

CAREGIVER ASSISTANCE AND RESOURCE ENHANCEMENT
ACT

JULY 23, 2009.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

[To accompany H.R. 3155]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3155) to amend title 38, United States Code, to provide certain caregivers of veterans with training, support, and medical care, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Caregiver Assistance and Resource Enhancement Act”.

SEC. 2. SUPPORT SERVICES FOR CAREGIVERS.

(a) DEFINITIONS.—Section 1701 of title 38, United States Code, is amended by adding at the end the following new paragraphs:

“(10) The term ‘caregiver services’ means noninstitutional extended care (as used in paragraph (6)).

“(11) The term ‘caregiver’ means an individual who—

“(A) with respect to a disabled veteran who is enrolled in the health care system established under section 1705(a) of this title, provides caregiver services to such veteran for such disability; and

“(B) is not a member of the family (including parents, spouses, children, siblings, step-family members, and extended family members) of such veteran.

“(12) The term ‘family caregiver’ means an individual who—

“(A) with respect to a disabled veteran who is enrolled in the health care system established under section 1705(a) of this title, provides caregiver services to such veteran for such disability;

“(B) is a member of the family (including parents, spouses, children, siblings, step-family members, and extended family members) of such veteran; and

“(C) may or may not reside with such veteran.”

(b) SUPPORT SERVICES.—

(1) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 1720G. Support services for caregivers and family caregivers

“(a) ESTABLISHMENT OF PROGRAM.—The Secretary shall develop and carry out a program for caregivers and family caregivers that includes the following:

“(1) The educational sessions, stipends, and access to support services provided under this section.

“(2) Counseling and other services provided under section 1782 of this title.

“(3) Respite care provided under section 1720B of this title.

“(4) With respect to family caregivers, medical care provided under section 1781(e) of this title.

“(5) Travel expenses provided under section 111(e) of this title.

“(b) EDUCATIONAL SESSIONS.—(1) The Secretary shall make available educational sessions for caregivers, family caregivers, and individuals described in paragraph (2). Such educational sessions shall—

“(A) be made available both in person and on an Internet website;

“(B) incorporate available technology, including telehealth technology to the extent practicable; and

“(C) teach techniques, strategies, and skills for caring for a disabled veteran, including, at a minimum, a veteran who—

“(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(ii) has post-traumatic stress disorder, a traumatic brain injury, or other severe injury or illness.

“(2) Individuals described in this paragraph are individuals who provide caregivers and family caregivers with support under this chapter or through an aging network (as defined in section 102(5) of the Older Americans Act of 1965 (42 U.S.C. 3002(5))), including—

“(A) respite care providers;

“(B) nursing care providers; and

“(C) counselors.

“(c) STIPENDS.—(1) The Secretary shall provide monthly stipends to eligible family caregivers described in paragraph (2).

“(2) An eligible family caregiver described in this paragraph is a family caregiver who—

“(A) provides caregiver services to a veteran who—

“(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

- “(ii) for purposes of this subsection, is determined by the Secretary—
- “(I) to have a service-connected disability or illness that is severe;
 - “(II) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and
 - “(III) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living;
- “(B) with respect to such veteran, meets the definition of the term ‘family caregiver’ under section 1701(12) of this title;
- “(C) is designated by such veteran as the primary family caregiver for such veteran; and
- “(D) is not—
- “(i) employed by a home health care agency to provide such caregiver services; or
 - “(ii) otherwise receiving payment for such services.
- “(3) The authority of the Secretary to provide a stipend to an eligible family caregiver under this subsection shall expire on October 1, 2012.
- “(d) ACCESS TO SUPPORT SERVICES.—The Secretary shall provide caregivers and family caregivers with information concerning public, private, and non-profit agencies that offer support to caregivers. In providing such information, the Secretary shall—
- “(1) collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers and family caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services; and
 - “(2) include on an Internet website that is dedicated to caregivers and family caregivers—
 - “(A) a directory of services available for caregivers and family caregivers at the county level; and
 - “(B) tools that provide caregivers and family caregivers with the ability to interact with each other for the purpose of fostering peer support and creating support networks.
- “(e) INFORMATION AND OUTREACH.—(1) The Secretary shall conduct outreach to inform disabled veterans and the families of such veterans of the following:
- “(A) Medical care, educational sessions, stipends, and other services available for caregivers and family caregivers under this chapter.
 - “(B) The ability of a family caregiver to be trained and certified by a home health care agency in order to be paid by such agency for providing caregiver services.
- “(2) Outreach under this subsection shall include, at a minimum, the following:
- “(A) Public service announcements.
 - “(B) Brochures and pamphlets.
 - “(C) Full use of Internet-based outreach methods, including such methods designed specifically for veterans and the families of such veterans who reside in rural areas.
- “(3) With respect to a Department employee providing case management services (as defined in section 1720C(b)(2) of this title) to a disabled veteran, the Secretary shall ensure that such employee provides a caregiver or family caregiver of such veteran with information on the services described in subparagraphs (A) and (B) of paragraph (1).”.
- (2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of title 38, United States Code, is amended by inserting after the item related to section 1720F the following new item:
- “1720G. Support services for caregivers and family caregivers.”.
- (c) PLAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the House of Representatives and the Committee on Veterans’ Affairs of the Senate a plan for carrying out section 1720G of title 38, United States Code, as added by subsection (b) of this section.
- (d) REPORTS.—Not later than 180 days after the date on which the plan is submitted under subsection (c), and annually thereafter for the following five years, the Secretary shall submit to the Committee on Veterans’ Affairs of the House of Representatives and the Committee on Veterans’ Affairs of the Senate a report describing the implementation of the plan.

SEC. 3. COUNSELING AND MENTAL HEALTH SERVICES FOR CAREGIVERS AND FAMILY CAREGIVERS.

(a) IN GENERAL.—Section 1782 of title 38, United States Code, is amended—

(1) in the section heading, by adding at the end the following: “, **caregivers, and family caregivers**”; and

(2) in subsection (c)—

(A) in paragraph (1), by striking “; or” and inserting a semicolon;

(B) by redesignating paragraph (2) as paragraph (3); and

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

“(2) a caregiver or family caregiver of a veteran; or”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of title 38, United States Code, is amended by striking the item relating to section 1782 and inserting the following new item:

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

SEC. 4. RESPITE CARE TO ASSIST FAMILY CAREGIVERS.

Section 1720B of title 38, United States Code, is amended—

(1) in subsection (a), by striking “title.” and inserting “title or who receives care from a family caregiver.”; and

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

“(d) In furnishing respite care services under this section, the Secretary shall ensure that such services—

“(1) fulfill the needs of the veteran receiving care (including 24-hour in-home respite care); and

“(2) are appropriate for the veteran with respect to the age of the veteran.”.

SEC. 5. MEDICAL CARE FOR FAMILY CAREGIVERS.

Section 1781 of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (2), by striking “and” at the end;

(B) in paragraph (3), by inserting “and” at the end; and

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

“(4) in accordance with subsection (e), a family caregiver.”;

(2) in the third sentence of subsection (b), by striking “dependent or survivor” and inserting “dependent, survivor, or family caregiver”; and

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

“(e)(1) The Secretary shall provide medical care to a family caregiver under this section if the Secretary determines that the family caregiver is not entitled to care or services under a health-plan contract as defined under section 1725(f)(2) of this title (determined, in the case of a health-plan contract as defined in subsection (f)(2)(B) or (f)(2)(C) of such section, without regard to any requirement or limitation relating to eligibility for care or services from any department or agency of the United States).

“(2) In this subsection, a family caregiver is an individual who—

“(A) provides caregiver services to a veteran who—

“(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(ii) for purposes of this subsection, is determined by the Secretary—

“(I) to have a service-connected disability or illness that is severe;

“(II) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

“(III) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living;

“(B) with respect to such veteran, meets the definition of the term ‘family caregiver’ under section 1701(12) of this title; and

“(C) is designated by such veteran as the primary family caregiver for such veteran.

“(3) The authority of the Secretary to provide medical care to a family caregiver under this section shall expire on October 1, 2012.”.

SEC. 6. LODGING AND SUBSISTENCE FOR FAMILY CAREGIVERS.

Section 111(e) of title 38, United States Code, is amended—

(1) by striking “When” and inserting the following: “(1) Except as provided in paragraph (2), when”; and

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

“(2) Without regard to whether a covered veteran entitled to mileage under this section requires an attendant in order to perform such travel, an attendant of such covered veteran may be allowed expenses of travel (including lodging and subsistence) upon the same basis as such veteran during—

“(A) the period of time in which such veteran is traveling to and from a treatment facility; and

“(B) the duration of the treatment episode for such veteran.

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

“(A) to limit the number of attendants that may receive expenses of travel under paragraph (2) for a single treatment episode of a covered veteran; and

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

“(4) In this subsection, the term ‘covered veteran’ means a veteran who—

“(A) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(B) for purposes of this subsection, is determined by the Secretary—

“(i) to have a service-connected disability or illness that is severe;

“(ii) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

“(iii) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living.”.

SEC. 7. SURVEY ON CAREGIVERS AND FAMILY CAREGIVERS.

(a) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, and not less than once in each three-year period thereafter, the Secretary of Veterans Affairs shall design and conduct a survey of caregivers and family caregivers. In carrying out the survey, the Secretary shall collect the following information:

(1) The number of caregivers.

(2) The number of family caregivers.

(3) The number of veterans receiving caregiver services from caregivers and family caregivers, including the era in which each veteran served in the Armed Forces.

(4) The range of caregiver services provided by caregivers and family caregivers, including—

(A) the average schedule of such services; and

(B) the average amount of time a caregiver and family caregiver has spent providing such services.

(5) The average age of a caregiver and family caregiver.

(6) The health care coverage of caregivers and family caregivers, including the sources of such coverage.

(7) The employment status of caregivers and family caregivers.

(8) Incidents of significant life changes related to being a caregiver or family caregiver, including unemployment and disenrollment from a course of education.

(9) The number of family caregivers trained and certified through a home health care agency.

(10) Other information the Secretary considers appropriate.

(b) SURVEY SAMPLE.—In carrying out the survey required by subsection (a), the Secretary shall ensure that—

(1) a statistically representative sample of caregivers and family caregivers is included in the survey; and

(2) such sample covers veterans in each Veterans Integrated Service Network.

(c) FINDINGS.—The Secretary shall consider the findings of the survey when carrying out programs related to caregivers and family caregivers.

(d) REPORTS.—Not later than 180 days after the date on which each survey is completed, the Secretary shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Committee on Veterans' Affairs of the Senate a report on caregivers and family caregivers. Each such report shall include—

(1) the findings of the survey required by subsection (a);

(2) a summary of the services made available to caregivers and family caregivers by the Secretary;

(3) the number of caregivers and family caregivers who receive such services;

(4) the cost to the Department of Veterans Affairs of providing each such service; and

(5) other information the Secretary considers appropriate.

(e) DEFINITIONS.—In this section:

(1) The term “caregiver” has the meaning given such term in section 1701(11) of title 38, United States Code, as added by section 2(a) of this Act.

(2) The term “family caregiver” has the meaning given such term in section 1701(12) of title 38, United States Code, as added by section 2(a) of this Act.

PURPOSE AND SUMMARY

H.R. 3155 was introduced by Representative Michael H. Michaud of Maine, Chairman of the Subcommittee on Health of the Committee on Veterans’ Affairs, on July 9, 2009. H.R. 3155, as amended, would create a new caregiver program to help family and non-family members who provide care for disabled, ill, or injured veterans enrolled in the U.S. Department of Veterans Affairs (VA) health care system. The VA would also be required to conduct a survey on caregivers in order to better understand this population. Key components of the new caregiver program would include support services such as educational sessions, access to a comprehensive one-stop resource directory, counseling and mental health services, and respite care. In addition, this legislation would provide a monthly financial stipend, health care through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and lodging and subsistence to eligible caregivers of certain veterans.

BACKGROUND AND NEED FOR LEGISLATION

Today, more servicemembers are surviving the wounds of war than those injured in previous conflicts. For example, the ratio of wounded to killed averaged approximately 1.7 wounded for every fatality for the first two World Wars. In Korea and Vietnam, the ratio improved to three wounded per fatality, largely due to air medical evacuation. In Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), improved body armor and superior battlefield medicine techniques have resulted in seven wounded per fatality. The increasing number of wounded OEF/OIF servicemembers surviving the war brings to the forefront the question of who will provide continuing care for these injured men and women once they transition to veteran status.

It is estimated that for any given year there are more than 50 million people who provide informal caregiving for a chronically ill, disabled, or aged family member or friend. These caregivers serve as the foundation of the country’s long-term care system. It is estimated that about 80 percent of adults living in the community and in need of long-term care depend on a family member or a friend, thereby avoiding costly institutional nursing home care. The majority of these caregivers are women. Caregiving exacts both a financial and physical toll on these individuals. For example, women caregivers are more than twice as likely to live in poverty and are five times more likely to receive Supplemental Security Income (SSI) than their non-caregiver counterparts. Also, individuals serving as caregivers for a family or friend report having a chronic health condition at twice the rate of non-caregivers and those who provide 36 or more hours of weekly care are more likely to experience symptoms of depression and anxiety than non-caregivers.

Because the VA does not collect data on this population, the number of family members and friends who provide care for veterans is unknown. However, the July 2007 report of the President's Commission on Care for America's Returning Wounded Warriors (Dole-Shalala Commission) found that of the 1,730 injured OEF/OIF veterans surveyed, about 21 percent of active duty, 15 percent of the reserve, and 24 percent of retired or separated service-members had friends or family who gave up a job to be a caregiver. In order to better understand the caregiver population providing care to veterans, H.R. 3155 would require the VA to conduct a caregivers survey at least once every three years to individuals caring for veterans enrolled in the VA health care system. It would also require a report to Congress providing the findings of the survey no later than 180 days after the date on which the survey is completed. The Committee believes that this study would be an essential component in meeting the needs of caregivers in the future.

H.R. 3155 would establish a new caregiver program in order to provide coordinated support services to caregivers. Caregivers often have a poor understanding of the services they are eligible for, thereby resulting in an underutilization of caregiver support services available through the VA. H.R. 3155 would require the VA to train existing case managers to also provide information about support services and benefits available to the caregivers of such veterans. This legislation would also require the VA to provide information and conduct outreach using all mediums of communication to spread the message about caregiver support services available through the VA, including new services made available through this Act.

Although VA offers support services to caregivers of veterans, additional services are needed for those who forego their employment, education, or make other major life changes in order to care for their wounded veteran family member. The well-being of the caregiver is important as it affects the quality of care that the wounded veteran receives. Ensuring the best care for our veterans means equipping family caregivers with the right tools and support services. H.R. 3155 would provide a range of support services to help both family and non-family caregivers of veterans of all eras. This includes educational sessions for caregivers, a one-stop caregiver resource directory, and respite care which is age-appropriate and meets the needs of the veteran. This legislation would also provide counseling and mental health services, and include peer support groups to help caregivers cope with the daily stress of caregiving.

H.R. 3155 would provide key benefits of lodging and subsistence, a financial stipend, and health care for a select group of caregivers of certain eligible veterans. The Committee believes that a family caregiver will be better positioned to care for the injured veteran by attending to their own health care needs and general wellness. This legislation would define certain eligible veterans as those who were deployed in support of OEF/OIF, are determined by the Secretary of VA to have a severe service-connected injury or illness, are unable to carry out activities of daily living (including instrumental activities), and are in need of caregiver services such that without them the veteran would require hospitalization, nursing home care, or other residential institutional care. This legislation would authorize the VA to reimburse caregivers for lodging and

subsistence when they accompany certain eligible veterans on medical visits. Such caregivers must meet the definition of an attendant under the current statute. This would help to address the plight of some family caregivers who depend on the travel, meals, and lodging allowance provided by the Department of Defense (DoD), which is suddenly discontinued when the wounded warrior transitions to veteran status. This provision would be a step forward in establishing some parity and continuity in caregiver benefits provided by DoD and VA. This legislation would also provide a monthly financial stipend to primary family caregivers of certain eligible veterans through October 1, 2012. To be eligible, the caregiver may not be employed by a home health care agency to provide caregiver services to a family member veteran, or otherwise receive payment for such services. Finally, H.R. 3155 would provide health care through the CHAMPVA program through October 1, 2012, to primary family caregivers of certain eligible veterans if they are without health insurance or are not eligible for other public health insurance options.

HEARINGS

On June 4, 2009, the Subcommittee on Health held an oversight on "Meeting the Needs of Family Caregivers of Veterans." The following witnesses testified: Anna Frese, Caregiver, Wounded Warrior Project; Commander Rene A. Campos, U.S. Navy (Ret.), Deputy Director, Government Relations, Military Officers Association of America; Barbara Cohoon, Ph.D., RN, Government Relations Deputy Director, National Military Family Association; Jill Kagan, MPH, Chair, ARCH National Respite Coalition; Suzanne G. Mintz, President and Co-Founder, National Family Caregivers Association; Mark S. Heaney, President and Chief Executive Officer, Addus Healthcare, Inc., Home Care Aide Section Representative Officer, National Association for Home and Hospice Care; Madhulika Agarwal, M.D., MPH, Chief Patient Care Services Officer, Veterans Health Administration, U.S. Department of Veterans Affairs accompanied by Lucille Beck, Ph.D., Chief Consultant, Rehabilitation Services, Veterans Health Administration, U.S. Department of Veterans Affairs; Thomas E. Edes, MS, Director of Home and Community-Based Care, Office of Geriatrics and Extended Care, Veterans Health Administration, U.S. Department of Veterans Affairs; Thomas J. Kniffen, Chief, Regulations Staff, Compensation and Pension Service, Veterans Benefits Administration, U.S. Department of Veterans Affairs; Edwin L. Walker, Acting Assistant Secretary for Aging, Administration on Aging, U.S. Department of Health and Human Services; and, Noel Koch, Deputy Under Secretary, Office of Transition Policy and Care Coordination, U.S. Department of Defense. Adrian Atizado, Assistant National Legislative Director, Disabled American Veterans submitted a statement for the record.

SUBCOMMITTEE CONSIDERATION

On July 9, 2009, the Subcommittee on Health met in open markup session and ordered favorably forwarded to the full Committee H.R. 3155 by voice vote.

COMMITTEE CONSIDERATION

On July 15, 2009, the full Committee met in an open markup session, a quorum being present, and ordered H.R. 3155, as amended, reported favorably to the House of Representatives, by voice vote. During consideration of the bill, the following amendment was considered:

An amendment in the nature of a substitute by Mr. Michaud of Maine to establish a new caregiver program and to provide for a monthly stipend was agreed to by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 3155 reported to the House. A motion by Mr. Buyer of Indiana to order H.R. 3155, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

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

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

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

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3155 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 3155 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 3155

provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 23, 2009.

Hon. BOB FILNER,
Chairman, Committee on Veterans' Affairs, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3155, the Caregiver Assistance and Resource Enhancement Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

ROBERT A. SUNSHINE
(For Douglas W. Elmendorf, Director).

Enclosure.

H.R. 3155—Caregiver Assistance and Resource Enhancement Act

Summary: H.R. 3155 would authorize several programs for caregivers of disabled veterans. CBO estimates that implementing the bill would cost \$193 million over the 2010–2014 period, assuming appropriation of the estimated amounts. Enacting the bill would not affect direct spending or revenues.

H.R. 3155 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 3155 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans' benefits and services).

Basis of estimate: For this estimate, CBO assumes the legislation will be enacted near the start of fiscal year 2010, that the estimated authorizations will be provided near the start of each fiscal year, and that outlays will follow historical patterns for similar and existing programs.

	By fiscal year, in millions of dollars—					
	2010	2011	2012	2013	2014	2010–2014
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Respite Care:						
Estimated Authorization Level	6	12	25	26	27	96
Estimated Outlays	5	11	23	25	26	90
Support Services:						
Estimated Authorization Level	5	11	23	24	25	88
Estimated Outlays	5	10	21	23	24	83
Stipends for Family Caregivers:						
Estimated Authorization Level	2	4	8	0	0	14
Estimated Outlays	2	4	8	*	0	14
Lodging and Subsistence Benefits for Family Caregivers:						
Estimated Authorization Level	*	*	1	1	1	3
Estimated Outlays	*	*	1	1	1	3
Survey:						
Estimated Authorization Level	1	0	0	1	0	2
Estimated Outlays	1	*	0	1	*	2

	By fiscal year, in millions of dollars—					
	2010	2011	2012	2013	2014	2010–2014
Medical Care for Family Caregivers:						
Estimated Authorization Level	*	*	1	0	0	1
Estimated Outlays	*	*	1	*	0	1
Total Changes:						
Estimated Authorization Level	14	27	58	52	53	204
Estimated Outlays	13	25	54	50	51	193

Note: * = less than \$500,000.

Respite care

Section 4 of the bill would authorize the Department of Veterans Affairs (VA) to provide respite care to family members who are caregivers of disabled veterans enrolled in the VA health care system. CBO estimates that implementing that provision would cost \$90 million over the 2010–2014 period, assuming appropriation of the necessary amounts.

Under current law, caregivers of veterans who receive medical services, hospital care, nursing home care, or domiciliary care from VA are eligible for up to 30 days of respite care. The bill would extend eligibility for that benefit to family caregivers of enrolled veterans who do not receive such care. Based on information from VA, CBO estimates that the majority of disabled, enrolled veterans who require caregivers currently receive care from VA, and that about 1,200 additional caregivers would become newly eligible for respite care in 2010 under this provision. CBO further estimates that VA would provide an average of 21 days of respite care to each caregiver—at a daily cost of \$210 in 2010—for a cost of \$5 million that year. After adjusting for inflation and gradual implementation of the program, CBO estimates that by 2014 about 5,100 caregivers would receive respite care at a cost of \$26 million.

Support services

Several provisions in section 2 would require VA to provide various support services to caregivers of disabled veterans enrolled in the VA health care system and to individuals who provide support to those caregivers, such as counselors and providers of respite or nursing care. CBO estimates that implementing those provisions would cost \$83 million over the 2010–2014 period, assuming appropriation of the necessary amounts.

Under the bill, VA would be required to:

- Provide education and training sessions on caring for disabled veterans,
- Establish an educational website to provide information on caring for disabled veterans and on other federal and private entities that support caregivers, and
- Inform disabled veterans and their families about its support services.

VA has indicated that it would provide the required education and training sessions primarily through telehealth programs; caregivers would be able to access pre-recorded presentations through community-based outpatient clinics. Additional training would be provided a few times each year at VA’s 153 medical centers. Based on information from VA, CBO estimates that in 2010 the department would provide training to about 4,400 caregivers at a cost of

\$1,000 per person. Total costs for that year would be \$4 million. After adjusting for inflation and gradual implementation of the program, CBO estimates that by 2014 about 17,400 caregivers would receive training at a cost of \$22 million that year. Costs to establish a Web site and conduct outreach would total between \$1 million and \$2 million a year, CBO estimates.

Stipends for family caregivers

Section 2 also would require VA to pay a stipend to caregivers of certain veterans. CBO estimates that implementing that provision would cost \$14 million over the 2010–2014 period, assuming appropriation of the necessary amounts.

Under the bill, VA would pay a monthly stipend to family members who care for certain veterans of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF). The bill specifies that those veterans must have a severe illness or disability connected to their military service, be unable to perform activities of daily living (such as bathing, feeding, and dressing), and require caregiver services to such an extent that without those services, they would require care in an institutional setting (such as a hospital or nursing home). The program would end in 2012.

Based on data from VA on the number of covered veterans and from the Bureau of Labor Statistics on average hourly pay for home healthcare aides, CBO estimates that in 2010, VA would pay 50 family caregivers a stipend of \$3,500 a month (an hourly rate of \$10.50 for an average of 340 hours a month), for a cost of \$2 million in 2010. After adjusting for gradual implementation of the program over the 2010–2012 period and for inflation, CBO estimates that the number of family caregivers receiving stipends would grow to 180 in 2012, at a cost of \$8 million in that year.

Lodging and subsistence benefits for family caregivers

Section 6 would authorize VA to pay transportation, lodging, and subsistence expenses of family caregivers of certain OIF/OEF veterans, on the same basis as those expenses are paid for such veterans. Over the 2010–2014 period, CBO estimates that implementing this provision would cost \$3 million, assuming appropriation of the necessary amounts.

The population eligible for this benefit is identical to the population eligible for the monthly stipends under section 2; however, CBO estimates that in any given year about 75 percent of veterans would travel to VA facilities with their caregiver. CBO estimates that caregivers would either travel in the same vehicle with the veteran or would be deemed medically necessary attendants; VA is authorized under current law to pay transportation expenses in those instances.

Lodging and subsistence expenses of caregivers are not reimbursable under current law. Based on information from VA, CBO estimates that in 2010 VA would reimburse \$3,900 each to 35 family caregivers (an average per diem rate of \$130 for 30 days a year), for a cost of less than \$500,000 in 2010. After adjusting for gradual implementation of the program over the 2010–2012 period and for inflation, CBO estimates that the number of family caregivers receiving reimbursements would grow to 135 by 2012, at an annual cost thereafter of \$1 million.

Survey

Section 7 would require VA to design and conduct a survey of veterans' caregivers, once within a year of enactment of the bill and a second time over the following three-year period. Based on information from VA, CBO estimates that implementing that provision would cost \$2 million over the 2010–2014 period, assuming the availability of appropriated funds.

Medical care for family caregivers

Section 5 would authorize VA to provide medical care to family caregivers of certain OIF/OEF veterans, if such caregivers are not covered under other health plans. The program would end in 2012. CBO estimates that implementing the provision would cost \$1 million over the 2010–2014 period, assuming availability of the necessary amounts.

The population eligible for this benefit also is similar to the population eligible for the monthly stipend under section 2; however, CBO estimates that only half the caregivers would be eligible (i.e. would not be covered under other health plans) and would seek medical care from VA. Based on information from VA on the cost of health care it provides to non-veterans, CBO estimates that in 2010 they would provide medical care to 25 family caregivers at an average cost of \$6,000 each. After adjusting for inflation and gradual implementation of the program, CBO estimates that the number of family caregivers receiving medical care would grow to 90 by 2012, at a cost of \$1 million over the 2010–2014 period.

Intergovernmental and private-sector impact: H.R. 3155 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

Estimate prepared by: Federal Costs: Sunita D'Monte; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Elizabeth Bass.

Estimate approved by: Theresa Gullo, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 3155 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 3155.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 3155 is provided by Article I, section 8 of the Constitution of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

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

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This section provides the short title of H.R. 3155 as the “Caregiver Assistance and Resource Enhancement Act.”

Section 2. Support services for caregivers

This section establishes a new caregiver program for family and non-family caregivers of veterans. The program is to be comprised of support services, a monthly financial stipend, counseling and mental health services, respite care, medical care, and reimbursements for certain travel expenses. The VA is required to train case managers of veterans so that they can inform caregivers of such veterans about the services and benefits available through the new caregiver program.

Support services are to be provided to family and non-family caregivers of veterans enrolled in the VA health care system. Such services include education sessions on how to be a better caregiver; one-stop access to support services via a dedicated caregiver support Internet website; and information and outreach. It also includes a monthly financial stipend to primary family caregivers of certain eligible OEF/OIF veterans, which is available through October 1, 2012. Caregivers may not receive the stipend if they are employed by a home health agency to provide care to a family member veteran or are otherwise receiving payment for such services.

This section also requires the VA to submit to Congress an implementation plan no later than 180 days after the date of the enactment of the Act. In addition, the VA must submit to Congress a program report, which is due no later than 180 days after the date on which the implementation plan is submitted, as well as an annual program report for the following five years.

Section 3. Counseling and mental health services for caregivers and family caregivers

This section makes counseling and mental health services available to family and non-family caregivers of veterans enrolled in the VA health care system.

Section 4. Respite care to assist family caregivers

This section requires the VA to ensure that respite care meets the needs of the veteran receiving care, including 24-hour in-home respite care. It also requires the VA to ensure that respite care is appropriate for the veteran with respect to the age of the veteran.

Section 5. Medical care for family caregivers

This section expands CHAMPVA to a primary family caregiver who provides caregiver services to certain eligible veterans, and who are without health insurance or are not eligible for other public health insurance options. Eligible veterans include those who

were deployed in support of OEF/OIF and are determined by the Secretary of the VA to have a service-connected disability or illness that is severe; to be in need of caregiver services so that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and to be unable to carry out the activities (including instrumental activities) of daily living by a VA physician. This authority expires on October 1, 2012.

Section 6. Lodging and subsistence for family caregivers

This section provides lodging and subsistence to family caregivers who accompany certain eligible veterans traveling for health care evaluation and treatments at VA facilities. Eligible veterans are those who meet the same criteria as those under the medical care coverage provision in this Act.

Section 7. Survey on caregivers and family caregivers

This section requires the VA to design and conduct a survey of caregivers of veterans currently enrolled in the VA health care system no later than 270 days after the date of the enactment of the Act and at least once every three years thereafter. It also requires the VA to submit a report to Congress with the findings of the survey no later than 180 days after the date on which the survey is completed.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * *

PART I—GENERAL PROVISIONS

* * * * *

CHAPTER 1—GENERAL

* * * * *

§ 111. Payments or allowances for beneficiary travel

(a) * * *

* * * * *

(e) *When* (1) *Except as provided in paragraph (2), when any person entitled to mileage under this section requires an attendant (other than an employee of the Department) in order to perform such travel, the attendant may be allowed expenses of travel upon the same basis as such person.*

(2) *Without regard to whether a covered veteran entitled to mileage under this section requires an attendant in order to perform such travel, an attendant of such covered veteran may be allowed*

expenses of travel (including lodging and subsistence) upon the same basis as such veteran during—

(A) the period of time in which such veteran is traveling to and from a treatment facility; and

(B) the duration of the treatment episode for such veteran.

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

(A) to limit the number of attendants that may receive expenses of travel under paragraph (2) for a single treatment episode of a covered veteran; and

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

(4) In this subsection, the term “covered veteran” means a veteran who—

(A) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

(B) for purposes of this subsection, is determined by the Secretary—

(i) to have a service-connected disability or illness that is severe;

(ii) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

(iii) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living.

* * * * *

PART II—GENERAL BENEFITS

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

SUBCHAPTER I—GENERAL

Sec. 1701. Definitions.

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

* * * * *

1720G. Support services for caregivers and family caregivers.

* * * * *

SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

* * * * *

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

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

SUBCHAPTER I—GENERAL

§ 1701. Definitions

For the purposes of this chapter—

(1) * * *

* * * * *

(10) *The term “caregiver services” means noninstitutional extended care (as used in paragraph (6)).*

(11) *The term “caregiver” means an individual who—*

(A) with respect to a disabled veteran who is enrolled in the health care system established under section 1705(a) of this title, provides caregiver services to such veteran for such disability; and

(B) is not a member of the family (including parents, spouses, children, siblings, step-family members, and extended family members) of such veteran.

(12) *The term “family caregiver” means an individual who—*

(A) with respect to a disabled veteran who is enrolled in the health care system established under section 1705(a) of this title, provides caregiver services to such veteran for such disability;

(B) is a member of the family (including parents, spouses, children, siblings, step-family members, and extended family members) of such veteran; and

(C) may or may not reside with such veteran.

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

* * * * *

§ 1720B. Respite care

(a) The Secretary may furnish respite care services to a veteran who is enrolled to receive care under section 1710 of this title or who receives care from a family caregiver.

* * * * *

(d) *In furnishing respite care services under this section, the Secretary shall ensure that such services—*

(1) fulfill the needs of the veteran receiving care (including 24-hour in-home respite care); and

(2) are appropriate for the veteran with respect to the age of the veteran.

* * * * *

§ 1720G. Support services for caregivers and family caregivers

(a) *ESTABLISHMENT OF PROGRAM.—The Secretary shall develop and carry out a program for caregivers and family caregivers that includes the following:*

(1) The educational sessions, stipends, and access to support services provided under this section.

(2) Counseling and other services provided under section 1782 of this title.

(3) Respite care provided under section 1720B of this title.

(4) With respect to family caregivers, medical care provided under section 1781(e) of this title.

(5) Travel expenses provided under section 111(e) of this title.

(b) EDUCATIONAL SESSIONS.—(1) The Secretary shall make available educational sessions for caregivers, family caregivers, and individuals described in paragraph (2). Such educational sessions shall—

(A) be made available both in person and on an Internet website;

(B) incorporate available technology, including telehealth technology to the extent practicable; and

(C) teach techniques, strategies, and skills for caring for a disabled veteran, including, at a minimum, a veteran who—

(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

(ii) has post-traumatic stress disorder, a traumatic brain injury, or other severe injury or illness.

(2) Individuals described in this paragraph are individuals who provide caregivers and family caregivers with support under this chapter or through an aging network (as defined in section 102(5) of the Older Americans Act of 1965 (42 U.S.C. 3002(5)), including—

(A) respite care providers;

(B) nursing care providers; and

(C) counselors.

(c) STIPENDS.—(1) The Secretary shall provide monthly stipends to eligible family caregivers described in paragraph (2).

(2) An eligible family caregiver described in this paragraph is a family caregiver who—

(A) provides caregiver services to a veteran who—

(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

(ii) for purposes of this subsection, is determined by the Secretary—

(I) to have a service-connected disability or illness that is severe;

(II) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

(III) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living;

(B) with respect to such veteran, meets the definition of the term “family caregiver” under section 1701(12) of this title;

(C) is designated by such veteran as the primary family caregiver for such veteran; and

(D) is not—

(i) employed by a home health care agency to provide such caregiver services; or

(ii) otherwise receiving payment for such services.

(3) *The authority of the Secretary to provide a stipend to an eligible family caregiver under this subsection shall expire on October 1, 2012.*

(d) *ACCESS TO SUPPORT SERVICES.—The Secretary shall provide caregivers and family caregivers with information concerning public, private, and non-profit agencies that offer support to caregivers. In providing such information, the Secretary shall—*

(1) collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers and family caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services; and

(2) include on an Internet website that is dedicated to caregivers and family caregivers—

(A) a directory of services available for caregivers and family caregivers at the county level; and

(B) tools that provide caregivers and family caregivers with the ability to interact with each other for the purpose of fostering peer support and creating support networks.

(e) *INFORMATION AND OUTREACH.—(1) The Secretary shall conduct outreach to inform disabled veterans and the families of such veterans of the following:*

(A) Medical care, educational sessions, stipends, and other services available for caregivers and family caregivers under this chapter.

(B) The ability of a family caregiver to be trained and certified by a home health care agency in order to be paid by such agency for providing caregiver services.

(2) Outreach under this subsection shall include, at a minimum, the following:

(A) Public service announcements.

(B) Brochures and pamphlets.

(C) Full use of Internet-based outreach methods, including such methods designed specifically for veterans and the families of such veterans who reside in rural areas.

(3) With respect to a Department employee providing case management services (as defined in section 1720C(b)(2) of this title) to a disabled veteran, the Secretary shall ensure that such employee provides a caregiver or family caregiver of such veteran with information on the services described in subparagraphs (A) and (B) of paragraph (1).

* * * * *

SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

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

(a) The Secretary is authorized to provide medical care, in accordance with the provisions of subsection (b) of this section, for—

(1) * * *

(2) the surviving spouse or child of a veteran who (A) died as a result of a service-connected disability, or (B) at the time of death had a total disability permanent in nature, resulting from a service-connected disability, and

(3) the surviving spouse or child of a person who died in the active military, naval, or air service in the line of duty and not due to such person's own misconduct, *and*

(4) *in accordance with subsection (e), a family caregiver,* who are not otherwise eligible for medical care under chapter 55 of title 10 (CHAMPUS).

(b) In order to accomplish the purposes of subsection (a) of this section, the Secretary shall provide for medical care in the same or similar manner and subject to the same or similar limitations as medical care is furnished to certain dependents and survivors of active duty and retired members of the Armed Forces under chapter 55 of title 10 (CHAMPUS), by—

(1) * * *

* * * * *

In cases in which Department medical facilities are equipped to provide the care and treatment, the Secretary is also authorized to carry out such purposes through the use of such facilities not being utilized for the care of eligible veterans. A dependent or survivor *dependent, survivor, or family caregiver* 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.

* * * * *

(e)(1) The Secretary shall provide medical care to a family caregiver under this section if the Secretary determines that the family caregiver is not entitled to care or services under a health-plan contract as defined under section 1725(f)(2) of this title (determined, in the case of a health-plan contract as defined in subsection (f)(2)(B) or (f)(2)(C) of such section, without regard to any requirement or limitation relating to eligibility for care or services from any department or agency of the United States).

(2) *In this subsection, a family caregiver is an individual who—*

(A) provides caregiver services to a veteran who—

(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

(ii) for purposes of this subsection, is determined by the Secretary—

(I) to have a service-connected disability or illness that is severe;

(II) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

(III) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living;

(B) with respect to such veteran, meets the definition of the term "family caregiver" under section 1701(12) of this title; and

(C) is designated by such veteran as the primary family caregiver for such veteran.

(3) The authority of the Secretary to provide medical care to a family caregiver under this section shall expire on October 1, 2012.

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

(a) * * *

* * * * *

(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) a caregiver or family caregiver of a veteran; or

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

* * * * *