

George W. Bush Presidential Library

Collection: Executive Clerk, Office Of the

Series: Saunders, G. Timothy (Tim) – Bill Files

Folder Title: 01/23/2002 [H.R. 3447] [1]

Withdrawn/Redacted Material

The George W. Bush Library

DOCUMENT NO.	FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
001	Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;
003	Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;
004	Routing Memo	[Re: H. R. 3447] - From: Harriet E. Miers	1	01/14/2002	P5;
005	Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;
006	Outline	[Department of Veterans Affairs attachment re: analysis of H. R. 3447] - To: Mitchell E. Daniels, Jr. - From: Anthony J. Principi	11	01/07/2002	P5;

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01/23/2002 [H.R. 3447] [1]

FRC ID:

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RESTRICTION CODES

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009	Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;
T002	Note	H.R. 3447 Department of Veterans Affairs Health Programs Enhancement Act of 2001 - To: POTUS - From: Harriet Miers	1	01/22/2002	Transferred

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Reporting Requirements in H.R. 3447

Maintenance of Capacity for Specialized Treatment of Disabled Veterans. H.R. 3447 would extend for three years, to April 1, 2004, VA's obligation to annually report to the House and Senate Veterans' Affairs Committees on its compliance with the maintenance of capacity requirement for the specialized treatment and rehabilitative needs of disabled veterans. It also would require VA to measure the distinct programs or facilities for seriously ill veterans in different ways for the different services provided. All of the data must be provided by geographic service area and totaled nationally. The enrolled bill would require the report to include information on recidivism rates associated with substance-use disorder treatment, and require VA to use standardized data and data definitions. It also would require the VA Inspector General to audit the report and submit a certification to Congress as to the report's accuracy.

National Commission on VA Nursing. H.R. 3447 would require the National Commission on VA Nursing to submit a report on its findings and conclusions to Congress and the VA Secretary no later than two years after its first meeting. No later than 60 days after the date of the Commission's report, VA would be required to submit a report to Congress which would provide the Secretary's views of the Commission's findings and conclusions, and explain what actions, if any, the Secretary would take to implement the Commission's recommendations.

Evaluation of Nurse-Managed Care Clinics. H.R. 3447 would require VA to complete an evaluation of its nurse-managed care clinics no later than 18 months after the enrolled bill's enactment. The enrolled bill would specify that the evaluation should include these clinics, including primary care and geriatric clinics, located in three different geographic areas. If VA does not have clinics in three different geographic areas, it would be required to establish clinics in three different geographic areas and include them in the evaluation. VA would be required to submit a report on the evaluation to the House and Senate Veterans' Affairs Committees no later than 18 months after the date of the enrolled bill's enactment, and provide a copy of the report to the National Commission on VA Nursing.

Request of Waivers of Pay Reductions for Reemployed Annuitants. H.R. 3447 would require VA to report, no later than March 28th of 2002 and 2003, to the House and Senate Veterans' Affairs Committees, as well as the National Commission on VA Nursing, regarding VA's requests during the previous fiscal year to the Director of OPM for pay reduction waivers for reemployed annuitants for appointments to VHA nurse positions. The reports must specify the response of the OPM Director to each request and if the request was granted, whether or not the waiver or authority assisted the VA Secretary in meeting the requirements for appointments to VHA nurse positions.

Annual Report on Nurse Retention Authorities. H.R. 3447 would require that VA submit a report to Congress and the National Commission on VA Nursing, no later than January 31st of each year, regarding VA's use of authorities to exempt experienced nurses from VA's nurse qualification standards. The enrolled bill would specify that the report should include, for each

VA medical facility and geographic service area, the number of waivers requested and granted to promote nurses who have not completed a baccalaureate degree in nursing in a recognized school of nursing, as well as information on age, race, and years of experience of the individuals subject to the waiver requests and waivers. The report must also discuss the programs carried out to facilitate the use of nursing education programs, including flexible scheduling, scholarships, salary replacement pay, and on-site classes, by experienced nurses.

Mandatory Overtime for Nurses and Nursing Assistants. H.R. 3447 would require VA to report to the House and Senate Veterans' Affairs Committees, as well as the National Commission on VA Nursing, no later than 180 days after the enrolled bill's enactment, on the use of mandatory overtime by licensed nurses and nursing assistants in VA medical facilities during 2001.

Mandatory overtime is defined as any period in which a nurse or nursing assistant is required to work or be in on-duty status in excess of: (1) a scheduled workshift or duty period; (2) 12 hours in any 24-hour period; or (3) 80 hours in any period of 14 consecutive days.

Personal Emergency Response System. No later than 180 days after the enrolled bill's enactment, VA should submit to the House and Senate Veterans' Affairs Committees a report on the evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-connected disabilities. The report should include the findings from the evaluation and study, as well as the Secretary's conclusion as to whether VA should provide a personal emergency response system to veterans with service-connected disabilities.

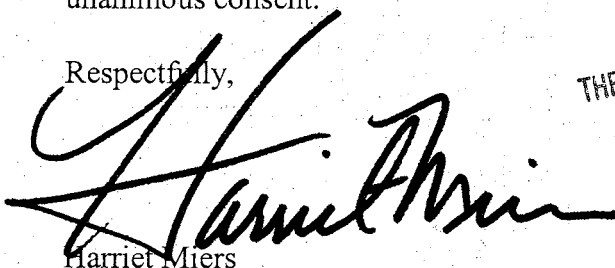
THE WHITE HOUSE
WASHINGTON

January 22, 2002

Mr. President:

In addition to the Victims of Terrorism Relief Act of 2001, you will be asked to sign tomorrow H. R. 3447-Department of Veterans Affairs Health Programs Enhancement Act of 2001. The Bill passed the house on voice vote and the Senate by unanimous consent.

Respectfully,


Harriet Miers

1/23/02
THE PRESIDENT HAS SEEN

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THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

January 7, 2002

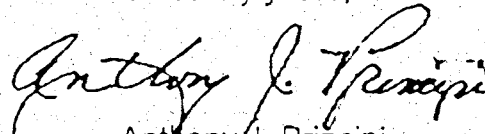
The Honorable Mitchell E. Daniels, Jr.
Director, Office of Management
And Budget
Attn: Assistant Director for Legislative
Reference
Eisenhower Executive Office Building
Washington, D.C. 20503

Dear Mr. Daniels:

In reply to the request of the Assistant Director for Legislative Reference, I am forwarding the Department's views on the enrolled enactment of H.R. 3447, the "Department of Veterans Affairs Health Care Programs Enhancement Act of 2001." Enclosed is a section-by-section analysis of the enrolled bill.

While we have misgivings about some of the bill's provisions, on balance it merits the President's approval.

Sincerely yours,


Anthony J. Principi

Enclosure

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

WHITE HOUSE STAFFING MEMORANDUMDate: **1-14-02**ACTION / CONCURRENCE / COMMENT DUE BY: **1-17-02 10:00 AM**

**ENROLLED BILL H.R. 3447 -- DEPARTMENT OF VETERANS AFFAIRS HEALTH
Subject: CARE PROGRAMS ENHANCEMENT ACT OF 2001**

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☒	☐	HAWKINS	☒	☐
CARD	☒	☐	HUBBARD	☐	☐
BARTLETT	☐	☐	HUGHES	☒	☐
BLAKEMAN	☐	☐	IRASTORZA	☐	☐
BOLTEN	☒	☐	JOHNSON	☐	☐
CALIO	☒	☐	LINDSEY	☒	☐
CONNAUGHTON	☐	☐	MIERS	☐	☒
DANIELS	☐	☒	RICE	☒	☐
FLEISCHER	☒	☐	RIDGE	☐	☐
GERSON	☐	☐	ROVE	☒	☐
GONZALES	☒	☐	SPELLINGS	☒	☐
HAGIN	☐	☐	CLERK	☐	☒
			OTHER	☐	☐

REMARKS:

**PLEASE FORWARD COMMENTS TO THE STAFF SECRETARY, X62702, NO LATER THAN
10:00 A.M., THURSDAY, JANUARY 17, 2002, WITH A COPY TO JIM JUKES, X53458.
THANK YOU.**

RESPONSE:

**Harriet E. Miers
Assistant to the President
and Staff Secretary
Ext. 62702**

Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
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COLLECTION:

Executive Clerk, Office Of the

SERIES:

Saunders, G. Timothy (Tim) - Bill Files

FOLDER TITLE:

01/23/2002 [H.R. 3447] [1]

FRC ID:

782

OA Num.:

733

NARA Num.:

1459

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
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- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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Reporting Requirements in H.R. 3447

Maintenance of Capacity for Specialized Treatment of Disabled Veterans. H.R. 3447 would extend for three years, to April 1, 2004, VA's obligation to annually report to the House and Senate Veterans' Affairs Committees on its compliance with the maintenance of capacity requirement for the specialized treatment and rehabilitative needs of disabled veterans. It also would require VA to measure the distinct programs or facilities for seriously ill veterans in different ways for the different services provided. All of the data must be provided by geographic service area and totaled nationally. The enrolled bill would require the report to include information on recidivism rates associated with substance-use disorder treatment, and require VA to use standardized data and data definitions. It also would require the VA Inspector General to audit the report and submit a certification to Congress as to the report's accuracy.

National Commission on VA Nursing. H.R. 3447 would require the National Commission on VA Nursing to submit a report on its findings and conclusions to Congress and the VA Secretary no later than two years after its first meeting. No later than 60 days after the date of the Commission's report, VA would be required to submit a report to Congress which would provide the Secretary's views of the Commission's findings and conclusions, and explain what actions, if any, the Secretary would take to implement the Commission's recommendations.

Evaluation of Nurse-Managed Care Clinics. H.R. 3447 would require VA to complete an evaluation of its nurse-managed care clinics no later than 18 months after the enrolled bill's enactment. The enrolled bill would specify that the evaluation should include these clinics, including primary care and geriatric clinics, located in three different geographic areas. If VA does not have clinics in three different geographic areas, it would be required to establish clinics in three different geographic areas and include them in the evaluation. VA would be required to submit a report on the evaluation to the House and Senate Veterans' Affairs Committees no later than 18 months after the date of the enrolled bill's enactment, and provide a copy of the report to the National Commission on VA Nursing.

Request of Waivers of Pay Reductions for Reemployed Annuitants. H.R. 3447 would require VA to report, no later than March 28th of 2002 and 2003, to the House and Senate Veterans' Affairs Committees, as well as the National Commission on VA Nursing, regarding VA's requests during the previous fiscal year to the Director of OPM for pay reduction waivers for reemployed annuitants for appointments to VHA nurse positions. The reports must specify the response of the OPM Director to each request and if the request was granted, whether or not the waiver or authority assisted the VA Secretary in meeting the requirements for appointments to VHA nurse positions.

Annual Report on Nurse Retention Authorities. H.R. 3447 would require that VA submit a report to Congress and the National Commission on VA Nursing, no later than January 31st of each year, regarding VA's use of authorities to exempt experienced nurses from VA's nurse qualification standards. The enrolled bill would specify that the report should include, for each

VA medical facility and geographic service area, the number of waivers requested and granted to promote nurses who have not completed a baccalaureate degree in nursing in a recognized school of nursing, as well as information on age, race, and years of experience of the individuals subject to the waiver requests and waivers. The report must also discuss the programs carried out to facilitate the use of nursing education programs, including flexible scheduling, scholarships, salary replacement pay, and on-site classes, by experienced nurses.

Mandatory Overtime for Nurses and Nursing Assistants. H.R. 3447 would require VA to report to the House and Senate Veterans' Affairs Committees, as well as the National Commission on VA Nursing, no later than 180 days after the enrolled bill's enactment, on the use of mandatory overtime by licensed nurses and nursing assistants in VA medical facilities during 2001.

Mandatory overtime is defined as any period in which a nurse or nursing assistant is required to work or be in on-duty status in excess of: (1) a scheduled workshift or duty period; (2) 12 hours in any 24-hour period; or (3) 80 hours in any period of 14 consecutive days.

Personal Emergency Response System. No later than 180 days after the enrolled bill's enactment, VA should submit to the House and Senate Veterans' Affairs Committees a report on the evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-connected disabilities. The report should include the findings from the evaluation and study, as well as the Secretary's conclusion as to whether VA should provide a personal emergency response system to veterans with service-connected disabilities.

One Hundred Seventh Congress
of the
United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Wednesday,
the third day of January, two thousand and one*

An Act

To amend title 38, United States Code, to enhance the authority of the Secretary of Veterans Affairs to recruit and retain qualified nurses for the Veterans Health Administration, to provide an additional basis for establishing the inability of veterans to defray expenses of necessary medical care, to enhance certain health care programs of the Department of Veterans Affairs, and for other purposes.

*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 “Department of Veterans Affairs Health Care Programs Enhancement Act of 2001”.

(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—ENHANCEMENT OF NURSE RECRUITMENT AND RETENTION
AUTHORITIES

Subtitle A—Recruitment Authorities

Sec. 101. Enhancement of employee incentive scholarship program.

Sec. 102. Enhancement of education debt reduction program.

Sec. 103. Report on requests for waivers of pay reductions for reemployed annuitants to fill nurse positions.

Subtitle B—Retention Authorities

Sec. 121. Additional pay for Saturday tours of duty for additional health care professionals in the Veterans Health Administration.

Sec. 122. Unused sick leave included in annuity computation of registered nurses within the Veterans Health Administration.

Sec. 123. Evaluation of Department of Veterans Affairs nurse managed clinics.

Sec. 124. Staffing levels for operations of medical facilities.

Sec. 125. Annual report on use of authorities to enhance retention of experienced nurses.

Sec. 126. Report on mandatory overtime for nurses and nursing assistants in Department of Veterans Affairs facilities.

Subtitle C—Other Authorities

Sec. 131. Organizational responsibility of the Director of the Nursing Service.

Sec. 132. Computation of annuity for part-time service performed by certain health-care professionals before April 7, 1986.

Sec. 133. Modification of nurse locality pay authorities.

Subtitle D—National Commission on VA Nursing

Sec. 141. Establishment of Commission.

Sec. 142. Duties of Commission.

Sec. 143. Reports.

Sec. 144. Powers.

Sec. 145. Personnel matters.

H. R. 3447—2

Sec. 146. Termination of Commission.

TITLE II—OTHER MATTERS

- Sec. 201. Authority for Secretary of Veterans Affairs to provide service dogs for veterans with certain disabilities.
Sec. 202. gement of health care for certain low-income veterans.
Sec. 203. Maintenance of capacity for specialized treatment and rehabilitative needs of disabled veterans.
Sec. 204. Program for provision of chiropractic care and services to veterans.
Sec. 205. nds for field offices of the Office of Research Compliance and Assurance.
Sec. 206. Major medical facility construction.
Sec. 207. Sense of Congress on special telephone services for veterans.
Sec. 208. Recodification of bereavement counseling authority and certain other health-related authorities.
Sec. 209. Extension of expiring collections authorities.
Sec. 210. Personal emergency response system for veterans with service-connected disabilities.
Sec. 211. One-year extension of eligibility for health care of veterans who served in Southwest Asia during the Persian Gulf War.

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—ENHANCEMENT OF NURSE RECRUITMENT AND RETENTION AUTHORITIES

Subtitle A—Recruitment Authorities

SEC. 101. ENHANCEMENT OF EMPLOYEE INCENTIVE SCHOLARSHIP PROGRAM.

- (a) **PERMANENT AUTHORITY.**—(1) Section 7676 is repealed.
(2) The table of sections at the beginning of chapter 76 is amended by striking the item relating to section 7676.
(b) **MINIMUM PERIOD OF DEPARTMENT EMPLOYMENT FOR ELIGIBILITY.**—Section 7672(b) is amended by striking “2 years” and inserting “one year”.
(c) **SCHOLARSHIP AMOUNT.**—Subsection (b) of section 7673 is amended—
(1) in paragraph (1), by striking “for any 1 year” and inserting “for the equivalent of one year of full-time coursework”; and
(2) by striking paragraph (2) and inserting the following new paragraph (2):
“(2) in the case of a participant in the Program who is a part-time student, shall bear the same ratio to the amount that would be paid under paragraph (1) if the participant were a full-time student in the course of education or training being pursued by the participant as the coursework carried by the participant to full-time coursework in that course of education or training.”
(d) **LIMITATION ON PAYMENT.**—Subsection (c) of section 7673 is amended to read as follows:
“(c) **LIMITATIONS ON PERIOD OF PAYMENT.**—(1) The maximum number of school years for which a scholarship may be paid under

subsection (a) to a participant in the Program shall be six school years.

"(2) A participant in the Program may not receive a scholarship under subsection (a) for more than the equivalent of three years of full-time coursework."

(e) FULL-TIME COURSEWORK.—Section 7673 is further amended by adding at the end the following new subsection:

"(e) FULL-TIME COURSEWORK.—For purposes of this section, full-time coursework shall consist of the following:

"(1) In the case of undergraduate coursework, 30 semester hours per undergraduate school year.

"(2) In the case of graduate coursework, 18 semester hours per graduate school year."

(f) ANNUAL ADJUSTMENT OF MAXIMUM SCHOLARSHIP AMOUNT.—Section 7631 is amended—

(1) in subsection (a)(1), by striking "and the maximum Selected Reserve member stipend amount" and inserting "the maximum Selected Reserve member stipend amount, the maximum employee incentive scholarship amount,"; and

(2) in subsection (b)—

(A) by redesignating paragraph (4) as paragraph (6); and

(B) by inserting after paragraph (3) the following new paragraph (4):

"(4) The term 'maximum employee incentive scholarship amount' means the maximum amount of the scholarship payable to a participant in the Department of Veterans Affairs Employee Incentive Scholarship Program under subchapter VI of this chapter, as specified in section 7673(b)(1) of this title and as previously adjusted (if at all) in accordance with this section."

(g) TECHNICAL AMENDMENTS.—Section 7631(b) is further amended by striking "this subsection" each place it appears and inserting "this section".

SEC. 102. ENHANCEMENT OF EDUCATION DEBT REDUCTION PROGRAM.

(a) PERMANENT AUTHORITY.—(1) Section 7684 is repealed.

(2) The table of sections at the beginning of chapter 76 is amended by striking the item relating to section 7684.

(b) ELIGIBLE INDIVIDUALS.—Subsection (a)(1) of section 7682 is amended—

(1) by striking "under an appointment under section 7402(b) of this title in a position" and inserting "in a position (as determined by the Secretary) providing direct-patient care services or services incident to direct-patient care services"; and

(2) by striking "(as determined by the Secretary)" and inserting "(as so determined)".

(c) MAXIMUM DEBT REDUCTION AMOUNT.—Section 7683(d)(1) is amended—

(1) by striking "for a year"; and

(2) by striking "exceed—" and all that follows through the end of the paragraph and inserting "exceed \$44,000 over a total of five years of participation in the Program, of which not more than \$10,000 of such payments may be made in each of the fourth and fifth years of participation in the Program."

(d) ANNUAL ADJUSTMENT OF MAXIMUM DEBT REDUCTION PAYMENTS AMOUNT.—(1) Section 7631, as amended by section 101(f) of this Act, is further amended—

(A) in subsection (a)(1), by inserting before the period at the end of the first sentence the following: “and the maximum education debt reduction payments amount”; and

(B) in subsection (b), by inserting after paragraph (4) the following new paragraph (5):

“(5) The term ‘maximum education debt reduction payments amount’ means the maximum amount of education debt reduction payments payable to a participant in the Department of Veterans Affairs Education Debt Reduction Program under subchapter VII of this chapter, as specified in section 7683(d)(1) of this title and as previously adjusted (if at all) in accordance with this section.”.

(2) Notwithstanding section 7631(a)(1) of title 38, United States Code, as amended by paragraph (1), the Secretary of Veterans Affairs shall not increase the maximum education debt reduction payments amount under that section in calendar year 2002.

(e) TEMPORARY EXPANSION OF INDIVIDUALS ELIGIBLE FOR PARTICIPATION IN PROGRAM.—(1) Notwithstanding section 7682(c) of title 38, United States Code, the Secretary of Veterans Affairs may treat a covered individual as being a recently appointed employee in the Veterans Health Administration under section 7682(a) of that title for purposes of eligibility in the Education Debt Reduction Program if the Secretary determines that the participation of the individual in the Program under this subsection would further the purposes of the Program.

(2) For purposes of this subsection, a covered individual is any individual otherwise described by section 7682(a) of title 38, United States Code, as in effect on the day before the date of the enactment of this Act, who—

(A) was appointed as an employee in a position described in paragraph (1) of that section, as so in effect, between January 1, 1999, and December 31, 2001; and

(B) is an employee in such position, or in another position described in paragraph (1) of that section, as so in effect, at the time of application for treatment as a covered individual under this subsection.

(3) The Secretary shall make determinations regarding the exercise of the authority in this subsection on a case-by-case basis.

(4) The Secretary may not exercise the authority in this subsection after June 30, 2002. The expiration of the authority in this subsection shall not affect the treatment of an individual under this subsection before that date as a covered individual for purposes of eligibility in the Education Debt Reduction Program.

(5) In this subsection, the term “Education Debt Reduction Program” means the Department of Veterans Affairs Education Debt Reduction Program under subchapter VII of chapter 76 of title 38, United States Code.

**SEC. 103. REPORT ON REQUESTS FOR WAIVERS OF PAY REDUCTIONS
FOR REEMPLOYED ANNUITANTS TO FILL NURSE POSI-
TIONS.**

(a) **REPORT.**—Not later than March 28 of each of 2002 and 2003, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and to the National Commission on VA Nursing established under subtitle D a report describing each request of the Secretary, during the fiscal year preceding such report, to the Director of the Office of Personnel Management for the following:

(1) A waiver under subsection (i)(1)(A) of section 8344 of title 5, United States Code, of the provisions of such section in order to meet requirements of the Department of Veterans Affairs for appointments to nurse positions in the Veterans Health Administration.

(2) A waiver under subsection (f)(1)(A) of section 8468 of title 5, United States Code, of the provisions of such section in order to meet requirements of the Department for appointments to such positions.

(3) A grant of authority under subsection (i)(1)(B) of section 8344 of title 5, United States Code, for the waiver of the provisions of such section in order to meet requirements of the Department for appointments to such positions.

(4) A grant of authority under subsection (f)(1)(B) of section 8468 of title 5, United States Code, for the waiver of the provisions of such section in order to meet requirements of the Department for appointments to such positions.

(b) **INFORMATION ON RESPONSES TO REQUESTS.**—The report under subsection (a) shall specify for each request covered by the report—

(1) the response of the Director to such request; and

(2) if such request was granted, whether or not the waiver or authority, as the case may be, assisted the Secretary in meeting requirements of the Department for appointments to nurse positions in the Veterans Health Administration.

Subtitle B—Retention Authorities

**SEC. 121. ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY FOR ADDI-
TIONAL HEALTH CARE PROFESSIONALS IN THE VET-
ERANS HEALTH ADMINISTRATION.**

(a) **IN GENERAL.**—Section 7454(b) is amended—

(1) by inserting "(1)" after "(b)"; and

(2) by adding at the end the following new paragraph:
"(2) Health care professionals employed in positions referred to in paragraph (1) shall be entitled to additional pay on the same basis as provided for nurses in section 7453(c) of this title."

(b) **APPLICABILITY.**—The amendments made by subsection (a) shall apply with respect to pay periods beginning on or after the date of the enactment of this Act.

SEC. 122. UNUSED SICK LEAVE INCLUDED IN ANNUITY COMPUTATION OF REGISTERED NURSES WITHIN THE VETERANS HEALTH ADMINISTRATION.

(a) **ANNUITY COMPUTATION.**—Section 8415 of title 5, United States Code, is amended by adding at the end the following new subsection:

“(i) In computing an annuity under this subchapter, the total service of an employee who retires from the position of a registered nurse with the Veterans Health Administration on an immediate annuity, or dies while employed in that position leaving any survivor entitled to an annuity, includes the days of unused sick leave to the credit of that employee under a formal leave system, except that such days shall not be counted in determining average pay or annuity eligibility under this subchapter.”

(b) **DEPOSIT NOT REQUIRED.**—Section 8422(d) of such title is amended—

- (1) by inserting “(1)” before “Under such regulations”; and
- (2) by adding at the end the following:

“(2) Deposit may not be required for days of unused sick leave credited under section 8415(i).”

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect 60 days after the date of the enactment of this Act and shall apply to individuals who separate from service on or after that effective date.

SEC. 123. EVALUATION OF DEPARTMENT OF VETERANS AFFAIRS NURSE MANAGED CLINICS.

(a) **EVALUATION.**—The Secretary of Veterans Affairs shall carry out an evaluation of the efficacy of the nurse managed health care clinics of the Department of Veterans Affairs. The Secretary shall complete the evaluation not later than 18 months after the date of the enactment of this Act.

(b) **CLINICS TO BE EVALUATED.**—(1) In carrying out the evaluation under subsection (a), the Secretary shall consider nurse managed health care clinics, including primary care clinics and geriatric care clinics, located in three different geographic service areas of the Department.

(2) If there are not nurse managed health care clinics located in three different geographic service areas as of the commencement of the evaluation, the Secretary shall—

(A) establish nurse managed health care clinics in additional geographic service areas such that there are nurse managed health care clinics in three different geographic service areas for purposes of the evaluation; and

(B) include such clinics, as so established, in the evaluation.

(c) **MATTERS TO BE EVALUATED.**—In carrying out the evaluation under subsection (a), the Secretary shall address the following:

- (1) Patient satisfaction.
- (2) Provider experiences.
- (3) Cost of care.
- (4) Access to care, including waiting time for care.
- (5) The functional status of patients receiving care.
- (6) Any other matters the Secretary considers appropriate.

(d) **REPORT.**—Not later than 18 months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the evaluation carried out under subsection (a). The

report shall address the matters specified in subsection (c) and include any other information, and any recommendations, that the Secretary considers appropriate. The Secretary shall provide a copy of the report to the National Commission on VA Nursing established under subtitle D.

SEC. 124. STAFFING LEVELS FOR OPERATIONS OF MEDICAL FACILITIES.

(a) **IN GENERAL.**—Section 8110(a) is amended—

(1) in paragraph (1), by inserting after “complete care of patients,” in the fifth sentence the following: “and in a manner consistent with the policies of the Secretary on overtime,”; and

(2) in paragraph (2)—

(A) by inserting “, including the staffing required to maintain such capacities,” after “all Department medical facilities”;

(B) by striking “and to minimize” and inserting “, to minimize”; and

(C) by inserting before the period the following: “, and to ensure that eligible veterans are provided such care and services in an appropriate manner”.

(b) **NATIONWIDE POLICY ON STAFFING.**—Paragraph (3) of that section is amended—

(1) in subparagraph (A), by inserting “the adequacy of staff levels for compliance with the policy established under subparagraph (C),” after “regarding”; and

(2) by inserting after subparagraph (B) the following new subparagraph:

“(C) The Secretary shall, in consultation with the Under Secretary for Health, establish a nationwide policy on the staffing of Department medical facilities in order to ensure that such facilities have adequate staff for the provision to veterans of appropriate, high-quality care and services. The policy shall take into account the staffing levels and mixture of staff skills required for the range of care and services provided veterans in Department facilities.”.

SEC. 125. ANNUAL REPORT ON USE OF AUTHORITIES TO ENHANCE RETENTION OF EXPERIENCED NURSES.

(a) **ANNUAL REPORT.**—(1) Subchapter II of chapter 73 is amended by adding at the end the following new section:

“§ 7324. Annual report on use of authorities to enhance retention of experienced nurses

“(a) **ANNUAL REPORT.**—Not later than January 31 each year, the Secretary, acting through the Under Secretary for Health, shall submit to Congress a report on the use during the preceding year of authorities for purposes of retaining experienced nurses in the Veterans Health Administration, as follows:

“(1) The authorities under chapter 76 of this title.

“(2) The authority under VA Directive 5102.1, relating to the Department of Veterans Affairs nurse qualification standard, dated November 10, 1999, or any successor directive.

“(3) Any other authorities available to the Secretary for those purposes.

“(b) **REPORT ELEMENTS.**—Each report under subsection (a) shall specify for the period covered by such report, for each Department

medical facility and for each geographic service area of the Department, the following:

“(1) The number of waivers requested under the authority referred to in subsection (a)(2), and the number of waivers granted under that authority, to promote to the Nurse II grade or Nurse III grade under the Nurse Schedule under section 7404(b)(1) of this title any nurse who has not completed a baccalaureate degree in nursing in a recognized school of nursing, set forth by age, race, and years of experience of the individuals subject to such waiver requests and waivers, as the case may be.

“(2) The programs carried out to facilitate the use of nursing education programs by experienced nurses, including programs for flexible scheduling, scholarships, salary replacement pay, and on-site classes.”.

(2) The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7323 the following new item:

“7324. Annual report on use of authorities to enhance retention of experienced nurses.”.

(b) INITIAL REPORT.—The initial report required under section 7324 of title 38, United States Code, as added by subsection (a), shall be submitted to the National Commission on VA Nursing established under subtitle D as well as to Congress.

SEC. 126. REPORT ON MANDATORY OVERTIME FOR NURSES AND NURSING ASSISTANTS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and to the National Commission on VA Nursing established under subtitle D a report on the mandatory overtime required of licensed nurses and nursing assistants providing direct patient care at Department of Veterans Affairs medical facilities during 2001.

(b) MANDATORY OVERTIME.—For purposes of the report under subsection (a), mandatory overtime shall consist of any period in which a nurse or nursing assistant is mandated or otherwise required, whether directly or indirectly, to work or be in on-duty status in excess of—

- (1) a scheduled workshift or duty period;
- (2) 12 hours in any 24-hour period; or
- (3) 80 hours in any period of 14 consecutive days.

(c) ELEMENTS.—The report under subsection (a) shall include the following:

(1) A description of the amount of mandatory overtime described in that subsection at each Department medical facility during the period covered by the report.

(2) A description of the mechanisms employed by the Secretary to monitor overtime of the nurses and nursing assistants referred to in that subsection.

(3) An assessment of the effects of the mandatory overtime of such nurses and nursing assistants on patient care, including any reported association with medical errors.

(4) Recommendations regarding mechanisms for preventing mandatory overtime in other than emergency situations by such nurses and nursing assistants.

(5) Any other matters that the Secretary considers appropriate.

Subtitle C—Other Authorities

SEC. 131. ORGANIZATIONAL RESPONSIBILITY OF THE DIRECTOR OF THE NURSING SERVICE.

Section 7306(a)(5) is amended by inserting “, and report directly to,” after “responsible to”.

SEC. 132. COMPUTATION OF ANNUITY FOR PART-TIME SERVICE PERFORMED BY CERTAIN HEALTH-CARE PROFESSIONALS BEFORE APRIL 7, 1986.

Section 7426 is amended by adding at the end the following new subsection:

“(c) The provisions of subsection (b) shall not apply to the part-time service before April 7, 1986, of a registered nurse, physician assistant, or expanded-function dental auxiliary. In computing the annuity under the applicable provision of law specified in that subsection of an individual covered by the preceding sentence, the service described in that sentence shall be credited as full-time service.”.

SEC. 133. MODIFICATION OF NURSE LOCALITY PAY AUTHORITIES.

Section 7451 is amended—

(1) in subsection (d)(3)—

(A) in subparagraph (A), by striking “beginning rates of” each place it appears;

(B) in subparagraph (B), by striking “beginning rates of” the first place it appears; and

(C) in subparagraph (C)(i), by striking “beginning rates of” each place it appears;

(2) in subsection (d)(4)—

(A) by striking “or at any other time that an adjustment in rates of pay is scheduled to take place under this subsection” in the first sentence; and

(B) by striking the second sentence; and

(3) in subsection (e)(4)—

(A) in subparagraph (A), by striking “grade in a”;

(B) in subparagraph (B)—

(i) by striking “grade of a”; and

(ii) by striking “that grade” and inserting “that position”; and

(C) in subparagraph (D), by striking “grade of a”.

Subtitle D—National Commission on VA Nursing

SEC. 141. ESTABLISHMENT OF COMMISSION.

(a) **ESTABLISHMENT.**—There is hereby established in the Department of Veterans Affairs a commission to be known as the “National

Commission on VA Nursing" (hereinafter in this subtitle referred to as the "Commission").

(b) COMPOSITION.—The Commission shall be composed of 12 members appointed by the Secretary of Veterans Affairs as follows:

(1) At least two shall be recognized representatives of employees (including nurses) of the Department of Veterans Affairs.

(2) At least one shall be a representative of professional associations of nurses of the Department or similar organizations affiliated with the Department's health care practitioners.

(3) At least one shall be a nurse from a nursing school affiliated with the Department of Veterans Affairs.

(4) At least two shall be representatives of veterans.

(5) At least one shall be an economist.

(6) The remainder shall be appointed in such manner as the Secretary considers appropriate.

(c) CHAIR OF COMMISSION.—The Secretary of Veterans Affairs shall designate one of the members of the Commission to chair the Commission.

(d) PERIOD OF APPOINTMENT; VACANCIES.—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall be filled in the same manner as the original appointment.

(e) INITIAL ORGANIZATION REQUIREMENTS.—All appointments to the Commission shall be made not later than 60 days after the date of the enactment of this Act. The Commission shall convene its first meeting not later than 60 days after the date as of which all members of the Commission have been appointed.

SEC. 142. DUTIES OF COMMISSION.

(a) ASSESSMENT.—The Commission shall—

(1) consider legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel by the Department of Veterans Affairs; and

(2) assess the future of the nursing profession within the Department.

(b) RECOMMENDATIONS.—The Commission shall recommend legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel in the Department.

SEC. 143. REPORTS.

(a) COMMISSION REPORT.—The Commission shall, not later than two years after the date of its first meeting, submit to Congress and the Secretary of Veterans Affairs a report on the Commission's findings and recommendations.

(b) SECRETARY OF VETERANS AFFAIRS REPORT.—Not later than 60 days after the date of the Commission's report under subsection (a), the Secretary shall submit to Congress a report—

(1) providing the Secretary's views on the Commission's findings and recommendations; and

(2) explaining what actions, if any, the Secretary intends to take to implement the recommendations of the Commission and the Secretary's reasons for doing so.

SEC. 144. POWERS.

(a) HEARINGS.—The Commission or, at its direction, any panel or member of the Commission, may, for the purpose of carrying

out the provisions of this subtitle, hold hearings and take testimony to the extent that the Commission or any member considers advisable.

(b) **INFORMATION.**—The Commission may secure directly from any Federal department or agency information that the Commission considers necessary to enable the Commission to carry out its responsibilities under this subtitle.

SEC. 145. PERSONNEL MATTERS.

(a) **PAY OF MEMBERS.**—Members of the Commission shall serve without pay by reason of their work on the Commission.

(b) **TRAVEL EXPENSES.**—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(c) **STAFF.**—(1) The Secretary may, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, appoint a staff director and such additional personnel as may be necessary to enable the Commission to perform its duties.

(2) The Secretary may fix the pay of the staff director and other personnel appointed under paragraph (1) without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay fixed under this paragraph for the staff director may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title and the rate of pay for other personnel may not exceed the maximum rate payable for grade GS-15 of the General Schedule.

(d) **DETAIL OF GOVERNMENT EMPLOYEES.**—Upon request of the Secretary, the head of any Federal department or agency may detail, on a nonreimbursable basis, any personnel of that department or agency to the Commission to assist it in carrying out its duties.

SEC. 146. TERMINATION OF COMMISSION.

The Commission shall terminate 90 days after the date of the submission of its report under section 143(a).

TITLE II—OTHER MATTERS

SEC. 201. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO PROVIDE SERVICE DOGS FOR VETERANS WITH CERTAIN DISABILITIES.

(a) **AUTHORITY.**—Section 1714 is amended—

(1) in subsection (b)—

(A) by striking “seeing-eye or” the first place it appears;

(B) by striking “who are entitled to disability compensation” and inserting “who are enrolled under section 1705 of this title”;

(C) by striking “, and may pay” and all that follows through “such seeing-eye or guide dogs”; and

(D) by striking “handicap” and inserting “disability”; and

(2) by adding at the end the following new subsections:
“(c) The Secretary may, in accordance with the priority specified in section 1705 of this title, provide—

“(1) service dogs trained for the aid of the hearing impaired to veterans who are hearing impaired and are enrolled under section 1705 of this title; and

“(2) service dogs trained for the aid of persons with spinal cord injury or dysfunction or other chronic impairment that substantially limits mobility to veterans with such injury, dysfunction, or impairment who are enrolled under section 1705 of this title.

“(d) In the case of a veteran provided a dog under subsection (b) or (c), the Secretary may pay travel and incidental expenses for that veteran under the terms and conditions set forth in section 111 of this title to and from the veteran's home for expenses incurred in becoming adjusted to the dog.”.

(b) CLERICAL AMENDMENTS.—(1) The heading for such section is amended to read as follows:

“§ 1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs”.

(2) The item relating to such section in the table of sections at the beginning of chapter 17 is amended to read as follows:

“1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs.”.

SEC. 202. MANAGEMENT OF HEALTH CARE FOR CERTAIN LOW-INCOME VETERANS.

(a) PRIORITY OF ENROLLMENT IN PATIENT ENROLLMENT SYSTEM.—Section 1705(a) is amended by striking paragraph (7) and inserting the following new paragraphs:

“(7) Veterans described in section 1710(a)(3) of this title who are eligible for treatment as a low-income family under section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)) for the area in which such veterans reside, regardless of whether such veterans are treated as single person families under paragraph (3)(A) of such section 3(b) or as families under paragraph (3)(B) of such section 3(b).

“(8) Veterans described in section 1710(a)(3) of this title who are not covered by paragraph (7).”.

(b) REDUCED COPAYMENTS FOR CARE.—Subsection (f) of section 1710 is amended—

(1) in paragraph (1), by inserting “or (4)” after “paragraph (2)”;

(2) by redesignating paragraph (4) as paragraph (5); and

(3) by inserting after paragraph (3) the following new paragraph (4):

“(4) In the case of a veteran covered by this subsection who is also described by section 1705(a)(7) of this title, the amount for which the veteran shall be liable to the United States for hospital care under this subsection shall be an amount equal to 20 percent of the total amount for which the veteran would otherwise be liable for such care under subparagraphs (2)(B) and (3)(A) but for this paragraph.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2002.

SEC. 203. MAINTENANCE OF CAPACITY FOR SPECIALIZED TREATMENT AND REHABILITATIVE NEEDS OF DISABLED VETERANS.

(a) **MAINTENANCE OF CAPACITY ON A GEOGRAPHIC SERVICE AREA BASIS.**—Section 1706(b) is amended—

(1) in paragraph (1)—

(A) in the first sentence, by inserting “(and each geographic service area of the Veterans Health Administration)” after “ensure that the Department”; and

(B) in clause (B), by inserting “(and each geographic service area of the Veterans Health Administration)” after “overall capacity of the Department”;

(2) by redesignating paragraphs (2) and (3) as paragraphs (5) and (6), respectively; and

(3) by inserting after paragraph (1) the following new paragraphs;

“(2) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

“(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

“(B) For opioid substitution programs, the number of patients treated annually and the amounts expended.

“(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

“(D) For substance-use disorder programs—

“(i) the number of beds (whether hospital, nursing home, or other designated beds) employed and the average bed occupancy of such beds;

“(ii) the percentage of unique patients admitted directly to outpatient care during the fiscal year who had two or more additional visits to specialized outpatient care within 30 days of their first visit, with a comparison from 1996 until the date of the report;

“(iii) the percentage of unique inpatients with substance-use disorder diagnoses treated during the fiscal year who had one or more specialized clinic visits within three days of their index discharge, with a comparison from 1996 until the date of the report;

“(iv) the percentage of unique outpatients seen in a facility or geographic service area during the fiscal year who had one or more specialized clinic visits, with a comparison from 1996 until the date of the report; and

“(v) the rate of recidivism of patients at each specialized clinic in each geographic service area of the Veterans Health Administration.

“(E) For mental health programs, the number and type of staff that are available at each facility to provide specialized mental health treatment, including satellite clinics, outpatient

programs, and community-based outpatient clinics, with a comparison from 1996 to the date of the report.

“(F) The number of such clinics providing mental health care, the number and type of mental health staff at each such clinic, and the type of mental health programs at each such clinic.

“(G) The total amounts expended for mental health during the fiscal year.

“(3) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities shall be measured for veterans with spinal cord dysfunction, traumatic brain injury, blindness, or prosthetics and sensory aids as follows (with all such data to be provided by geographic service area and totaled nationally):

“(A) For spinal cord injury and dysfunction specialized centers and for blind rehabilitation specialized centers, the number of staffed beds and the number of full-time equivalent employees assigned to provide care at such centers.

“(B) For prosthetics and sensory aids, the annual amount expended.

“(C) For traumatic brain injury, the number of patients treated annually and the amounts expended.

“(4) In carrying out paragraph (1), the Secretary may not use patient outcome data as a substitute for, or the equivalent of, compliance with the requirement under that paragraph for maintenance of capacity.”.

(b) EXTENSION OF ANNUAL REPORT REQUIREMENT.—Paragraph (5) of such section, as so redesignated, is amended—

(1) by inserting “(A)” before “Not later than”;

(2) by striking “April 1, 1999, April 1, 2000, and April 1, 2001” and inserting “April 1 of each year through 2004”;

(3) by adding at the end of subparagraph (A), as designated by paragraph (1), the following new sentence: “Each such report shall include information on recidivism rates associated with substance-use disorder treatment.”; and

(4) by adding at the end of such paragraph the following new subparagraphs:

“(B) In preparing each report under subparagraph (A), the Secretary shall use standardized data and data definitions.

“(C) Each report under subparagraph (A) shall be audited by the Inspector General of the Department, who shall submit to Congress a certification as to the accuracy of each such report.”.

SEC. 204. PROGRAM FOR PROVISION OF CHIROPRACTIC CARE AND SERVICES TO VETERANS.

(a) REQUIREMENT FOR PROGRAM.—Subject to the provisions of this section, the Secretary of Veterans Affairs shall carry out a program to provide chiropractic care and services to veterans through Department of Veterans Affairs medical centers and clinics.

(b) ELIGIBLE VETERANS.—Veterans eligible to receive chiropractic care and services under the program are veterans who are enrolled in the system of patient enrollment under section 1705 of title 38, United States Code.

(c) LOCATION OF PROGRAM.—The program shall be carried out at sites designated by the Secretary for purposes of the program.

The Secretary shall designate at least one site for such program in each geographic service area of the Veterans Health Administration. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas.

(d) CARE AND SERVICES AVAILABLE.—The chiropractic care and services available under the program shall include a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex.

(e) OTHER ADMINISTRATIVE MATTERS.—(1) The Secretary shall carry out the program through personal service contracts and by appointment of licensed chiropractors in Department medical centers and clinics.

(2) As part of the program, the Secretary shall provide training and materials relating to chiropractic care and services to Department health care providers assigned to primary care teams for the purpose of familiarizing such providers with the benefits of chiropractic care and services.

(f) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.

(g) CHIROPRACTIC ADVISORY COMMITTEE.—(1) The Secretary shall establish an advisory committee to provide direct assistance and advice to the Secretary in the development and implementation of the chiropractic health program.

(2) The membership of the advisory committee shall include members of the chiropractic care profession and such other members as the Secretary considers appropriate.

(3) Matters on which the advisory committee shall assist and advise the Secretary shall include the following:

(A) Protocols governing referral to chiropractors.

(B) Protocols governing direct access to chiropractic care.

(C) Protocols governing scope of practice of chiropractic practitioners.

(D) Definition of services to be provided.

(E) Such other matters the Secretary determines to be appropriate.

(4) The advisory committee shall cease to exist on December 31, 2004.

SEC. 205. FUNDS FOR FIELD OFFICES OF THE OFFICE OF RESEARCH COMPLIANCE AND ASSURANCE.

(a) IN GENERAL.—Section 7303 is amended by adding at the end the following new subsection:

“(e) Amounts for the activities of the field offices of the Office of Research Compliance and Assurance of the Department shall be derived from amounts appropriated for the Veterans Health Administration for Medical Care (rather than from amounts appropriated for the Veterans Health Administration for Medical and Prosthetic Research).”.

(b) APPLICABILITY TO FISCAL YEAR 2002.—In order to carry out subsection (e) of section 7303 of title 38, United States Code, as added by subsection (a), for fiscal year 2002, the Secretary of Veterans Affairs shall transfer such sums as necessary for that purpose from amounts appropriated for the Veterans Health Administration for Medical and Prosthetic Research for fiscal year 2002 to amounts appropriated for the Veterans Health Administration for Medical Care for that fiscal year.

SEC. 206. MAJOR MEDICAL FACILITY CONSTRUCTION.

(a) **PROJECT AUTHORIZED.**—The Secretary of Veterans Affairs may carry out a major medical facility project for the renovation from electrical fire of the Department of Veterans Affairs Medical Center, Miami, Florida, in an amount not to exceed \$28,300,000.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs for the Construction, Major Projects Account, for fiscal year 2002, \$28,300,000 for the project authorized by subsection (a).

(c) **LIMITATION.**—The project authorized by subsection (a) may only be carried out using—

(1) funds appropriated for fiscal year 2002 pursuant to the authorization of appropriations in subsection (b);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2002 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2002 for a category of activity not specific to a project.

SEC. 207. SENSE OF CONGRESS ON SPECIAL TELEPHONE SERVICES FOR VETERANS.

It is the sense of Congress that the Secretary of Veterans Affairs should conduct an assessment of all special telephone services for veterans (such as help lines and hotlines) that are provided by the Department of Veterans Affairs and that any such assessment, if conducted, should include assessment of the geographical coverage, availability, utilization, effectiveness, management, coordination, staffing, and cost of those services and should include a survey of veterans to measure their satisfaction with current special telephone services and the demand for additional services.

SEC. 208. RECODIFICATION OF BEREAVEMENT COUNSELING AUTHORITY AND CERTAIN OTHER HEALTH-RELATED AUTHORITIES.

(a) **STATUTORY REORGANIZATION.**—Subchapter I of chapter 17 is amended—

(1) in section 1701(6)—

(A) by striking subparagraph (B) and the sentence following that subparagraph;

(B) by striking “services—” in the matter preceding subparagraph (A) and inserting “services, the following:”; and

(C) by striking subparagraph (A) and inserting the following:

“(A) Surgical services.

“(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

“(C) Optometric and podiatric services.

“(D) Preventive health services.

“(E) In the case of a person otherwise receiving care or services under this chapter—

“(i) wheelchairs, artificial limbs, trusses, and similar appliances;

“(ii) special clothing made necessary by the wearing of prosthetic appliances; and

“(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

“(F) Travel and incidental expenses pursuant to section 111 of this title.”; and
(2) in section 1707—

(A) by inserting “(a)” at the beginning of the text of the section; and

(B) by adding at the end the following:

“(b) The Secretary may furnish sensori-neural aids only in accordance with guidelines prescribed by the Secretary.”.

(b) CONSOLIDATION OF PROVISIONS RELATING TO PERSONS OTHER THAN VETERANS.—Such chapter is further amended by adding at the end the following new subchapter:

“SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

“§ 1782. Counseling, training, and mental health services for immediate family members

“(a) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is receiving treatment for a service-connected disability pursuant to paragraph (1) or (2) of section 1710(a) of this title, the Secretary shall provide to individuals described in subsection (c) such consultation, professional counseling, training, and mental health services as are necessary in connection with that treatment.

“(b) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING NON-SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is eligible to receive treatment for a non-service-connected disability under the conditions described in paragraph (1), (2), or (3) of section 1710(a) of this title, the Secretary may, in the discretion of the Secretary, provide to individuals described in subsection (c) such consultation, professional counseling, training, and mental health services as are necessary in connection with that treatment if—

“(1) those services were initiated during the veteran’s hospitalization; and

“(2) the continued provision of those services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

“(c) ELIGIBLE INDIVIDUALS.—Individuals who may be provided services under this subsection are—

“(1) the members of the immediate family or the legal guardian of a veteran; or

“(2) the individual in whose household such veteran certifies an intention to live.

“(d) TRAVEL AND TRANSPORTATION AUTHORIZED.—Services provided under subsections (a) and (b) may include, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of individuals described in subsection (c) in the case of any of the following:

“(1) A veteran who is receiving care for a service-connected disability.

“(2) A dependent or survivor receiving care under the last sentence of section 1783(b) of this title.

“§ 1783. Bereavement counseling

“(a) DEATHS OF VETERANS.—In the case of an individual who was a recipient of services under section 1782 of this title at the time of the death of the veteran, the Secretary may provide bereavement counseling to that individual in the case of a death—

“(1) that was unexpected; or

“(2) that occurred while the veteran was participating in a hospice program (or a similar program) conducted by the Secretary.

“(b) DEATHS IN ACTIVE SERVICE.—The Secretary may provide bereavement counseling to an individual who is a member of the immediate family of a member of the Armed Forces who dies in the active military, naval, or air service in the line of duty and under circumstances not due to the person's own misconduct.

“(c) BEREAVEMENT COUNSELING DEFINED.—For purposes of this section, the term ‘bereavement counseling’ means such counseling services, for a limited period, as the Secretary determines to be reasonable and necessary to assist an individual with the emotional and psychological stress accompanying the death of another individual.

“§ 1784. Humanitarian care

“The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary.”

(c) TRANSFER OF CHAMPVA SECTION.—Section 1713 is—

(1) transferred to subchapter VIII of chapter 17 of title 38, United States Code, as added by subsection (b), and inserted after the subchapter heading;

(2) redesignated as section 1781; and

(3) amended by adding at the end of subsection (b) the following new sentence: “A dependent or survivor receiving care under the preceding sentence shall be eligible for the same medical services as a veteran, including services under sections 1782 and 1783 of this title.”

(d) REPEAL OF RECODIFIED AUTHORITY.—Section 1711 is amended by striking subsection (b).

(e) CROSS REFERENCE AMENDMENTS.—Title 38, United States Code, is further amended as follows:

(1) Section 103(d)(5)(B) is amended by striking “1713” and inserting “1781”.

(2) Section 1701(5) is amended by striking “1713(b)” in subparagraphs (B) and (C)(i) and inserting “1781(b)”.

(3) Section 1712A(b) is amended—

(A) in the last sentence of paragraph (1), by striking “section 1711(b)” and inserting “section 1784”; and

(A) in paragraph (2), by striking “section 1701(6)(B)” and inserting “sections 1782 and 1783”.

(4) Section 1729(f) is amended by striking “section 1711(b)” and inserting “section 1784”.

(5) Section 1729A(b) is amended—

(A) by redesignating paragraph (7) as paragraph (8); and

(B) by inserting after paragraph (6) the following new paragraph (7):

“(7) Section 1784 of this title.”

(6) Section 8111(g) is amended—

(A) in paragraph (4), by inserting “services under sections 1782 and 1783 of this title” after “of this title,”; and

(B) in paragraph (5), by striking “section 1711(b) or 1713” and inserting “section 1782, 1783, or 1784”.

(7) Section 8111A(a)(2) is amended by inserting “, and the term ‘medical services’ includes services under sections 1782 and 1783 of this title” before the period at the end.

(8) Section 8152(1) is amended by inserting “services under sections 1782 and 1783 of this title,” after “of this title),”.

(9) Sections 8502(b), 8520(a), and 8521 are amended by striking “the last sentence of section 1713(b)” and inserting “the penultimate sentence of section 1781(b)”.

(f) CLERICAL AMENDMENTS.—

(1) The table of sections at the beginning of such chapter is amended—

(A) by striking the item relating to section 1707 and inserting the following:

“1707. Limitations.”;

(B) by striking the item relating to section 1713; and

(C) by adding at the end the following:

“SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

“1781. Medical care for survivors and dependents of certain veterans.

“1782. Counseling, training, and mental health services for immediate family members.

“1783. Bereavement counseling.

“1784. Humanitarian care.”.

(2) The heading for section 1707 is amended to read as follows:

“§ 1707. Limitations”.

SEC. 209. EXTENSION OF EXPIRING COLLECTIONS AUTHORITIES.

(a) HEALTH CARE COPAYMENTS.—Section 1710(f)(2)(B) is amended by striking “September 30, 2002” and inserting “September 30, 2007”.

(b) MEDICAL CARE COST RECOVERY.—Section 1729(a)(2)(E) is amended by striking “October 1, 2002” and inserting “October 1, 2007”.

SEC. 210. PERSONAL EMERGENCY RESPONSE SYSTEM FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES.

(a) EVALUATION AND STUDY.—The Secretary of Veterans Affairs shall carry out an evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-connected disabilities. The evaluation and study shall be commenced not later than 60 days after the date of the enactment of this Act.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the evaluation and study under subsection (a). The Secretary shall include in the report the Secretary’s findings resulting from the evaluation and study and the Secretary’s conclusion as to whether the Department of Veterans Affairs should

provide a personal emergency response system to veterans with service-connected disabilities.

(c) **AUTHORITY TO PROVIDE SYSTEM.**—If the Secretary concludes in the report under subsection (b) that a personal emergency response system should be provided by the Department of Veterans Affairs to veterans with service-connected disabilities—

(1) the Secretary may provide such a system, without charge, to any veteran with a service-connected disability who is enrolled under section 1705 of title 38, United States Code, and who submits an application for such a system under subsection (d); and

(2) the Secretary may contract with one or more vendors to furnish such a system.

(d) **APPLICATION.**—A personal emergency response system may be provided to a veteran under subsection (c)(1) only upon the submission by the veteran of an application for the system. Any such application shall be in such form and manner as the Secretary may require.

(e) **DEFINITION.**—For purposes of this section, the term “personal emergency response system” means a device—

(1) that can be activated by an individual who is experiencing a medical emergency to notify appropriate emergency medical personnel that the individual is experiencing a medical emergency; and

(2) that provides the individual’s location through a Global Positioning System indicator.

SEC. 211. ONE-YEAR EXTENSION OF ELIGIBILITY FOR HEALTH CARE OF VETERANS WHO SERVED IN SOUTHWEST ASIA DURING THE PERSIAN GULF WAR.

Section 1710(e)(3)(B) is amended by striking “December 31, 2001” and inserting “December 31, 2002”.

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*

Withdrawal Marker

The George W. Bush Library

FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Reporting Requirements in H.R. 3447

Maintenance of Capacity for Specialized Treatment of Disabled Veterans. H.R. 3447 would extend for three years, to April 1, 2004, VA's obligation to annually report to the House and Senate Veterans' Affairs Committees on its compliance with the maintenance of capacity requirement for the specialized treatment and rehabilitative needs of disabled veterans. It also would require VA to measure the distinct programs or facilities for seriously ill veterans in different ways for the different services provided. All of the data must be provided by geographic service area and totaled nationally. The enrolled bill would require the report to include information on recidivism rates associated with substance-use disorder treatment, and require VA to use standardized data and data definitions. It also would require the VA Inspector General to audit the report and submit a certification to Congress as to the report's accuracy.

National Commission on VA Nursing. H.R. 3447 would require the National Commission on VA Nursing to submit a report on its findings and conclusions to Congress and the VA Secretary no later than two years after its first meeting. No later than 60 days after the date of the Commission's report, VA would be required to submit a report to Congress which would provide the Secretary's views of the Commission's findings and conclusions, and explain what actions, if any, the Secretary would take to implement the Commission's recommendations.

Evaluation of Nurse-Managed Care Clinics. H.R. 3447 would require VA to complete an evaluation of its nurse-managed care clinics no later than 18 months after the enrolled bill's enactment. The enrolled bill would specify that the evaluation should include these clinics, including primary care and geriatric clinics, located in three different geographic areas. If VA does not have clinics in three different geographic areas, it would be required to establish clinics in three different geographic areas and include them in the evaluation. VA would be required to submit a report on the evaluation to the House and Senate Veterans' Affairs Committees no later than 18 months after the date of the enrolled bill's enactment, and provide a copy of the report to the National Commission on VA Nursing.

Request of Waivers of Pay Reductions for Reemployed Annuitants. H.R. 3447 would require VA to report, no later than March 28th of 2002 and 2003, to the House and Senate Veterans' Affairs Committees, as well as the National Commission on VA Nursing, regarding VA's requests during the previous fiscal year to the Director of OPM for pay reduction waivers for reemployed annuitants for appointments to VHA nurse positions. The reports must specify the response of the OPM Director to each request and if the request was granted, whether or not the waiver or authority assisted the VA Secretary in meeting the requirements for appointments to VHA nurse positions.

Annual Report on Nurse Retention Authorities. H.R. 3447 would require that VA submit a report to Congress and the National Commission on VA Nursing, no later than January 31st of each year, regarding VA's use of authorities to exempt experienced nurses from VA's nurse qualification standards. The enrolled bill would specify that the report should include, for each

VA medical facility and geographic service area, the number of waivers requested and granted to promote nurses who have not completed a baccalaureate degree in nursing in a recognized school of nursing, as well as information on age, race, and years of experience of the individuals subject to the waiver requests and waivers. The report must also discuss the programs carried out to facilitate the use of nursing education programs, including flexible scheduling, scholarships, salary replacement pay, and on-site classes, by experienced nurses.

Mandatory Overtime for Nurses and Nursing Assistants. H.R. 3447 would require VA to report to the House and Senate Veterans' Affairs Committees, as well as the National Commission on VA Nursing, no later than 180 days after the enrolled bill's enactment, on the use of mandatory overtime by licensed nurses and nursing assistants in VA medical facilities during 2001.

Mandatory overtime is defined as any period in which a nurse or nursing assistant is required to work or be in on-duty status in excess of: (1) a scheduled workshift or duty period; (2) 12 hours in any 24-hour period; or (3) 80 hours in any period of 14 consecutive days.

Personal Emergency Response System. No later than 180 days after the enrolled bill's enactment, VA should submit to the House and Senate Veterans' Affairs Committees a report on the evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-connected disabilities. The report should include the findings from the evaluation and study, as well as the Secretary's conclusion as to whether VA should provide a personal emergency response system to veterans with service-connected disabilities.

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FORM	SUBJECT/TITLE	PAGES	DATE	RESTRICTION(S)
Memorandum	Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 - To: POTUS - From: Mitchell E. Daniels, Jr.	6	01/14/2002	P5;

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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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