

Caregivers and Veterans Omnibus Health Services Act of 2010

Public Law 111-163

Title: To amend title 38, United States Code, to provide assistance to caregivers of veterans, to improve the provision of health care to veterans, and for other purposes.

Mr. Akaka of Hawaii introduced S. 1963 on October 28, 2009

Public Law 111-163 will:

1. Create a caregiver support program where caregivers of veterans of all eras would receive supportive services such as caregiver training and education, counseling and mental health services, and respite care (including 24-hour, in-home respite care).
2. Provide additional caregiver support benefits to those caring for certain eligible OEF/OIF veterans, which includes lodging and subsistence payments when accompanying the veteran on medical care visits, health care coverage, and a monthly financial stipend.
3. Require the Secretary to submit a report to Congress, advising on the extension of the more comprehensive benefits provided to the caregivers of OEF/OIF veterans to caregivers of veterans of all other eras, no later than two years after the implementation of the program.
4. Help women veterans by providing for a study on barriers to health care access, training for mental health care professionals caring for veterans with sexual trauma, a reintegration and readjustment pilot program, a child care pilot program, and up to seven days of post-delivery health care for newborn children.
5. Require the VA to establish a grant program for veteran service organizations to provide transportation options to veterans living in highly rural areas.
6. Raise the payment cap on the Education Debt Reduction Program and create a new educational assistance program for visual impairment, orientation and mobility professionals.
7. Authorize a demonstration project to expand care for veterans in rural areas by having the VA partner and coordinate with the Centers for Medicare and Medicaid Services and Indian Health Service of the Department of Health and Human Services.
8. Require a program on readjustment counseling and mental health services for OEF/OIF veterans, which includes a peer outreach and support component and authorizes the VA to contract with community mental health centers and other qualified entities in areas that are not adequately served by VA facilities.
9. Authorize an increase in the travel reimbursement for veterans receiving care at VA facilities to 41.5 cents per mile and allow reimbursements for airfare when that is the only practical way to reach a VA facility.
10. Create a pilot program providing a financial incentive for VA physicians who maintain inpatient privileges at community hospitals in health professional shortage areas.
11. Establish a grant program for veteran service organizations to provide innovative transportation options to veterans in highly rural areas.
12. Clarify the definition of eligible veterans who are covered under an existing pilot program of enhanced contract care authority for rural veterans by changing the eligibility requirement from distance in miles to driving distance in minutes to the nearest VA facility.

13. Provide VA readjustment services to any member of the Armed Forces and require the VA to make referrals for non-VA counseling services for former members of the Armed Forces who are not otherwise eligible for readjustment counseling.
14. Require the VA to conduct a veterans' suicide study by coordinating with the Secretary of Defense, veteran service organizations, Centers for Disease Control and Prevention, and state public health offices and veterans agencies.
15. Repeal two annual reports, one relating to pay adjustments for registered nurses because the annual General Schedule comparability increases are now mandatory and no longer at the discretion of the facility Director, and one relating to VA's long-range health planning because this information is captured in the VA's annual budget submission.
16. Modify the date for submitting the annual report on Gulf War research from March 1 to July 1 of each year and sunset the reporting requirement in 2013.
17. Clarify that VA payments to providers who furnish medical care to a beneficiary covered under CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) shall constitute full payment, thereby removing any liability of the beneficiary to the provider.
18. Permit VA health care practitioners to disclose the relevant portions of certain VA records to surrogate decision-makers who are authorized to make decisions on behalf of patients who lack the capacity to make decisions.
19. Create a National Quality Management Officer to act as the principal officer responsible for the Veteran Health Administration's quality assurance program.
20. Provide for a pilot program studying the use of community organizations and local and State government entities in providing care and benefits to veterans.
21. Authorize the VA to contract for specialized residential care and rehabilitation services for certain OEF/OIF veterans with traumatic brain injury (TBI), and allow veterans with TBI to use non-VA facilities when the VA is unable to provide treatment or services at the frequency or for the duration required by the individual's treatment plan.
22. Require the VA to contract with the Institute of Medicine to study the health impact of Project Shipboard Hazard and Defense.
23. Create a pilot program, which would provide specified dental services to veterans, survivors, and dependents of veterans through a dental insurer.
24. Prohibit the VA from collecting copayments from veterans who are catastrophically disabled.
25. Provide higher priority status for enrolling in the VA health care system to certain veterans who are Medal of Honor recipients.
26. Require the VA to provide hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and Gulf-War era veterans who have insufficient medical evidence to establish a service-connected disability.
27. Establish a position for the Director of Physician Assistant Services in the central VA office reporting to the Chief of the Office of Patient Services.
28. Create a Committee on Care of veterans with traumatic brain injury.
29. Increase the amount the VA is authorized to pay under the Home Improvements and Structural Alterations (HISA) program from \$4,100 to \$6,800 for veterans with service-connected disabilities and from \$1,200 to \$2,000 for veterans with non-service connected disabilities.

30. Extend the statutorily defined copayments for certain veterans for hospital care and nursing home care to September 30, 2012, and extend the authority to recover the cost of certain care and services from disabled veterans with health-plan contracts to October 1, 2012.
31. Provide the Secretary with the authority to apply the title 38 hybrid employment system to additional health care occupations to meet the recruitment and retention needs of the VA.
32. Aid in the recruitment and retention efforts for VA health care professionals by providing for pay increases, bonuses, and alternative work schedules, as well as placing limitations on overtime and weekend duty.
33. Reestablish the Health Professionals Educational Assistance Scholarship Program and provides for a loan repayment program for clinical researchers from disadvantaged backgrounds.
34. Authorize the VA to make per diem payments to organizations that meet some, but not all, of the criteria for the receipt of payments under the Grant and Per Diem Program.
35. Authorize the establishment of multi-medical center research corporations by merging single facility nonprofit research corporations.
36. Provide for some clarifying changes regarding the composition of the board of directors for the corporations and the powers of the corporations to disburse funds.
37. Improve the accountability and oversight of nonprofit research corporations by modifying the revenue thresholds for obtaining audits and require nonprofit research corporations to submit the Internal Revenue Service return form for organizations exempt from income tax.
38. Authorize funds for major medical facility in FY 2010, which includes funding for facility projects in Livermore, CA; Louisville, KY; Dallas, TX; St. Louis, MO; Denver, CO; and, Bay Pines, FL.
39. Provide for the designation of the Merrill Lundman VA Outpatient Clinic in Havre, MT, the William C. Tallent VA Outpatient Clinic in Knoxville, TN; and, the Max J. Beillke VA Outpatient Clinic in Alexandria, MN.
40. Authorize additional authorities to VA uniformed police officers to be consistent with the powers granted to other Federal law enforcement officers, and provide for a higher uniform allowance.
41. Requires the VA to submit reports to Congress in electronic format.

Legislative History:

Oct. 28, 2009: Introduced in Senate

Nov. 19, 2009: Passed the Senate without amendment by Yea-Nay Vote: 98-0. Record Vote Number 352.

Nov. 19, 2009: Referred to the House Committee on Veterans' Affairs.

Apr. 21, 2010: Passed the House, as amended, by the Yeas and Nays: 419-0 (Roll No. 214).

Apr. 22, 2010: Senate agreed to the House amendment by Unanimous Consent.

May 5, 2010: Signed by the President in a bill signing ceremony. P.L. 111-163

Provisions of H.R. 402, H.R. 919, H.R. 1211, H.R. 1293, H.R. 2770 - *which includes H.R. 2734, H.R. 2738, H.R. 2898, H.R. 3155, H.R. 3157, H.R. 3219 - which includes H.R. 1197, H.R. 1302, H.R. 1335, H.R. 1546, H.R. 2180, H.R. 2379, H.R. 2770, H.R. 2774, H.R. 2926, H.R. 2968, H.R.*

3796, H.R. 3949 - *which includes H.R. 32, H.R. 228, H.R. 761, H.R. 2461, H.R. 2614, H.R. 2696, H.R. 2874, H.R. 4166, S. 252, S. 597, and S. 801* are included in this legislation.