

## S 801

Caregiver and Veterans Health Services Act of 2009

**Congress:** 111 (2009–2011, Ended)

**Chamber:** Senate

**Policy Area:** Armed Forces and National Security

**Introduced:** Apr 2, 2009

**Current Status:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 167.

**Latest Action:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 167. (Sep 25, 2009)

**Official Text:** <https://www.congress.gov/bill/111th-congress/senate-bill/801>

### Sponsor

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**Name:** Sen. Akaka, Daniel K. [D-HI]

**Party:** Democratic • **State:** HI • **Chamber:** Senate

Cosponsors (27 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Burr, Richard [R-NC]	R · NC		Apr 2, 2009
Sen. Burris, Roland [D-IL]	D · IL		Apr 2, 2009
Sen. Rockefeller, John D., IV [D-WV]	D · WV		Apr 2, 2009
Sen. Tester, Jon [D-MT]	D · MT		Apr 2, 2009
Sen. Begich, Mark [D-AK]	D · AK		Apr 20, 2009
Sen. Brown, Sherrod [D-OH]	D · OH		Apr 20, 2009
Sen. Snowe, Olympia J. [R-ME]	R · ME		May 11, 2009
Sen. Murray, Patty [D-WA]	D · WA		May 20, 2009
Sen. Reed, Jack [D-RI]	D · RI		Jun 10, 2009
Sen. Specter, Arlen [D-PA]	D · PA		Jun 15, 2009
Sen. Murkowski, Lisa [R-AK]	R · AK		Jun 17, 2009
Sen. Johanns, Mike [R-NE]	R · NE		Jun 18, 2009
Sen. McCaskill, Claire [D-MO]	D · MO		Jul 6, 2009
Sen. Merkley, Jeff [D-OR]	D · OR		Jul 6, 2009
Sen. Thune, John [R-SD]	R · SD		Jul 20, 2009
Sen. Cardin, Benjamin L. [D-MD]	D · MD		Jul 23, 2009
Sen. Hagan, Kay R. [D-NC]	D · NC		Jul 23, 2009
Sen. Johnson, Tim [D-SD]	D · SD		Jul 23, 2009
Sen. Bennet, Michael F. [D-CO]	D · CO		Jul 24, 2009
Sen. Casey, Robert P., Jr. [D-PA]	D · PA		Jul 24, 2009
Sen. Durbin, Richard J. [D-IL]	D · IL		Jul 24, 2009
Sen. Udall, Tom [D-NM]	D · NM		Jul 24, 2009
Sen. Hutchison, Kay Bailey [R-TX]	R · TX		Aug 3, 2009
Sen. Grassley, Chuck [R-IA]	R · IA		Aug 4, 2009
Sen. Baucus, Max [D-MT]	D · MT		Oct 28, 2009
Sen. Nelson, Bill [D-FL]	D · FL		Oct 28, 2009
Sen. Stabenow, Debbie [D-MI]	D · MI		Nov 10, 2009

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	Senate	Reported By	Sep 25, 2009

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
111 S 1963	Related bill	<b>May 5, 2010:</b> Became Public Law No: 111-163.
111 HR 2342	Related bill	<b>May 15, 2009:</b> Referred to the Subcommittee on Health.

Caregiver and Veterans Health Services Act of 2009 - **Title I: Caregiver Support** - (Sec. 101) Authorizes the Secretary of Veterans Affairs to waive charges for care provided by the Department of Veterans Affairs (VA) in emergency cases to attendants accompanying veterans severely injured while on active duty on or after September 11, 2001, while such veterans are receiving VA care for such injuries.

(Sec. 102) Directs the Secretary, as part of authorized VA home health services for veterans, to furnish family caregiver assistance to family members of veterans in need of personal care services due to a serious injury incurred or aggravated during active duty. Requires the Secretary to: (1) evaluate the services needed by each veteran; (2) provide training and approval to the caregivers; (3) designate a primary personal care attendant for each eligible veteran; (4) provide ongoing family caregiver assistance to such family members; (5) provide respite care for the veteran, in appropriate cases; (6) pay monthly caregiver stipends; (7) conduct oversight of the caregiver assistance program, including visits to each eligible veteran at least every six months; and (8) provide program outreach. Directs the Secretary to: (1) submit to the congressional veterans committees a plan for program implementation; and (2) report annually to such committees evaluating the program.

(Sec. 103) Directs the Secretary to reimburse attendants for travel expenses, including lodging and subsistence, in connection with authorized VA treatment for veterans.

(Sec. 104) Requires the Secretary to: (1) conduct a national survey of family caregivers of seriously disabled veterans and members of the Armed Forces to better understand the size and characteristics of their population and the types of care they provide; and (2) report survey results to Congress.

**Title II: Rural Health Improvements** - (Sec. 201) Revises the VA's health professional education debt reduction program to remove the \$44,000-per-individual limit on loan repayments under the program. Directs the Secretary, in each offer of employment to a health professional, to provide notice of such individual's eligibility to participate in the program. Provides for the selection of program participants.

(Sec. 202) Directs the Secretary to establish and carry out a scholarship program of financial assistance for individuals who: (1) are accepted for, or currently enrolled in, a program of study leading to a degree or certificate in visual impairment or orientation and mobility, or both; and (2) enter into an agreement to serve, after program completion, as a full-time VA employee for three years within the first six years after program completion. Sets maximum assistance amounts of \$15,000 per academic year and \$45,000 total. Requires pro rata repayment for failure to satisfy education or service requirements, while allowing the Secretary to waive or suspend repayment when noncompliance is due to circumstances beyond the control of the participant, or when waiver or suspension is in the best interests of the United States.

(Sec. 203) Directs the Secretary to transfer specified amounts from Veterans Health Administration (VHA) accounts to the Secretary of Health and Human Services (HHS) in order to include VA facilities in the list of facilities eligible for assignment of participants in the National Health Service Corps Scholarship Program.

(Sec. 204) Requires the Secretary to carry out a program of: (1) teleconsultation for the provision of remote mental health and traumatic brain injury assessments in VA facilities not otherwise able to provide such assessments without contracting with third party providers or reimbursing providers through a fee-basis system; and (2) teleretinal imaging in each Veterans Integrated Services Network. Requires annual reports from the Secretary to Congress on each program.

Directs the Secretary to: (1) require each VA facility involved in the training of medical residents to work with each university concerned to develop an elective rotation in telemedicine for such residents; (2) modify the Veterans Equitable Resource Allocation (VERA) system to provide Veterans Integrated Services Networks with incentives to utilize teleconsultation, teleretinal imaging, telemedicine, and telehealth coordination services; and (3) modify the VERA system to require the inclusion of all telemedicine visits in the calculation of facility workload.

(Sec. 205) Authorizes the Secretary to carry out demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas. Requires the Secretary to report project results to the veterans and appropriations committees.

(Sec. 206) Requires the Secretary to establish a program to provide to veterans of Operations Iraqi Freedom and Enduring Freedom, particularly those who so served with the National Guard or reserves: (1) peer outreach services; (2) peer support services; (3) readjustment counseling and related services; and (4) mental health services. Requires the Secretary to establish a program to provide to immediate family members of such veterans, during the three-year period after the veteran's return from such deployment, education, support, counseling, and mental health services to assist in: (1) the veteran's readjustment to civilian life; (2) in the case of a veteran with an injury or illness incurred during such deployment, the recovery of the veteran; and (3) the readjustment of the family following the veteran's return. Directs the Secretary to contract with community mental health services and other qualified entities in areas not adequately served by other health care facilities or VA vet centers. Requires the appropriate training of veterans and clinicians for the provision of such services. Directs the Secretary to submit to the veterans committees an initial implementation report, as well as a subsequent status report.

(Sec. 207) Directs the Secretary to assign, at each of the 10 VA medical centers that serve the greatest number of Indian veterans per capita, a VA official or employee to act as the center's coordinator of health care for Indian veterans. Requires each such coordinator to: (1) improve outreach to tribal communities; (2) coordinate the medical needs of Indian veterans on Indian reservations with the VHA and the Indian Health Service (IHS); (3) expand the access and participation of the VA, IHS, and tribal members in the Department of Veterans Affairs Tribal Veterans Representative program; (4) act as an ombudsman for Indian veterans enrolled in the VHA health care system; and (5) advocate for the incorporation of traditional medicine and healing in VA treatment plans for Indian veterans. Directs the Secretaries of VA and HHS to enter into an agreement to ensure that health records of Indian veterans may be transferred electronically between facilities of the IHS and the VA. Authorizes the VA Secretary to transfer surplus medical and information technology equipment to the IHS. Requires a joint report from such Secretaries to Congress on the feasibility and advisability of the joint VA-IHS establishment and operation of health clinics on Indian reservations to serve the populations of such reservations, including Indian veterans.

(Sec. 208) Authorizes the Secretary to pay travel expenses for veterans receiving treatment at VA facilities at the rate of 41.5 cents per mile. (Under current law the rate is that provided to federal employees in connection with the performance of official duties.) Allows the Secretary, one year after the enactment of this Act, to adjust such rate to make it equal to the mileage reimbursement rate for the use of privately-owned vehicles by government employees on official business (requiring a justification to Congress if such adjustment causes a decrease from the previous rate). Includes within such reimbursement travel by air if it is the only practical way to reach a VA facility. Requires the Secretary, in considering whether travel by air is the only practical way, to consider the veteran's medical condition and any other impediments to their use of ground transportation.

(Sec. 209) Requires the VA's Director of the Office of Rural Health to develop a five-year strategic plan for such Office,

which shall include specific goals for: (1) the recruitment and retention of health care personnel in rural areas; and (2) ensuring the timeliness and quality of health care delivery in rural communities.

(Sec. 210) Directs the Secretary to designate a rural outreach coordinator at each VA community-based outpatient clinic at which at least 50% of the enrolled veterans reside in a highly rural area. Requires the Secretary to adjust the compensation of VA health care providers, and provide certain incentives, to encourage such providers to achieve accreditation of their medical practice and to participate in peer review. Directs the Chief Quality and Performance Officer in each Veterans Integrated Services Network to take specified actions to effect the peer review of patient records by a VA facility.

(Sec. 211) Authorizes the VA to use volunteer counselors in the provision of readjustment counseling and related mental health services. Requires such volunteers to: (1) be licensed; (2) never have been named in a tort claim arising from counseling activities; and (3) be free from disciplinary action related to licensing or certification. Directs the Secretary to establish procedures for issuing credentials and privileges to volunteer counselors. Requires each VA vet center to develop an outreach plan for community awareness of the services offered by such center.

(Sec. 212) Directs the Secretary to establish and operate at least one and up to five centers of excellence for rural health research, education, and clinical activities, requiring geographic distribution in center selection. Authorizes appropriations.

(Sec. 213) Requires the Secretary to carry out a three-year pilot program on financial incentives for VA physicians who assume and maintain patient responsibilities at community hospitals in health professional shortage areas. Directs the Secretary to compensate participating physicians for such responsibilities carried out for which the physician would not otherwise be compensated by the VA. Requires a written agreement between the VA and the physician with respect to compensation amounts. Directs the Secretary to report annually to Congress on the pilot program during its duration.

(Sec. 214) Requires an annual report from the Secretary to Congress on certain matters related to care for veterans who reside in rural areas, as well as on the establishment and functions of the VA's Office of Rural Health.

(Sec. 215) Directs the Secretary to make grants to state veterans service agencies and veterans service organizations to provide innovative transportation options to veterans in highly rural areas. Limits each grant amount to \$50,000. Authorizes appropriations.

**Title III: Other Health Care Matters** - (Sec. 301) Revises provisions concerning the authority of the Secretary to reimburse a veteran for the cost of emergency care provided in a non-VA facility to provide that, if the veteran has contractual or legal recourse against a third party that would, in part, extinguish the veteran's liability to the provider of the emergency treatment and payment for the treatment may be made by both the VA and the third party, the amount payable by the VA shall be that which exceeds the cost payable by the third party. Includes as third parties: (1) the HHS Secretary, with respect to the Medicare program under title XVIII of the Social Security Act; and (2) a state Medicaid agency with respect to payments made under a state plan for medical assistance approved under title XIX (Medicaid) of such Act. Authorizes the Secretary to provide reimbursement for such emergency care provided before the date of enactment of this Act if the Secretary determines it appropriate to do so.

(Sec. 302) Prohibits the Secretary from requiring a veteran who is catastrophically disabled from making any copayment for the receipt of VA hospital care or medical services.

**Title IV: Construction and Naming Matters** - (Sec. 401) Authorizes the Secretary to carry out a major medical facility construction project at the Department of Veterans Affairs Medical Center, Walla Walla, Washington, and authorizes

appropriations for the project.

(Sec. 402) Designates the VA outpatient clinic in Havre, Montana, as the "Merril Lundman Department of Veterans Affairs Outpatient Clinic."

### **Actions Timeline**

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- **Sep 25, 2009:** Committee on Veterans' Affairs. Reported by Senator Akaka with an amendment in the nature of a substitute and an amendment to the title. With written report No. 111-80.
- **Sep 25, 2009:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 167.
- **May 21, 2009:** Committee on Veterans' Affairs. Ordered to be reported without amendment favorably.
- **Apr 22, 2009:** Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 111-76.
- **Apr 2, 2009:** Introduced in Senate
- **Apr 2, 2009:** Sponsor introductory remarks on measure. (CR S4349-4350)
- **Apr 2, 2009:** Read twice and referred to the Committee on Veterans' Affairs. (text of measure as introduced: CR S4350-4353)