requirements in line with current guidelines issued by the Centers for Disease Control and Prevention.

Section 6 of H.R. 6445 contained an identical provision.

The Compromise Agreement contains the provision.

Provision of Comprehensive Health Care by Secretary of Veterans Affairs to Children of Vietnam Veterans Born with Spina Bifida (sec. 408)

H.R. 5729 would amend section 1803(a) of title 38 so as to expand the existing VA Spina Bifida Health Care Program and provide a comprehensive health benefit to beneficiaries.

The Senate bill contained no comparable provision.

The Compromise Agreement contains the House provision.

Exemption from Copayment Requirement for Veterans Receiving Hospice Care (sec. 409)

Section 309 of S. 1233 would amend section 1710 of title 38 so as to exempt hospice care provided in all settings from the copayment requirement for VA long-term care. Under current law, only hospice care provided in a VA nursing home is exempted from copayment.

H.R. 2623 contained a similar provision.

The Compromise Agreement contains the provision.

#### TITLE V—PAIN CARE

Comprehensive Policy on Pain Management (sec. 501)

The Senate bill contained a provision (sec. 201) that would require the Secretary of Veterans Affairs to develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for VA health care services no later than October 1, 2008.

The policy would be required to cover the following: the Department-wide management of acute and chronic pain experienced by veterans; the standard of care for pain management to be used throughout the Department; the consistent application of pain assessments to be used throughout the Department; the assurance of prompt and appropriate pain care treatment and management by the Department, system-wide, when medically necessary; Department programs of research related to acute and chronic pain suffered by veterans, including pain attributable to central and peripheral nervous system damage characteristic of injuries incurred in modern warfare; Department programs of pain care education and training for health care personnel of the Department; and Department programs of patient education for veterans suffering from acute or chronic pain and their families.

Section 4 of H.R. 6445 contained identical provisions.

The Compromise Agreement contains the provisions, but would require the Secretary of

Veterans Affairs to develop and implement a comprehensive policy on pain management no later than October 1, 2009.

#### TITLE VI—HOMELESS VETERANS MATTERS

Increase in Authorization of Appropriations for the Homeless Grant and Per Diem Program (sec. 601)

Section 506 of S. 2969 would amend section 2013 of title 38, to increase the authorization of appropriations for the Homeless Grant and Per Diem Program from \$130 million to \$200 million.

The House bill contained no comparable provision.

The Compromise Agreement contains the Senate provision but changes the authorization amount to \$150 million.

Expansion and Extension of Authority for Program of Referral and Counseling Services for At-risk Veterans Transitioning from Certain Institutions (sec. 602)

Section 403 of S. 1233 would amend section 2023 of title 38 so as to extend and expand the authority for a program to aid incarcerated veterans in their transition back to civilian life. The program would be extended until September 30, 2011, and would be expanded from six to twelve sites.

Section 7 of H.R. 2874 contained identical provisions.

The Compromise Agreement contains the provision, but would extend the program until September 30, 2012.

Permanent Authority for Domiciliary Services for Homeless Veterans and Enhancement of Capacity of Domiciliary Care Programs for Female Veterans (sec. 603)

Section 405 of S. 1233 would amend section 2043 of title 38 to make permanent an existing authority to expand domiciliary care for homeless women veterans.

Section 8 of H.R. 2874 contained identical provisions.

The Compromise Agreement contains the provisions.

Financial Assistance for Supportive Services for Very-low Income Veteran Families in Permanent Housing (sec. 604)

Section 406 of S. 1233 would amend title 38 so as to add a new section 2044, relating to supportive services for very low-income veterans and their families occupying permanent housing. Proposed new section 2044 would direct VA to provide grants to eligible entities to provide and coordinate the provision of a comprehensive range of supportive services for very low-income veteran families occupying permanent housing, including those transitioning from homelessness to such housing.

Those families may be occupying permanent housing, moving into permanent housing within 90 days, or moving from one permanent residence to another to better suit their needs. Entities eligible to receive grants under this provision are public or private non-profit organizations which have demonstrated the capacity and experience necessary to deliver the services outlined in the proposed new section. Under the provisions of the proposed new section 2044, grants would be provided for a wide range of services, so as to give families a broad set of tools to maintain a permanent residence. To this end, providers could receive grants to furnish outreach, case management, assistance in obtaining and coordinating VA

benefits, and assistance in obtaining and coordinating other public benefits provided by federal, state, or local agencies or organizations.

Section 9 of H.R. 2874 contained similar provisions but provided a more expansive list of supportive services, and authorized for appropriations a different funding level.

The Compromise Agreement contains the Senate provision.

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

Authorization for Fiscal Year 2009 Major Medical Facility Projects (sec. 701)

Section 701 of S. 2969 would authorize: \$54,000,000 to construct a facility to replace a seismically unsafe acute psychiatric inpatient building in Palo Alto, California.

\$131,800,000 for an outpatient clinic in Lee County, Florida.

\$225,900,000 to make seismic corrections at a VA Medical Center in San Juan, Puerto Rico.

\$66,000,000 to construct a state-of-the-art polytrauma health care and rehabilitation center in San Antonio, Texas.

Section 101 of H.R. 6832 contained the same provisions, except for Lee County, Florida. Instead, H.R. 6832 authorizes the Lee County project under a different section.

The Compromise Agreement contains the House provision.

Modification of Authorization Amounts for Certain Major Medical Facility Construction Projects Previously Authorized (sec. 702)

Section 702 of S. 2969 would modify previous authorizations by providing \$625,000,000 for restoration, new construction, or replacement of the medical care facility for the VA Medical Center at New Orleans, Louisiana.

Section 102 of H.R. 6832 contained the same provisions and the following additional provisions:

\$769,200,000 for the replacement of the VA Medical Center at Denver, Colorado.

\$131,800,000 for an outpatient clinic in Lee County, Florida.

\$136,700,000 to correct patient privacy deficiencies at the VA Medical Center in Gainesville, Florida.

\$600,400,000 to build a new VA Medical Center in Las Vegas, Nevada.

\$656,800,000 to build a new medical center in Orlando, Florida.

\$295,600,000 to consolidate the campuses at the University Drive and H. John Heinz III Divisions in Pittsburgh, Pennsylvania.

The Compromise Agreement contains the House provision with an amendment to provide \$568,000,000 for the replacement of the VA Medical Center at Denver, Colorado.

Authorization of Fiscal Year 2009 Major Medical Facility Leases (sec. 703)

Section 703 of S. 2969 would authorize fiscal year 2009 major medical facility leases as follows:

\$4,326,000 for an outpatient clinic in Brandon, Florida.

\$10,300,000 for a community-based outpatient clinic in Colorado Springs, Colorado.

\$5,826,000 for an outpatient clinic in Eugene, Oregon.

\$5,891,000 to expand an outpatient clinic in Green Bay, Wisconsin.

\$3,731,000 for an outpatient clinic in Greenville, South Carolina.

\$2,212,000 for a community-based outpatient clinic in Mansfield, Ohio.

\$6,276,000 for a satellite outpatient clinic in Mayaguez, Puerto Rico.

\$5,106,000 for a community-based outpatient clinic in Southeast Phoenix, Mesa, Arizona.

\$8,636,000 for interim research space in Palo Alto, California.

\$3,168,000 to expand a community-based outpatient clinic in Savannah, Georgia.

\$2,295,000 for a community-based outpatient clinic in Northwest Phoenix, Sun City, Arizona.

\$8,652,000 for a primary care annex in Tampa, Florida.

Section 102 of H.R. 6832 included the same provisions, except that it provided \$3,995,000 for Colorado Springs.

The Compromise Agreement includes the Senate provisions.

#### Authorization of Appropriations (sec. 704)

Section 704 of S. 2969 would authorize for appropriations:

\$477,700,000 for the aforementioned list of major medical facility projects authorized for fiscal year 2009.

\$625,000,000 for the aforementioned list of major medical facility construction projects previously authorized.

\$66,419,000 for the aforementioned list of major facility leases authorized for fiscal year 2009.

S. 2969 also identified funding sources which may be used to carry out major medical facility projects authorized for fiscal year 2009 and for those projects previously authorized.

Section 105 of H.R. 6832 would authorize for appropriations:

\$345,900,000 for the aforementioned list of major medical facility projects authorized for fiscal year 2009.

\$1,694,295,000 for the aforementioned list of major medical facility construction projects previously authorized.

\$54,475,000 for the aforementioned list of major facility leases authorized for fiscal year 2009.

The Compromise Agreement includes the House provision, with amendments to provide \$1,493,495,000 for major facility construction projects previously authorized and \$70,019,000 for major facility leases authorized for fiscal year 2009. The Agreement also includes the provision in S. 2969 on allowable funding sources to carry out major medical facility projects.

#### Increase in Threshold for Major Medical Facility Leases Requiring Congressional Approval (sec. 705)

Section 705 of S. 2969 would increase the threshold for major medical facility leases requiring Congressional approval from \$600,000 to \$1,000,000.

H.R. 6832 contained no comparable provision.

The Compromise Agreement contains the Senate provision.

#### Conveyance of Certain Non-Federal Land by City of Aurora, Colorado, to Secretary of Veterans Affairs for Construction of Veterans Medical Facility (sec. 706)

Section 706 of S. 2969 would allow the city of Aurora to donate non-Federal land for use by the Secretary of Veterans Affairs no later than 60 days after the enactment of this section.

H.R. 6832 contained no comparable provision.

The Compromise Agreement contains the Senate provision.

#### Report on facilities administration (sec. 707)

Section 106 of H.R. 6832 would require the Secretary of Veterans Affairs to submit a report on facilities administration no later than 60 days after the date of the enactment of this section.

S. 2969 contained no comparable provision. The Compromise Agreement includes the House provision.

#### Annual report on outpatient clinics (sec. 708)

Section 107 of H.R. 6832 would require an annual report on outpatient clinics no later than the date on which the budget for the next fiscal year is submitted to the Congress under section 1105 of title 31.

S. 2969 contained no comparable provision. The Compromise Agreement includes the House provision.

#### Name of Department of Veterans Affairs Spinal Cord Injury Center, Tampa, Florida (sec. 709)

H.R. 4264 would name the VA spinal cord injury center in Tampa Florida, "Michael Bili-rakis Department of Veterans Affairs Spinal Cord Injury Center."

S. 2969 contained no comparable provision. The Compromise Agreement includes the House provision.

#### TITLE VIII—EXTENSION OF CERTAIN AUTHORITIES

##### Repeal of Sunset on Inclusion of Non-institutional Extended Care Services in Definition of Medical Services (sec. 801)

Section 201 of S. 2969 would amend section 1701 of title 38 to repeal the December 31, 2008, sunset on the inclusion of non-institutional extended care services in the definition of medical services.

Sec. 201 of H.R. 6832 contained an identical provision.

The Compromise Agreement contains the provision.

##### Extension of Recovery Audit Authority (sec. 802)

Section 202 of S. 2969 would amend section 1703(d)(4) of title 38 to extend the recovery audit authority for fee-basis contracts and other medical services contracts in non-VA facilities from September 30, 2008, to September 30, 2013.

Sec. 202 of H.R. 6832 contained an identical provision.

The Compromise Agreement contains the provision.

##### Permanent Authority for Provision of Hospital Care, Medical Services, and Nursing Home Care to Veterans who Participated in Certain Chemical and Biological Testing Conducted by the Department of Defense (sec. 803)

Section 203 of S. 2969 would amend subsection (e)(3) of section 1710 of title 38 to provide permanent authority for the provision of hospital care, medical services, and nursing home care to veterans who participated in certain chemical and biological testing conducted by the Department of Defense.

Section 203 of H.R. 6832 contained an identical provision.

The Compromise Agreement contains the provision.

##### Extension of Expiring Collections Authorities (sec. 804)

S. 2969 contained no comparable provision. Section 204 of H.R. 6832 would extend the expiring collections authorities for the following: a) amend section 1710(f)(2)(B) of title 38 to extend health care copayments from

September 30, 2008, under current law, to September 30, 2010; and b) amend section 1729 (a)(2)(E) of title 38 to extend the medical care cost recovery from October 1, 2008, to October 1, 2010.

The Compromise Agreement contains the House provision.

##### Extension of Nursing Home Care (sec. 805)

Section 202 of S. 2969 would amend 1710A(d) of title 38 to provide nursing home care to veterans with service-connected disability, which expires on December 31, 2008, to December 31, 2013.

Section 205 of H.R. 6832 contained an identical provision.

The Compromise Agreement contains the provision.

##### Permanent Authority to Establish Research Corporations (sec. 806)

Section 607 of S. 2969 would strike section 7368 of title 38 to provide permanent authority to establish research corporations

Section 207 of H.R. 6832 contained an identical provision.

The Compromise Agreement contains the provision.

##### Extension of Requirement to Submit Annual Report on the Committee on Care of Severely Chronically Mentally Ill Veterans (sec. 807)

Section 210 of H.R. 6832 would amend section 7321(d)(2) of title 38 to extend the requirement to submit an annual report on the committee on care of severely chronically mentally ill veterans through 2012.

S. 2969 contained no comparable provision. The Compromise Agreement contains the House provision.

##### Permanent Requirement for Biannual Report on Women's Advisory Committee (sec. 808)

Section 211 of H.R. 6832 would amend section 542(c)(1) of title 38 to provide for a permanent requirement for a biannual report by the women's advisory committee on the needs of women veterans including compensation, health care, rehabilitation, outreach, and other benefits and programs administered by the VA.

S. 2969 contained no comparable provision. The Compromise Agreement contains the House provision.

##### Extension of Pilot Program on Improvement of Caregiver Assistance Services (sec. 809)

Section 222 of S. 2969 would extend the pilot program on improvement of caregiver assistance services for a three-year period through fiscal year 2009.

H.R. 6832 contained no comparable provision.

The Compromise Agreement includes the Senate provision.

#### TITLE IX—OTHER MATTERS

##### Technical Amendments (sec. 901)

Section 303 of H.R. 6832 would provide for technical amendments for the following sections of title 38: 1712A; 2065(b)(3)(C); 4110(c)(1); 7458(b)(2); 8117(a)(1); 1708(d); 7314(f); 7320(j)(2); 7325(i)(2); and 7328(i)(2). It also would provide for technical amendments to the table of sections at the beginning of chapter 36 and chapter 51, as well as amend section 807(e) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109-461) to replace the phrase 'Medical Care' with 'Medical Facilities.'

S. 2969 contained no comparable provision. The Compromise Agreement contains the House provision.

Ms. BERKLEY. Madam Speaker, I am grateful for the opportunity to be part of this important legislation which expands mental health services for PTSD and substance use disorders, among other initiatives, for the brave men and women who have selflessly served our nation.

Nationally, one in five veterans returning from Iraq and Afghanistan suffers from PTSD. Twenty-three percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use. It is vital that our veterans receive the help they need to deal with these conditions.

The effects of substance abuse are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness. Veterans suffering from mental health issues are at an increased risk for developing a substance abuse disorder.

A constituent of mine, Lance Corporal Justin Bailey, was a 1998 graduate of Las Vegas High School. Upon returning from a tour of duty in Iraq, he was diagnosed with PTSD, and was discharged from the Marines in 2004. He developed a substance abuse disorder and checked himself into a VA facility in West Los Angeles. After being given 5 medications on a self-medication policy, Justin overdosed and died on January 26, 2007.

Justin's parents were treated with indifference and apathy at the West LA facility. They were even handed Justin's belongings in a trash bag. Last August, 8 months after Justin's death, the Baileys returned to Los Angeles to meet with the Chief of Staff at the West LA VA Hospital. They came away from the meeting feeling the Chief of Staff had been completely unprepared and seemed out of touch with the needs of veterans. He even went so far as to state his staff does not know how to treat veterans of Iraq and Afghanistan because they are young and the staff is not tough enough on the younger veterans—giving them anything they ask for.

I introduced the House companion bill to S. 2162—the Mental Health Improvements Act, H.R. 4053—because it is imperative that we provide adequate mental health services for those who have sacrificed for this great nation and those who continue to serve. I am so thankful that the House is considering S. 2162 today.

Passage of this bill will help to ensure that we have the mental health resources and substance abuse treatment programs needed to care for our veterans.

The assessments of residential mental health facilities required by the bill will help tell us how well the VA is performing and what we can do to improve these services, including expanding availability at VA hospitals.

The availability of treatment for PTSD, including substance use disorder counseling, literally saves lives—so this must remain a top priority. A review of the services provided to our veterans is needed to ensure that what happened to Justin does not happen to anyone else.

I am grateful that this bill also contains the final authorization for the new Las Vegas VA Medical Complex that is so desperately needed in Southern Nevada. The complex will fea-

ture a 90-bed inpatient hospital, 120-bed nursing home for veterans, and an outpatient clinic. The complex will be over 900,000 square feet and is scheduled to open by mid-2011.

I WANT TO THANK BOTH THE CHAIRMEN AND RANKING MEMBERS OF THE HOUSE AND SENATE VETERANS' AFFAIRS COMMITTEES FOR WORKING TOGETHER TO COME TO A COMPROMISE ON A BILL THAT CONTAINS MANY VITAL INITIATIVES FOR OUR VETERANS. I WHOLE-HEARTEDLY SUPPORT S. 2162 AND I URGE MY COLLEAGUES TO DO THE SAME.

Mr. FILNER. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the Senate bill, S. 2162, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### VETERANS' BENEFITS IMPROVEMENT ACT OF 2008

Mr. FILNER. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 3023) to amend title 38, United States Code, to improve and enhance compensation and pension, housing, labor and education, and insurance benefits for veterans, and for other purposes, as amended.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 3023

*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 “Veterans’ Benefits Improvement Act of 2008”.

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

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

#### TITLE I—COMPENSATION AND PENSION MATTERS

- Sec. 101. Regulations on contents of notice to be provided claimants by the Department of Veterans Affairs regarding the substantiation of claims.
- Sec. 102. Judicial review of adoption and revision by the Secretary of Veterans Affairs of the schedule of ratings for disabilities of veterans.
- Sec. 103. Conforming amendment relating to non-deductibility from veterans’ disability compensation of disability severance pay for disabilities incurred by members of the Armed Forces in combat zones.
- Sec. 104. Report on progress of the Secretary of Veterans Affairs in addressing causes for variances in compensation payments for veterans for service-connected disabilities.
- Sec. 105. Extension of temporary authority for the performance of medical disability examinations by contract physicians.

Sec. 106. Addition of osteoporosis to disabilities presumed to be service-connected in former prisoners of war with post-traumatic stress disorder.

#### TITLE II—MODERNIZATION OF DEPARTMENT OF VETERANS AFFAIRS DISABILITY COMPENSATION SYSTEM

##### Subtitle A—Benefits Matters

- Sec. 211. Authority for temporary disability ratings.
- Sec. 212. Substitution upon death of claimant.
- Sec. 213. Report on compensation of veterans for loss of earning capacity and quality of life and on long-term transition payments to veterans undergoing rehabilitation for service-connected disabilities.
- Sec. 214. Advisory Committee on Disability Compensation.

##### Subtitle B—Assistance and Processing Matters

- Sec. 221. Pilot programs on expedited treatment of fully developed claims and provision of checklists to individuals submitting claims.
- Sec. 222. Office of Survivors Assistance.
- Sec. 223. Comptroller General report on adequacy of dependency and indemnity compensation to maintain survivors of veterans who die from service-connected disabilities.
- Sec. 224. Independent assessment of quality assurance program.
- Sec. 225. Certification and training of employees of the Veterans Benefits Administration responsible for processing claims.
- Sec. 226. Study of performance measures for claims adjudications of the Veterans Benefits Administration.
- Sec. 227. Review and enhancement of use of information technology in Veterans Benefits Administration.
- Sec. 228. Study and report on improving access to medical advice.

#### TITLE III—LABOR AND EDUCATION MATTERS

- Subtitle A—Labor and Employment Matters
- Sec. 311. Reform of USERRA complaint process.
- Sec. 312. Modification and expansion of reporting requirements with respect to enforcement of USERRA.
- Sec. 313. Training for executive branch human resources personnel on employment and reemployment rights of members of the uniformed services.
- Sec. 314. Report on the employment needs of Native American veterans living on tribal lands.
- Sec. 315. Equity powers.
- Sec. 316. Waiver of residency requirement for Directors for Veterans’ Employment and Training.
- Sec. 317. Modification of special unemployment study to cover veterans of Post 9/11 Global Operations.
- Subtitle B—Education Matters
- Sec. 321. Modification of period of eligibility for Survivors’ and Dependents’ Educational Assistance of certain spouses of individuals with service-connected disabilities total and permanent in nature.
- Sec. 322. Repeal of requirement for report to the Secretary of Veterans Affairs on prior training.
- Sec. 323. Modification of waiting period before affirmation of enrollment in a correspondence course.