

104TH CONGRESS
2^D SESSION

H. R. 3643

To amend title 38, United States Code, to extend through December 31, 1998, the period during which the Secretary of Veterans Affairs is authorized to provide priority health care to certain veterans who were exposed to Agent Orange or who served in the Persian Gulf War and to make such authority permanent in the case of certain veterans exposed to ionizing radiation, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 13, 1996

Mr. HUTCHINSON (for himself, Mr. EDWARDS, Mr. STUMP, and Mr. MONTGOMERY) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to extend through December 31, 1998, the period during which the Secretary of Veterans Affairs is authorized to provide priority health care to certain veterans who were exposed to Agent Orange or who served in the Persian Gulf War and to make such authority permanent in the case of certain veterans exposed to ionizing radiation, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. AUTHORITY TO PROVIDE PRIORITY HEALTH**
2 **CARE.**

3 (a) **AUTHORIZED INPATIENT CARE.**—Section
4 1710(e) of title 38, United States Code, is amended—

5 (1) in paragraph (1), by striking out subpara-
6 graphs (A) and (B) and inserting in lieu thereof the
7 following:

8 “(e)(1)(A) A herbicide-exposed veteran is eligible for
9 hospital care and nursing home care under subsection
10 (a)(1)(G) for any disease suffered by the veteran that is—

11 “(i) among those diseases for which the Na-
12 tional Academy of Sciences, in a report issued in ac-
13 cordance with section 2 of the Agent Orange Act of
14 1991, has determined—

15 “(I) that there is sufficient evidence to
16 conclude that there is a positive association be-
17 tween occurrence of the disease in humans and
18 exposure to a herbicide agent;

19 “(II) that there is evidence which is sug-
20 gestive of an association between occurrence of
21 the disease in humans and exposure to a herbi-
22 cide agent, but such evidence is limited in na-
23 ture; or

24 “(III) that available studies are insufficient
25 to permit a conclusion about the presence or
26 absence of an association between occurrence of

1 the disease in humans and exposure to a herbi-
2 cide agent; or

3 “(ii) a disease for which the Secretary, pursu-
4 ant to a recommendation of the Under Secretary for
5 Health on the basis of a peer-reviewed research
6 study or studies published within 20 months after
7 the most recent report of the National Academy
8 under section 2 of the Agent Orange Act of 1991,
9 determines there is credible evidence suggestive of
10 an association between occurrence of the disease in
11 humans and exposure to a herbicide agent.

12 “(B) A radiation-exposed veteran is eligible for hos-
13 pital care and nursing home care under subsection
14 (a)(1)(G) for any disease suffered by the veteran that is—

15 “(i) a disease listed in section 1112(c)(2) of
16 this title; or

17 “(ii) any other disease for which the Secretary,
18 based on the advice of the Advisory Committee on
19 Environmental Hazards, determines that there is
20 credible evidence of a positive association between
21 occurrence of the disease in humans and exposure to
22 ionizing radiation.”;

23 (2) in paragraph (2)—

1 (A) by striking out “Hospital” and insert-
2 ing in lieu thereof “In the case of a veteran de-
3 scribed in paragraph (1)(C), hospital”; and

4 (B) by striking out “subparagraph” and
5 all that follows through “subsection” and in-
6 serting in lieu thereof “paragraph (1)(C)”;

7 (3) in paragraph (3), by striking out “of this
8 section after December 31, 1996” and inserting in
9 lieu thereof “after December 31, 1998, in the case
10 of care for a veteran described in paragraph (1)(A)
11 or paragraph (1)(C)”;

12 (4) by adding at the end the following new
13 paragraph:

14 “(4) For purposes of this subsection and section
15 1712 of this title:

16 “(A) The term ‘herbicide-exposed veteran’
17 means a veteran (i) who served on active duty in the
18 Republic of Vietnam during the Vietnam era, and
19 (ii) who the Secretary finds may have been exposed
20 during such service to a herbicide agent.

21 “(B) The term ‘herbicide agent’ has the mean-
22 ing given that term in section 1116(a)(4) of this
23 title.

1 “(C) The term ‘radiation-exposed veteran’ has
2 the meaning given that term in section 1112(c)(4) of
3 this title.”.

4 (b) AUTHORIZED OUTPATIENT CARE.—Section 1712
5 of such title is amended—

6 (1) in subsection (a)(1)—

7 (A) by striking out “and” at the end of
8 subparagraph (C);

9 (B) in subparagraph (D)—

10 (i) by striking out “before December
11 31, 1996,” and inserting in lieu thereof
12 “before January 1, 1999,”; and

13 (ii) by striking out the period at the
14 end of subparagraph (D) and inserting in
15 lieu thereof a semicolon;

16 (C) by adding at the end the following new
17 subparagraphs:

18 “(E) during the period before January 1, 1999,
19 to any herbicide-exposed veteran (as defined in sec-
20 tion 1710(e)(4)(A) of this title) for any disease spec-
21 ified in section 1710(e)(1)(A) of this title; and

22 “(F) to any radiation-exposed veteran (as de-
23 fined in section 1112(c)(4) of this title) for any dis-
24 ease covered under section 1710(e)(1)(B) of this
25 title.”; and

1 (2) in subsection (i)(3)—

2 (A) by striking out “(A)”; and

3 (B) by striking out “, or (B)” and all that
4 follows through “title”.

5 (c) SAVINGS PROVISIONS.—The provisions of sections
6 1710(e) and 1712(a) of title 38, United States Code, as
7 in effect on the day before the date of the enactment of
8 this Act, shall continue to apply on and after such date
9 with respect to the furnishing of hospital care, nursing
10 home care, and medical services for any veteran who was
11 furnished such care or services before such date of enact-
12 ment on the basis of presumed exposure to a substance
13 or radiation under the authority of those provisions, but
14 only for treatment for a disability for which such care or
15 services were furnished before such date.

16 **SEC. 2. DEPARTMENT COMMITTEE ON CARE OF SEVERELY**
17 **CHRONICALLY MENTALLY ILL VETERANS.**

18 (a) ESTABLISHMENT.—Subchapter II of chapter 73
19 of title 38, United States Code, is amended by adding
20 after section 7318 the following new section:

21 **“§ 7319. Committee on Care of Severely Chronically**
22 **Mentally Ill Veterans**

23 “(a) ESTABLISHMENT.—The Secretary, acting
24 through the Under Secretary for Health, shall establish
25 in the Veterans Health Administration a Committee on

1 Care of Severely Chronically Mentally Ill Veterans. The
2 Under Secretary shall appoint employees of the Depart-
3 ment with expertise in the care of the chronically mentally
4 ill to serve on the committee.

5 “(b) DUTIES.—The committee shall assess, and carry
6 out a continuing assessment of, the capability of the Vet-
7 erans Health Administration to meet effectively the treat-
8 ment and rehabilitation needs of mentally ill veterans
9 whose mental illness is severe and chronic and who are
10 eligible for health care furnished by the Department. In
11 carrying out that responsibility, the committee shall—

12 “(1) evaluate the care provided to such veterans
13 through the Veterans Health Administration;

14 “(2) identify systemwide problems in caring for
15 such veterans in facilities of the Veterans Health
16 Administration;

17 “(3) identify specific facilities within the Veter-
18 ans Health Administration at which program enrich-
19 ment is needed to improve treatment and rehabilita-
20 tion of such veterans; and

21 “(4) identify model programs which the com-
22 mittee considers to have been successful in the treat-
23 ment and rehabilitation of such veterans and which
24 should be implemented more widely in or through fa-
25 cilities of the Veterans Health Administration.

1 “(c) ADVICE AND RECOMMENDATIONS.—The com-
2 mittee shall—

3 “(1) advise the Under Secretary regarding the
4 development of policies for the care and rehabilita-
5 tion of severely chronically mentally ill veterans; and

6 “(2) make recommendations to the Under Sec-
7 retary—

8 “(A) for improving programs of care of
9 such veterans at specific facilities and through-
10 out the Veterans Health Administration;

11 “(B) for establishing special programs of
12 education and training relevant to the care of
13 such veterans for employees of the Veterans
14 Health Administration;

15 “(C) regarding research needs and prior-
16 ities relevant to the care of such veterans; and

17 “(D) regarding the appropriate allocation
18 of resources for all such activities.

19 “(d) ANNUAL REPORT.—(1) Not later than April 1,
20 1997, the Secretary shall submit to the Committees on
21 Veterans’ Affairs of the Senate and House of Representa-
22 tives a report on the implementation of this section. The
23 report shall include the following:

24 “(A) A list of the members of the committee.

1 “(B) The assessment of the Under Secretary
2 for Health, after review of the initial findings of the
3 committee, regarding the capability of the Veterans
4 Health Administration, on a systemwide and facility-
5 by-facility basis, to meet effectively the treatment
6 and rehabilitation needs of severely chronically men-
7 tally ill veterans who are eligible for Department
8 care.

9 “(C) The plans of the committee for further as-
10 sessments.

11 “(D) The findings and recommendations made
12 by the committee to the Under Secretary for Health
13 and the views of the Under Secretary on such find-
14 ings and recommendations.

15 “(E) A description of the steps taken, plans
16 made (and a timetable for their execution), and re-
17 sources to be applied toward improving the capabil-
18 ity of the Veterans Health Administration to meet
19 effectively the treatment and rehabilitation needs of
20 severely chronically mentally ill veterans who are eli-
21 gible for Department care.

22 “(2) Not later than February 1, 1998, and February
23 1 of each of the three following years, the Secretary shall
24 submit to the Committees on Veterans’ Affairs of the Sen-
25 ate and House of Representatives a report containing in-

1 formation updating the reports submitted under this sub-
 2 section before the submission of such report.”.

3 (b) CLERICAL AMENDMENT.—The table of sections
 4 at the beginning of chapter 73 is amended by inserting
 5 after the item relating to section 7318 the following new
 6 item:

“7319. Committee on Care of Severely Chronically Mentally Ill Veterans.”.

7 **SEC. 3. CENTERS FOR MENTAL ILLNESS RESEARCH, EDU-**
 8 **CATION, AND CLINICAL ACTIVITIES.**

9 (a) IN GENERAL.—(1) Subchapter II of chapter 73
 10 is amended by adding after section 7319, as added by sec-
 11 tion 2(a), the following new section:

12 **“§ 7320. Centers for mental illness research, edu-**
 13 **cation, and clinical activities**

14 “(a) The purpose of this section is to provide for the
 15 improvement of the provision of health-care services and
 16 related counseling services to eligible veterans suffering
 17 from mental illness (especially mental illness related to
 18 service-related conditions) through—

19 “(1) the conduct of research (including research
 20 on improving mental health service facilities of the
 21 Department and on improving the delivery of mental
 22 health services by the Department);

23 “(2) the education and training of health care
 24 personnel of the Department; and

1 “(3) the development of improved models and
2 systems for the furnishing of mental health services
3 by the Department.

4 “(b)(1) The Secretary shall establish and operate
5 centers for mental illness research, education, and clinical
6 activities. Such centers shall be established and operated
7 by collaborating Department facilities as provided in sub-
8 section (c)(1). Each such center shall function as a center
9 for—

10 “(A) research on mental health services;

11 “(B) the use by the Department of specific
12 models for furnishing services to treat serious men-
13 tal illness;

14 “(C) education and training of health-care pro-
15 fessionals of the Department; and

16 “(D) the development and implementation of
17 innovative clinical activities and systems of care with
18 respect to the delivery of such services by the De-
19 partment.

20 “(2) The Secretary shall, upon the recommendation
21 of the Under Secretary for Health, designate the centers
22 under this section. In making such designations, the Sec-
23 retary shall ensure that the centers designated are located
24 in various geographic regions of the United States. The

1 Secretary may designate a center under this section only
2 if—

3 “(A) the proposal submitted for the designation
4 of the center meets the requirements of subsection
5 (e);

6 “(B) the Secretary makes the finding described
7 in subsection (d); and

8 “(C) the peer review panel established under
9 subsection (e) makes the determination specified in
10 subsection (e)(3) with respect to that proposal.

11 “(3) Not more than five centers may be designated
12 under this section.

13 “(4) The authority of the Secretary to establish and
14 operate centers under this section is subject to the appro-
15 priation of funds for that purpose.

16 “(c) A proposal submitted for the designation of a
17 center under this section shall—

18 “(1) provide for close collaboration in the estab-
19 lishment and operation of the center, and for the
20 provision of care and the conduct of research and
21 education at the center, by a Department facility or
22 facilities in the same geographic area which have a
23 mission centered on care of the mentally ill and a
24 Department facility in that area which has a mission
25 of providing tertiary medical care;

1 “(2) provide that no less than 50 percent of the
2 funds appropriated for the center for support of clin-
3 ical care, research, and education will be provided to
4 the collaborating facility or facilities that have a
5 mission centered on care of the mentally ill; and

6 “(3) provide for a governance arrangement be-
7 tween the collaborating Department facilities which
8 ensures that the center will be established and oper-
9 ated in a manner aimed at improving the quality of
10 mental health care at the collaborating facility or fa-
11 cilities which have a mission centered on care of the
12 mentally ill.

13 “(d) The finding referred to in subsection (b)(2)(B)
14 with respect to a proposal for designation of a site as a
15 location of a center under this section is a finding by the
16 Secretary, upon the recommendation of the Under Sec-
17 retary for Health, that the facilities submitting the pro-
18 posal have developed (or may reasonably be anticipated
19 to develop) each of the following:

20 “(1) An arrangement with an accredited medi-
21 cal school that provides education and training in
22 psychiatry and with which one or more of the par-
23 ticipating Department facilities is affiliated under
24 which medical residents receive education and train-
25 ing in psychiatry through regular rotation through

1 the participating Department facilities so as to pro-
2 vide such residents with training in the diagnosis
3 and treatment of mental illness.

4 “(2) An arrangement with an accredited grad-
5 uate school of psychology under which students re-
6 ceive education and training in clinical, counseling,
7 or professional psychology through regular rotation
8 through the participating Department facilities so as
9 to provide such students with training in the diag-
10 nosis and treatment of mental illness.

11 “(3) An arrangement under which nursing, so-
12 cial work, or allied health personnel receive training
13 and education in mental health care through regular
14 rotation through the participating Department facili-
15 ties.

16 “(4) The ability to attract scientists who have
17 demonstrated achievement in research—

18 “(A) into the evaluation of innovative ap-
19 proaches to the design of mental health serv-
20 ices; or

21 “(B) into the causes, prevention, and
22 treatment of mental illness.

23 “(5) The capability to evaluate effectively the
24 activities of the center, including activities relating
25 to the evaluation of specific efforts to improve the

1 quality and effectiveness of mental health services
2 provided by the Department at or through individual
3 facilities.

4 “(e)(1) In order to provide advice to assist the Sec-
5 retary and the Under Secretary for Health to carry out
6 their responsibilities under this section, the official within
7 the central office of the Veterans Health Administration
8 responsible for mental health and behavioral sciences mat-
9 ters shall establish a peer review panel to assess the sci-
10 entific and clinical merit of proposals that are submitted
11 to the Secretary for the designation of centers under this
12 section.

13 “(2) The panel shall consist of experts in the fields
14 of mental health research, education and training, and
15 clinical care. Members of the panel shall serve as consult-
16 ants to the Department.

17 “(3) The panel shall review each proposal submitted
18 to the panel by the official referred to in paragraph (1)
19 and shall submit to that official its views on the relative
20 scientific and clinical merit of each such proposal. The
21 panel shall specifically determine with respect to each such
22 proposal whether that proposal is among those proposals
23 which have met the highest competitive standards of sci-
24 entific and clinical merit.

1 “(4) The panel shall not be subject to the Federal
2 Advisory Committee Act (5 U.S.C. App.).

3 “(f) Clinical and scientific investigation activities at
4 each center established under this section—

5 “(1) may compete for the award of funding
6 from amounts appropriated for the Department of
7 Veterans Affairs medical and prosthetics research
8 account; and

9 “(2) shall receive priority in the award of fund-
10 ing from such account insofar as funds are awarded
11 to projects and activities relating to mental illness.

12 “(g) The Under Secretary for Health shall ensure
13 that at least three centers designated under this section
14 emphasize research into means of improving the quality
15 of care for veterans suffering from mental illness through
16 the development of community-based alternatives to insti-
17 tutional treatment for such illness.

18 “(h) The Under Secretary for Health shall ensure
19 that information produced by the research, education and
20 training, and clinical activities of centers established under
21 this section that may be useful for other activities of the
22 Veterans Health Administration is disseminated through-
23 out the Veterans Health Administration. Such dissemina-
24 tion shall be made through publications, through pro-
25 grams of continuing medical and related education pro-

1 vided through regional medical education centers under
2 subchapter VI of chapter 74 of this title, and through
3 other means. Such programs of continuing medical edu-
4 cation shall receive priority in the award of funding.

5 “(i) The official within the central office of the Veter-
6 ans Health Administration responsible for mental health
7 and behavioral sciences matters shall be responsible for
8 supervising the operation of the centers established pursu-
9 ant to this section and shall provide for ongoing evaluation
10 of the centers and their compliance with the requirements
11 of this section.

12 “(j)(1) There are authorized to be appropriated to
13 the Department of Veterans Affairs for the basic support
14 of the research and education and training activities of
15 centers established pursuant to this section amounts as
16 follows:

17 “(A) \$3,125,000 for fiscal year 1998.

18 “(B) \$6,250,000 for each of fiscal years 1999
19 through 2001.

20 “(2) In addition to funds appropriated for a fiscal
21 year pursuant to the authorization of appropriations in
22 paragraph (1), the Under Secretary for Health shall allo-
23 cate to such centers from other funds appropriated for
24 that fiscal year generally for the Department of Veterans
25 Affairs medical care account and the Department of Vet-

1 erans Affairs medical and prosthetics research account
2 such amounts as the Under Secretary for Health deter-
3 mines appropriate to carry out the purposes of this sec-
4 tion.”.

5 (2) The table of sections at the beginning of chapter
6 73 is amended by inserting after the item relating to sec-
7 tion 7319, as added by section 2(b), the following new
8 item:

“7320. Centers for mental illness research, education, and clinical activities.”.

9 (b) ANNUAL REPORTS.—Not later than February 1
10 of each of 1998, 1999, and 2000, the Secretary of Veter-
11 ans Affairs shall submit to the Committees on Veterans’
12 Affairs of the Senate and House of Representatives a re-
13 port on the status and activities during the previous fiscal
14 year of the centers for mental illness, research, education,
15 and clinical activities established pursuant to section 7320
16 of title 38, United States Code (as added by subsection
17 (a)). Each such report shall include the following:

18 (1) A description of the activities carried out at
19 each center and the funding provided for such activi-
20 ties.

21 (2) A description of the advances made at each
22 of the participating facilities of the center in re-
23 search, education and training, and clinical activities
24 relating to mental illness in veterans.

1 (3) by striking out “hospital” both places it ap-
2 pears in paragraph (5) and inserting in lieu thereof
3 “facility”.

4 **SEC. 5. AUTHORITY TO SUSPEND SPECIAL PAY AGREE-**
5 **MENTS FOR PHYSICIANS AND DENTISTS WHO**
6 **ENTER RESIDENCY TRAINING PROGRAMS.**

7 Section 7432(b)(2) of title 38, United States Code,
8 is amended—

9 (1) by inserting “(A)” after “(2)”; and

10 (2) by adding at the end the following:

11 “(B) The Secretary may suspend a special pay agree-
12 ment entered into under this section in the case of a physi-
13 cian or dentist who, having entered into the special pay
14 agreement, enters a residency training program. Any such
15 suspension shall terminate when the physician or dentist
16 completes, withdraws from, or is no longer a participant
17 in the program. During the period of such a suspension,
18 the physician or dentist is not subject to the provisions
19 of paragraph (1).”.

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