

S. 1963: Caregivers and Veterans Omnibus Health Services Act of 2010

The current S. 1963 reflects a compromise agreement derived from a number of bills that were introduced and considered by the Senate and House of Representatives during the 111th Congress. These bills include S. 1963, which passed the Senate unanimously on November 19, 2009 and H.R. 3155, which passed the House on July 27, 2009.

S. 1963 addresses a number of issues related to veterans' health care. It merges two bills introduced by Chairman Akaka: S. 801 [\[report # 111-080\]](#), which provides benefits to caregivers of severely injured veterans and S. 252 [\[report # 111-060\]](#), a health omnibus measure containing a variety of provisions that serve to improve such matters as VA department personnel, quality management, outreach to women veterans, rural veterans, and homeless veterans, research, mental health care, and safety in and around VA facilities.

Helping caregivers of severely injured veterans returning home from the wars in Iraq and Afghanistan is the focus of this legislation. The most severely injured will need caregivers in the home. This is especially true in rural areas, where health care services are often limited, and the responsibility of caring for the severely injured falls on veterans' families. Caregivers shouldering this burden are often unable to maintain full-time employment, limiting their income and ability to obtain health insurance. Caregivers who do remain employed often give up opportunities for career advancement to care for their family members, while their employers sustain losses related to employee absences and decreased productivity. This bill would provide caregivers of veterans with health care, counseling, support, and a living stipend. It also expands services in rural areas; and ensures that veterans who are catastrophically disabled are not inappropriately charged for those services.

The provisions in this legislation originating from S. 252 are derived from a number of bills introduced this Congress, including [S. 597](#), Senator Murray's legislation, which would greatly expand health care services for women veterans and [S. 246](#), Senator Durbin's bill, would improve the quality of care provided to veterans by encouraging highly qualified doctors to serve in hard-to-fill positions in VA medical facilities. S. 252 is a current version of legislation introduced in the 110th Congress [\[report # 110-473\]](#).

Providing for Family Caregivers

- Fulfills VA's obligation to care for the nation's wounded veterans by providing their caregivers with training, counseling, supportive services, and a living stipend
- Provides health care to the family caregivers of injured veterans under CHAMPVA
- Requires independent oversight of the caregiver program

Removing Barriers to Care for the Catastrophically Disabled

- Eliminates copayments for veterans who are catastrophically disabled

Expanding Health Care Services for Women Veterans

- Requires VA to report to Congress on its comprehensive assessment of the barriers in providing health care to women veterans
- Authorizes VA to provide health care to a newborn child of qualifying women veterans for up to 7 days after the birth of the child
- Requires VA to train its mental health providers in the treatment of military sexual trauma
- Mandates that VA implement pilot programs to provide child care to women veterans receiving medical care, and to provide readjustment services to women veterans.

Reaching Out to Rural Veterans

- Expands VA's authority to provide incentives so that VA can recruit and retain high quality health care providers
- Increases oversight of care purchased in the community by mandating financial incentives for providers who maintain high quality standards.
- Provides travel reimbursements for veterans receiving treatment at facilities of the Department of Veterans Affairs and grants for veterans service organizations transporting veterans residing in highly rural areas
- Expands VA's telehealth program, and its ability to collaborate with the Indian Health Service and community organizations to provide medical services, including mental health care, in rural communities.

Improvements to Mental Health Care

- Establishes and increases eligibility for OEF/OIF servicemembers, including National Guard or Reserve, to receive readjustment counseling
- Requires VA to conduct a study on veteran suicides

Enhancements to VA Medical Services

- Allows VA to disclose certain personal information in limited circumstances to an authorized surrogate or third party payer
- Mandates improved quality controls at the facility, VISN, and national levels
- Requires VA to implement pilot programs to provide grants to community organizations assisting veterans in the transition from military service to civilian life
- Mandates that VA payments to health care providers for CHAMPVA beneficiaries will now constitute full payment, eliminating any liabilities on the part of the beneficiary
- Requires VA to contract with the Institute of Medicine of the National Academies to conduct an expanded study on the health impact of Project SHAD
- Authorizes VA to provide care to veterans with traumatic brain injury through contracts with non-VA providers when necessary
- Requires VA to carry out a pilot program to determine the feasibility and advisability of providing dental insurance to veterans

Improvements to the VA Department Personnel

- Gives the Secretary greater discretion in determining compensation for health care workers and executives so that VA can compete effectively with private employers
- Improves transparency in VA's methods of computing locality pay scales and ensures patient safety by limiting the use of mandatory overtime for nurses
- Expands loan repayment programs

Programs to Enhance Services for Homeless Veterans

- Authorizes the VA to make per-diem payments to more organizations that meet criteria to receive such payments under the Grant and Per Diem Program.

Increased Focus on Research

- Authorizes the creation of VA multi-medical center nonprofit research and education corporations
- Enhances the abilities of VA nonprofit research and education corporations to administer and transfer funds to VA
- Improves VA's ability to oversee VA-affiliated nonprofit research and education corporations

Construction Projects

- Authorizes six different construction projects in the states of California, Kentucky, Texas, Missouri, Colorado, and Florida
- Renames VA medical facilities in Montana, Tennessee, and Minnesota

Prioritization of Safety on VA Grounds

- Allows VA police officers to enforce local and Federal laws and conduct investigations into acts occurring on Department property

[Source: Senate Veterans Affairs Committee]