



Legislative Bulletin.....May 23, 2007

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Summary of the Bills Under Consideration Today

Total Number of New Government Programs: 5

Total Cost of Discretionary Authorizations: \$453 million over five years

Effect on Revenue: 0

Total Change in Mandatory Spending: \$0

Total New State & Local Government Mandates: 0

Total New Private Sector Mandates: 0

Number of Bills Without Committee Reports: 6

Number of Reported Bills that Don't Cite Specific Clauses of Constitutional Authority: 0

H.Res. 392 — Urging Americans and people of all nationalities to visit the American Cemeteries, Memorials and Markers (Lamborn, R-CO)

Order of Business: H.Res. 392 is scheduled to be considered on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the resolution.

Summary: H.Res. 392 would express that the House of Representatives “strongly urges Americans and people of all nationalities to visit the American Cemeteries, Memorials and Markers abroad, where the spirit of American generosity, sacrifice, and courage are displayed and commemorated.”

The resolution lists the following findings

- “the United States has fought in wars outside of its borders to restore freedom and human dignity;
- “the United States has spent its national treasure and shed its blood in fighting those wars;
- “many of those who died on the battlefield were laid to rest exactly where they fell;
- “those plots of ground are now known as American Cemeteries, Memorials and Markers, and they exist in 10 foreign countries on four continents;
- “these cemeteries exist as the final resting place for American service members who fought valiantly in battles across the globe, including Ardennes and Flanders, Belgium; Manila, the Philippines; North Africa, Tunisia; Florence, Italy; and Normandy, France;
- “each year millions of American and foreign citizens visit the American Cemeteries, Memorials and Markers;
- “these overseas sites annually recognize Memorial Day with speeches, a reading of the Memorial Day Proclamation, wreath laying ceremonies, military bands and units, and the decoration of each grave site with the flag of the United States and that of the host country; and
- “the splendid commemorative sites inspire patriotism, evoke gratitude, and teach history.”

Committee Action: H.Res. 392 was introduced on May 10, 2007, and referred to the Committee on Veterans’ Affairs, which took no further action.

Cost to Taxpayers: The resolution authorizes no expenditure.

Does the Bill Expand the Size and Scope of the Federal Government? No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

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H.R. 67 — Veterans Outreach Improvement Act of 2007
(McIntyre, D-NC)

Order of Business: H.R. 67 is scheduled to be considered on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the bill.

Summary: H.R. 67 would authorize **\$75 million** over five years for the Secretary of Veterans Affairs to create grant programs and coordinate federal, state, and local organizations for the purpose of managing “outreach” initiatives for veterans. The Secretary would be directed to make grants available to state agencies in order to “carry out, coordinate, improve, or otherwise enhance outreach” to veterans and their families. This would include enhancing “activities to assist in the development and submittal of claims for veterans’ and veterans-related benefits.”

H.R. 67 would allow the state to give grants to local governments that provide veterans outreach services and state agencies that administer outreach programs. Federal funds awarded to states through these grants would not exceed 50 percent of the outreach programs total cost. In cases where a local government does not have an existing outreach program, the funds can be used to create new programs.

The bill defines “outreach” as “the act or process of taking steps in a systematic manner to provide information, services, and benefits counseling to veterans, and the survivors of veterans, who may be eligible to receive benefits under the laws administered by the Secretary to ensure that those individuals are fully informed about, and assisted in applying for, any benefits and programs under such laws for which they may be eligible.”

Committee Action: H.R. 67 was introduced on January 1, 2007, and referred to the Committee on Veterans’ Affairs, which referred the bill to the Subcommittee on Disability Assistance and Memorial Affairs on March 2, 2007. On May 15, 2007, a mark-up was held and the bill was reported, as amended, by voice vote.

Cost to Taxpayers: According to CBO, would authorize \$25 million in FY2008, and \$75 million over the FY2008-2012 period.

Does the Bill Expand the Size and Scope of the Federal Government? Yes. The bill creates a new grant program for the Secretary to fund local and state veterans’ outreach programs.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Constitutional Authority: A committee report citing constitutional authority is not available. However, House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution” [*emphasis added*].

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H.R. 1660 — To direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in the southern Colorado region (Salazar, D-CO)

Order of Business: H.R. 1660 is scheduled to be considered on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the bill.

Summary: H.R. 1660 would authorize the Secretary of Veteran Affairs to create a new cemetery in southern Colorado. The legislation would allow the Secretary to accept gifts of land for the cemetery site. Any such donation would be regarded as a gift to the United States for tax purposes.

Additional Information: According to the Department of Veterans Affairs, there are currently 124 national cemeteries located in 39 different states, including two already in Colorado. Following Congressional approval, potential nation cemeteries must go through an extensive process that includes potential site studies, final site selection, land acquisition, developing master plans, contracting, and construction. Many national cemeteries take up to a decade to complete after Congressional approval.

Committee Action: H.R. 1660 was introduced on March 22, 2007, and referred to the Committee on Veterans' Affairs, which referred the bill to the Subcommittee on Disability Assistance and Memorial Affairs one day later. A subcommittee mark-up was held on April 24, 2007, and H.R. 1660 was sent to the full committee, which held a mark-up and reported the bill, as amended, by voice vote on May 15, 2007.

Cost to Taxpayers: CBO estimates that implementing H.R. 1660 would authorize \$11 million in FY 2008, and \$41 million over five years, for the construction of the cemetery.

Does the Bill Expand the Size and Scope of the Federal Government? No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Constitutional Authority: A committee report citing constitutional authority is not available. However, House Rule XIII, Section 3(d)(1), requires that all committee reports contain "a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution" [*emphasis added*].

RSC Staff Contact: Andy Koenig; andy.koenig@mail.house.gov; 202-226-9717.

H.R. 612 — Returning Servicemember VA Healthcare Insurance Act of 2007 (Filner, D-CA)

Order of Business: H.R. 612 is scheduled to be considered on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the bill.

Summary: H.R. 612 would amend current law to extend from two to five years, the period of eligibility for service members who served in a combat zone after 1998, to receive hospital care, medical services, and nursing home care without providing evidence that the injury is related to service in the Armed Forces.

Additional Information: According to CBO, under the VA health care system, veterans are assigned a priority ranking based on factors including their level of disability and income level. Combat zone veterans are automatically given a high priority for two years, until the nature of their injury is determined. At the end of this two-year period, those veterans with injuries not related to military service are given a lower priority. However, this legislation would extend the period from two to five years. Thus, servicemembers with non-military related injuries or illnesses would receive priority VA healthcare for five years.

In addition, according to CBO, “Since VA is not currently allowing enrollment by veterans with incomes above a certain threshold and without service-connected disabilities, this last effect would allow some veterans to receive treatment from VA who otherwise might have been denied access to the system.”

According to the National Council for Community Behavioral Healthcare (NCCBH) this legislation is “intended to address post-traumatic stress disorder (PTSD) and other mental health conditions. Because these conditions may not be evident immediately following a veteran’s discharge from service, extending the period of coverage will allow more veterans to receive needed mental health treatment.”

Committee Action: H.R. 612 was introduced on January 22, 2007, and referred to the Committee on Veterans’ Affairs, which referred the bill to the Subcommittee on Health on March 2, 2007. A subcommittee mark-up was held on March 13, 2007, and H.R. 612 was sent to the full committee, which held a mark-up and reported the bill, as amended, by voice vote on May 15, 2007.

Cost to Taxpayers: CBO estimates that implementing H.R. 612 would authorize \$10 in FY 2008 and \$120 million over five years.

Does the Bill Expand the Size and Scope of the Federal Government? No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Constitutional Authority: A committee report citing constitutional authority is not available. However, House Rule XIII, Section 3(d)(1), requires that all committee reports

contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution” [*emphasis added*].

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H.R. 1470 — Chiropractic Care Available to All Veterans Act (*Filner, D-CA*)

Order of Business: H.R. 1470 is scheduled to be considered on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the bill.

Summary: H.R. 1470 would amend current law to require that an existing federal chiropractic treatment program provide its services in at least 75 medical centers by December 31, 2009, and in all medical centers by 2011.

Additional Information: According to CBO, the VA currently employs 30 chiropractors and provides these services at 30 of its 155 medical facilities. Enacting H.R. 1470 would require the VA to hire 45 additional chiropractors by 2009, and a total of 125 more by 2011. CBO states that the average cost of hiring each chiropractor would be about \$130,000 annually.

H.R. 5122, which was passed in the 110th Congress, required the Pentagon to conduct a study on the benefits and feasibility of providing chiropractic care to every member of the armed forces. The Pentagon study on the merits of full chiropractic implementation in the military health care system will not be reported to Congress until 2008.

Committee Action: H.R. 1470 was introduced on March 12, 2007, and referred to the Committee on Veterans' Affairs, which referred the bill to the Subcommittee on Health on March 16, 2007. Hearings were held on April 24, and on May 10, 2007, a mark-up was held and the bill was forwarded to the full committee. A full committee mark-up was held on May 15, 2007, and the bill was reported by voice vote.

Cost to Taxpayers: CBO estimates that implementing H.R. 1470 would authorize \$4 million in FY 2008, and \$77 million over five years.

Does the Bill Expand the Size and Scope of the Federal Government? No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Constitutional Authority: A committee report citing constitutional authority is not available. However, House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution” [*emphasis added*].

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H.R. 2199 —Traumatic Brain Injury Health Enhancement and Long-Term Support Act of 2007 (*Michaud, D-ME*)

Order of Business: The bill is scheduled for consideration on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the bill.

Summary: H.R. 2199 would establish several new programs relating to the care of veterans who have experienced a traumatic brain injury (TBI). According to the National Institute of Neurological Disorders and Stroke, “TBI, also called acquired brain injury or simply head injury, occurs when a sudden trauma causes damage to the brain.” The specific provisions of the bill are as follows:

- Requires the Department of Veterans Affairs (VA) **to create a new program** to screen veterans who are eligible for hospital care, medical services, and nursing home care through the VA, for symptoms of TBI.
- Requires the VA **to create a new program** for long-term care for post-acute TBI rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary treatment teams. The programs to be carried out at four “geographically dispersed” trauma network sites to be designated by the Secretary of the VA. Eligible veterans include those who served on active duty in combat operations during the Persian Gulf War, are diagnosed as suffering from moderate to severe TBI, and are unable to manage routine activities of daily living without supervision or assistance.
- Requires the VA **to create a TBI transition office** at each trauma network site for the purposes of coordinating the provision of health-care and other services to veterans suffering from TBI and in need of such services not immediately offered by the VA. Provides the Secretary with the authority to arrange for the provision of health-care and other services through cooperative agreements with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.
- Requires the VA **to establish and maintain a registry** to be known as the “Traumatic Brain Injury Veterans’ Health Registry,” which would include a list of each individual who served as a member of the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom who exhibits symptoms associated with TBI and applies for services from the VA or files a claim for compensation on the basis of any disability that could be associated with TBI. The database would also include medical data relating to each individual.

- Authorizes \$70 million over four years for the VA **to establish and operate centers** for TBI research, education, and clinical activities. The centers are to conduct research relative to TBI and on how TBI care provided by the VA can be improved. In addition, the centers would provide education and training of health-care professionals at the VA, as well as the development and implementation of innovative clinical activities and systems of care related to TBI. The Secretary could designate not more than five centers under this provision.
- Requires the VA to establish in the Veterans Health Administration (VHA), a committee to be known as the “Committee on Care of Veterans with Traumatic Brain Injury,” that would assess and carry out a continuing assessment of the capability of the VHA to treat veterans with TBI.
- Requires the VA to **create a new pilot program** to provide readjustment counseling, related to mental health services, benefits outreach, and assistance with claims for benefits using mobile centers (“mobile Vet Centers”). Directs the Secretary to establish two mobile Vet Centers in five Veterans Integrated Service Networks. The pilot program would terminate after three years, and within 90 days of termination, the VA would have to submit to Congress a report on the program. The bill authorizes \$7.5 million in FY 2008, and such sums as necessary for each subsequent year.
- Requires the VA **to establish an advisory committee**, to be known as the “Advisory Committee on Rural Veterans,” that would provide advice to the Secretary on administration of benefits by the VA for rural veterans.

Possible Conservative Concerns: Some conservatives may be concerned that this bill would create four new programs, at the cost of \$140 million over five years.

Committee Action: H.R. 2199 was introduced on May 8, 2007, and referred to the House Committee on Veterans’ Affairs, which held a mark-up and reported the bill by voice vote, as amended, on May 15, 2007.

Cost to Taxpayers: According to CBO, H.R. 2199 would authorize \$30 million in FY2008, and \$140 million over five years.

Does the Bill Expand the Size and Scope of the Federal Government?: Yes. The bill creates four new programs.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

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H.R. 2239 — Early Access to Vocational Rehabilitation and Employment Benefits Act (Boozman, R-AR)

Order of Business: H.R. 2239 is scheduled to be considered on Wednesday, May 23, 2007, under a motion to suspend the rules and pass the bill.

Summary: H.R. 2239 would amend current law to offer vocational and rehabilitation benefits to any service member while they are hospitalized, receiving outpatient care, determined to have a permanent disability, or likely to be discharged from active duty military service due to their injury.

Additional Information: According to the Committee on Veterans' Affairs "current law does not allow VA to provide VR&E benefits until the service member is discharged from active duty. This restriction needlessly imposes significant waiting times for those undergoing extended convalesce due to their injuries. Allowing these severely injured service members to begin receiving the education and training portion of VR&E benefits will better position them to successfully enter the job market when discharged.

"The Committee agreed to an amendment in the nature of a substitute by unanimous voice vote which would extend the provisions of this bill to all veterans who would be eligible to for VR&E, even if they were not totally disabled."

Committee Action: H.R. 2239 was introduced on May 9, 2007, and referred to the Committee on Veterans' Affairs, which held a mark-up in May 15, 2007, and reported the bill by voice vote.

Cost to Taxpayers: According to CBO, enacting H.R. 2239 would have no significant impact on direct spending or spending subject to appropriation because the number of newly eligible service members would be small.

Does the Bill Expand the Size and Scope of the Federal Government? No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates? No.

Constitutional Authority: A committee report citing constitutional authority is not available. However, House Rule XIII, Section 3(d)(1), requires that all committee reports contain "a statement citing the *specific* powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution" [*emphasis added*].

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