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REPORT
104–648

EXTENSION OF AUTHORITY TO PROVIDE PRIORITY HEALTH CARE TO VETERANS EXPOSED TO AGENT ORANGE OR IONIZING RADIATION OR WHO SERVED IN THE PERSIAN GULF WAR, AND FOR OTHER PURPOSES

JUNE 27, 1996.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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

R E P O R T

[To accompany H.R. 3643]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (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, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

At the end of section 1 (page 6, after line 15), add the following new subsection:

> (d) PRIORITY HEALTH CARE FOR SERVICE IN ISRAEL OR TURKEY DURING PERSIAN GULF WAR.—(1) Section 1710(e)(1)(C) of title 38, United States Code, is amended by inserting after "Southwest Asia theater of operations" the following: ", or who may have been exposed while serving on active duty in Israel or Turkey during the period beginning on August 2, 1990, and ending on July 31, 1991,".
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> (2) Section 1712(a)(1)(D) of such title is amended by inserting after "during the Persian Gulf War" the following: ", or who served on active duty in Israel or Turkey during

the period beginning on August 2, 1990, and ending on July 31, 1991,".

Page 7, line 10, insert ", including the needs of such veterans who are women" after "Department".

At the end of the bill, add the following new sections:

SEC. 6. REPORTING REQUIREMENTS.

(a) EXTENSION OF ANNUAL REPORT REQUIREMENT.—Section 107(a) of the Veterans Health Care Act of 1992 (Public Law 102–585; 38 U.S.C. 1710 note) is amended by striking out "Not later than January 1, 1993, January 1, 1994, and January 1, 1995" and inserting in lieu thereof "Not later than January 1 of 1993 and each year thereafter through 1998".

(b) REPORT ON HEALTH CARE AND RESEARCH.—Section 107(b) of such Act is amended—

(1) in paragraph (2)(A), by inserting "(including information on the number of inpatient stays and the number of outpatient visits through which such services were provided)" after "facility"; and

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

"(5) A description of the actions taken by the Secretary to foster and encourage the expansion of such research.".

SEC. 7. ASSESSMENT OF USE BY WOMEN VETERANS OF DEPARTMENT HEALTH SERVICES.

(a) REPORTS TO UNDER SECRETARY FOR HEALTH.—The Center for Women Veterans of the Department of Veterans Affairs (established under section 509 of Public Law 103–446), in consultation with the Advisory Committee on Women Veterans, shall assess the use by women veterans of health services through the Department of Veterans Affairs, including counseling for sexual trauma and mental health services. The Center shall submit to the Under Secretary for Health of the Department of Veterans Affairs a report not later than April 1, 1997, and April 1 of each of the two following years, on—

(1) the extent to which women veterans described in section 1710(a)(1) of title 38, United States Code, fail to seek, or face barriers in seeking, health services through the Department, and the reasons therefore; and

(2) recommendations, if indicated, for encouraging greater use of such services, including (if appropriate) public service announcements and other outreach efforts.

(b) REPORTS TO CONGRESSIONAL COMMITTEES.—Not later than July 1, 1997, and July 1 of each of the two following years, the Secretary of Veterans Affairs shall submit to the

Committees on Veterans' Affairs of the Senate and House of Representatives a report containing—

(1) the most recent report of the Center for Women Veterans under subsection (a);

(2) the views of the Under Secretary for Health on such report's findings and recommendations; and

(3) a description of the steps being taken by the Secretary to remedy any problems described in the report.

SEC. 8. MAMMOGRAPHY QUALITY STANDARDS.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding after section 7320, as added by section 3(a), the following new section:

"§ 7321. Mammography quality standards

"(a) A mammogram may not be performed at a Department facility unless that facility is accredited for that purpose by a private nonprofit organization designated by the Secretary. An organization designated by the Secretary under this subsection shall meet the standards for accrediting bodies established under section 354(e) of the Public Health Service Act (42 U.S.C. 263b(e)).

"(b) The Secretary, in consultation with the Secretary of Health and Human Services, shall prescribe quality assurance and quality control standards relating to the performance and interpretation of mammograms and use of mammogram equipment and facilities of the Department of Veterans Affairs consistent with the requirements of section 354(f)(1) of the Public Health Service Act. Such standards shall be no less stringent than the standards prescribed by the Secretary of Health and Human Services under section 354(f) of the Public Health Service Act.

"(c)(1) The Secretary, to ensure compliance with the standards prescribed under subsection (b), shall provide for an annual inspection of the equipment and facilities used by and in Department health care facilities for the performance of mammograms. Such inspections shall be carried out in a manner consistent with the inspection of certified facilities by the Secretary of Health and Human Services under section 354(g) of the Public Health Service Act.

"(2) The Secretary may not provide for an inspection under paragraph (1) to be performed by a State agency.

"(d) The Secretary shall ensure that mammograms performed for the Department under contract with any non-Department facility or provider conform to the quality standards prescribed by the Secretary of Health and Human Services under section 354 of the Public Health Service Act.

"(e) For the purposes of this section, the term 'mammogram' has the meaning given such term in paragraph (5) of section 354(a) of the Public Health Service Act (42 U.S.C. 263b(a)).".

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7320, as added by section 3(b), the following new item:

"7321. Mammography quality standards.".

(b) DEADLINE FOR PRESCRIBING STANDARDS.—The Secretary of Veterans Affairs shall prescribe standards under subsection (b) of section 7321 of title 38, United States Code, as added by subsection (a), not later than the end of the 120-day period beginning on the date of the enactment of this Act.

(c) IMPLEMENTATION REPORT.—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's implementation of section 7321 of title 38, United States Code, as added by subsection (a). The report shall be submitted not later than 120 days after the later of (1) the date on which the Secretary prescribes the quality standards required under subsection (b) of that section, or (2) the date of the enactment of this Act.

SEC. 9. PATIENT PRIVACY FOR WOMEN PATIENTS.

(a) IDENTIFICATION OF DEFICIENCIES.—The Secretary of Veterans Affairs shall conduct a survey of each medical center under the jurisdiction of the Secretary to identify deficiencies relating to patient privacy afforded to women patients in the clinical areas at each such center which may interfere with appropriate treatment of such patients.

(b) CORRECTION OF DEFICIENCIES.—The Secretary shall ensure that plans and, where appropriate, interim steps, to correct the deficiencies identified in the survey conducted under subsection (a) are developed and are incorporated into the Department's construction planning processes and given a high priority.

(c) REPORTS TO CONGRESS.—The Secretary shall compile an annual inventory, by medical center, of deficiencies identified under subsection (a) and of plans and, where appropriate, interim steps, to correct such deficiencies. The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives, not later than October 1, 1997, and not later than October 1 each year thereafter through 1999 a report on such deficiencies. The Secretary shall include in such report the inventory compiled by the Secretary, the proposed corrective plans, and the status of such plans.

INTRODUCTION

On March 9, 1995, the Subcommittee on Hospitals and Health Care received testimony on the progress of research on undiagnosed illnesses of Persian Gulf War Veterans. Those who testified were Dr. Kenneth W. Kizer, Under Secretary for Health at the Department of Veterans Affairs; Dr. Stephen Joseph, Assistant Secretary for Health Affairs at the Department of Defense; Dr. Richard Jackson, Director of the National Center for Environ-

mental Health at the Centers for Disease Control and Prevention, U.S. Public Health Service; Dr. Richard Miller, Director of the Medical Follow-up Agency at the Institute of Medicine; and Mr. Steve Robertson, Legislative Director of The American Legion.

On April 16, 1996, the Subcommittee heard testimony on recent reports dealing with Agent Orange exposure. Testifying were Dr. David Tollerud, Associate Professor and Chief, Occupational and Environmental Medicine at the University of Pittsburgh and the Chair of the Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides; Dr. Andrew Olshan, Assistant Professor at the Department of Epidemiology, School of Public Health, University of North Carolina, and a Member of the Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides; Dr. David Erickson, Chief of the Birth Defects and Genetic Diseases Branch at the National Center for Environmental Health, Centers for Disease Control; Dr. Joel E. Michalek of the Armstrong Laboratory, Epidemiologic Research Division, Population Research Branch and a Principal Investigator of the Air Force Health Study, accompanied by Colonel Gary Henriksen of the Armstrong Laboratory, Human Systems Center and also a Principal Investigator of the Air Force Study; and Dr. Kenneth Kizer, Under Secretary for Health at the Department of Veterans Affairs, accompanied by Dr. Susan Mather, Assistant Medical Director for Public Health and Environmental Hazards at the Department of Veterans Affairs.

The Subcommittee met on June 18, 1996, and ordered H.R. 3643, as amended, reported to the full Committee by unanimous voice vote.

The full Committee met on June 20, 1996, and ordered H.R. 3643, as amended, reported to the House by unanimous voice vote.

SUMMARY OF THE REPORTED BILL

H.R. 3643, as amended, would:

1. Authorize inpatient and outpatient health care for the following:

(a) veterans exposed to Agent Orange for diseases which the National Academy of Science has determined that (1) there is sufficient evidence of association between the disease and herbicide exposure, (2) there is some evidence of association between the disease and herbicide exposure, or (3) available studies are insufficient to come to any conclusion on association between the disease and herbicide exposure, or for diseases which the Secretary determines there is credible suggestive evidence of an association, through December 31, 1998;

(b) Persian Gulf War veterans for symptoms of diseases relating to service, through December 31, 1998;

(c) veterans who served in Israel or Turkey during the period of the Persian Gulf War (August 2, 1990 to July 31, 1991) for symptoms of diseases relating to service, through December 31, 1998, and

(d) veterans exposed to ionizing radiation, permanently.

2. Establish a Committee on Care of Severely Chronically Mentally Ill Veterans.

3. Authorize the VA to establish up to five centers of excellence called Mental Illness Research, Education, and Clinical Care Centers (MIRECCs) at VA facilities in order to facilitate improved delivery of mental health services.

4. Authorize VA to enter into disbursement agreements with medical schools to administer pay and benefits to residents and interns serving in VA outpatient clinics, nursing homes, and institutions other than hospitals.

5. Suspend special pay agreements, and thus, an otherwise applicable repayment penalty, for VA physicians and dentists who enter residency training programs.

6. Expand and extend through 1998 reporting requirements regarding VA's provision of care to women veterans.

7. Require the VA to issue a report on women veterans' barriers to VA health care.

8. Require the VA to promulgate mammography quality standards.

9. Require the VA to conduct a survey on deficiencies relating to patient privacy for women veteran patients and plan corrective action for identified deficiencies.

BACKGROUND AND DISCUSSION

SECTION 1. AUTHORITY TO PROVIDE PRIORITY HEALTH CARE

Public Law 102–4, the Agent Orange Act of 1991, required the VA to enter into an agreement with the National Academy of Sciences (NAS) to conduct a comprehensive review and evaluation of the available scientific and medical literature regarding the health effects of exposure to Agent Orange and other herbicides used during the Vietnam conflict. This Act also required not only the review of the scientific literature but also that the NAS evaluate the available scientific evidence and assess, with respect to each disease suspected of being associated with exposure to Agent Orange, the strength of the association or associations and their relative strength and risk to veterans. In carrying out this task, the NAS reviewed 6,420 abstracts of scientific or medical articles. From this published body of scientific literature, 230 epidemiological studies were chosen for detailed review and analysis.

The findings of the NAS provide a framework based on scientific evidence on which determinations of eligibility for health care can be based. H.R. 3643, as amended, would incorporate those findings in a manner that weds science with a spirit of compassion. It would do so by identifying certain specific diseases in veterans for which known, limited, and even doubtful statistical associations of exposure would be considered service-incurred for treatment purposes. The bill would authorize VA to provide treatment even for diseases where science provides insufficient evidence to determine whether there is any relationship between the diseases presented by the veteran and exposure to herbicides. It would also "grandfather" those veterans who have been previously treated at the VA for conditions which the NAS has now found evidence indicating no association to exist between the disease and exposure to herbicides for

continued VA care of these conditions. Included in this category would be skin cancer, gastrointestinal tumors, bladder cancer, and brain tumors.

H.R. 3643, as amended, would also provide a 20-month window for the consideration of new peer-reviewed, published research not previously considered by the NAS. In the event such a study provides credible evidence suggestive of an association between a disease and exposure to Agent Orange, the Secretary, based on the recommendations of the Under Secretary for Health, could authorize VA treatment for that condition.

The bill would also provide special eligibility in the case of radiation-exposed veterans for care of a long list of cancers as well as for any diseases for which the VA determines there is credible evidence of a positive association between disease occurrence and radiation exposure. The bill's "grandfather" clause would also permit VA to continue to care for illnesses for which veterans previously or currently receive care at the VA even though no positive association between the disease occurrence and radiation exposure has been found.

Under this bill, both groups of veterans would receive substantially expanded outpatient services for covered conditions on a priority basis.

The provisions of H.R. 3643, as amended, draw on language adopted by the House in passing H.R. 1565 in the first session of this Congress and in H.R. 3313, which was passed in the 103rd Congress.

As part of the legislative requirements of Public Law 102–4, the National Academy is required to provide subsequent reviews of scientific literature regarding the health effects of exposure to Agent Orange at least every two years for a period of ten years from the date of the first report. The first updated review and evaluation of newly published scientific evidence regarding associations between diseases and exposure to dioxin and other chemical compounds in herbicides used in Vietnam was published in March of this year. The findings of this review resulted in changes in three of the five categories. The changes are reflected in the summary provided. For purposes of the bill there is no impact on the delivery of health care services for those veterans qualifying for care under the Agent Orange provisions.

Summary of NAS Findings on Agent Orange Exposure

The following is an updated summary listing from the March 14, 1996 *Veterans and Agent Orange: Update 1996* of the four categories established by the National Academy of Sciences and the relative strength of each condition in regard to its association between the specific condition and exposure to herbicides.

SUFFICIENT EVIDENCE OF AN ASSOCIATION

Evidence is sufficient to conclude that there is a positive association.

Soft tissue sarcoma
Non-Hodgkin's lymphoma
Hodgkin's disease

Chloracne

LIMITED /SUGGESTIVE EVIDENCE OF AN ASSOCIATION

Evidence is suggestive of an association between herbicides and the outcome but is limited because chance, bias, and confounding could not be ruled out.

Respiratory cancers (lung, larynx, trachea)
Prostate cancer
Multiple myeloma
Acute and subacute peripheral neuropathy
Spina bifida
Porphyia cutanea tarda

INADEQUATE/INSUFFICIENT EVIDENCE TO DETERMINE WHETHER AN ASSOCIATION EXISTS

The available studies are of insufficient quality, consistency, or statistical power to permit a conclusion regarding the presence or absence of an association.

Hepatobiliary cancers
Nasal/nasopharyngeal cancers
Bone cancer
Female reproductive cancers (cervical, uterine, ovarian)
Breast cancer
Renal cancer
Testicular cancer
Leukemia
Spontaneous abortion
Birth defects (other than spina bifida)
Neonatal/infant death and stillbirths
Low birthweight
Childhood cancer in offspring
Abnormal sperm parameters and infertility
Cognitive and neuropsychiatric disorders
Motor/coordination dysfunction
Chronic peripheral nervous system disorders
Metabolic and digestive disorders (diabetes, changes in liver enzymes, lipid abnormalities, ulcers)
Immune system disorders (immune suppression and autoimmunity)
Circulatory disorders
Respiratory disorders
Skin cancer

LIMITED/SUGGESTIVE EVIDENCE OF NO ASSOCIATION

Several adequate studies, covering the full range of levels of exposure that human beings are known to encounter, are mutually consistent in showing no positive association between exposure to herbicides and the outcome at any level of exposure.

Gastrointestinal tumors (stomach cancer, pancreatic cancer, colon cancer, rectal cancer)
Bladder cancer
Brain tumors

The bill, as amended, would also extend VA's authority to provide health care on a priority basis for Persian Gulf War veterans through December 31, 1998. It would also extend eligibility for such care to those veterans who were stationed in Israel and Turkey during the twelve month time period of August 2, 1990 through July 31, 1991. The Department of Defense estimates that 140 personnel were stationed in Israel and 8,005 personnel were stationed in Turkey during that time period.

During and since the Persian Gulf War, numbers of returning American service personnel have reported health problems they attribute to their assignment in the Arabian peninsula and the surrounding area. Most of the medical problems have been diagnosable, but symptoms of several thousand veterans have not been readily explained.

Extensive research is currently underway to attempt to answer the perplexing questions of illnesses and diseases which some veterans experienced following service in the Persian Gulf. The multitude of studies conducted by various government agencies are looking into possible physical, chemical, biological, and psychological factors in an effort to explain these problems.

SECTION 2. DEPARTMENT COMMITTEE ON CARE OF SEVERELY CHRONICALLY MENTALLY ILL VETERANS

Following hearings during the 103rd Congress on VA care of seriously mentally ill veterans, the VA established a special committee, as proposed in legislation passed by the House, to monitor, assess, and make recommendations on such care and on research.

The first annual report of the Special Committee for Seriously Mentally Ill Veterans estimated that some 326,000 severely mentally ill (SMI) veterans use VA services each year, and that 64 percent of them are service-connected for a psychiatric condition. The Special Committee also reported that 51 percent of SMI veterans served in a war zone, and 43 percent served in combat.

Based on projections regarding the number of severely mentally ill veterans in the general population, the Special Committee calculated that of all VA-eligible veterans requiring psychiatric care for severe mental illness, 52 percent used VA services, about five times the proportion of veterans in the general population who use VA services. As reflected in Committee oversight hearings in June and September 1993, however, veterans with severe mental illness have historically been an "underserved" population within VA (as in the community at large), in terms of the relative level of funding devoted to VA mental health programs.

In referring to severe mental illness, the Special Committee draws no distinction generally among psychiatric diagnoses, but rather to the relative degree of impairment associated with a patient's psychiatric condition. The Special Committee's report, however, identifies schizophrenia, the most prevalent condition among patients suffering from a severe mental illness, as exclusively a se-

vere mental illness (along with bipolar disorder). The Special Committee reports that the care of veterans with severe mental illness is marked by more intense service utilization than for veterans with other less disabling psychiatric conditions, with both more days per year (74 vs. 32 days) of hospitalization and greater numbers of outpatient care clinic visits per year (31 vs. 25).

These considerations highlight the important role to be played by a special committee of experts in the care of severely mentally ill veterans, and underscore the basis for this Committee's having urged VA to make the care of severe mentally ill veterans a Department priority. The Department is to be commended for its establishment of the Special Committee for Seriously Mentally Ill Veterans. Nevertheless, the high proportion of veterans with service-connected psychiatric conditions and the heavy reliance veterans suffering from severe mental illness place on VA mental health care highlight the importance of maintaining and codifying the Special Committee's role.

Under the bill, as amended, the Special Committee would be charged to evaluate VA mental health care programs, identify systemwide problems, and identify specific VA facilities to highlight both programs in need of enrichment and model programs which should be more widely implemented. The Special Committee would also be tasked to provide advice on the development of policies for patient care and rehabilitation, and to provide recommendations on improving care (both systemwide and at specific facilities), establishing special programs of education and training for VA employees, research needs and priorities, and resource allocation.

SECTION 3. CENTERS FOR MENTAL ILLNESS RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES

The concerns which prompted the call for a special committee are partly addressed in section 3 of the bill, as amended, which authorizes appropriations for VA to establish programs of excellence in mental illness research, education, and clinical care (MIRECC). The so-called MIRECC concept is intended to improve the quality of care, particularly at VA psychiatric hospitals, by fostering collaboration between such a hospital and a medical center which has a mission of providing tertiary medical care. While the MIRECC is modeled in part on VA's much lauded geriatric research, education and clinical centers (GRECCs), it differs in linking the strengths of institutions with very different missions.

The aim is to channel the interests and expertise of VA tertiary medicine to work toward improving mental health care at VA's often unaffiliated psychiatric hospitals and developing improved models of mental health care delivery. Such collaboration in the case of a proposed MIRECC would entail establishing a dual-sited (or even multi-sited) "center" which involves the two (or more) VA institutions forming a collaborative program encompassing mental health research, education, and clinical care. To ensure adequate incentives for participation as well as to achieve an effective partnership between the collaborating facilities which operate the center, the measure would limit the funding available to any participating tertiary-care facility in any such collaborative arrangement to 50 percent of the funds appropriated for support of care, re-

search, and education, and would require establishment of a formal governance structure to ensure that the center is operated to improve the quality of mental health care at the participating psychiatric facility (or facilities). The goal is that a key product of such collaborative arrangements would be improved care at those participating (non-tertiary) facilities which have a mission centered on care of the mentally ill.

SECTION 4. DISBURSEMENT AGREEMENTS RELATING TO MEDICAL RESIDENTS AND INTERNS

The VA typically enters into disbursement agreements with participating medical institutions for purpose of providing pay and other employee benefits to residents and interns who train at VAMCs. Current law, however, limits the use of these agreements to residents and interns who serve in a VA hospital, and not in outpatient clinics, nursing homes or other Department medical facilities. This provision would eliminate this prohibition and would permit disbursement agreements to be arranged for residents and interns who train at any VA health care facility. No costs to the federal government are associated with this provision.

SECTION 5. AUTHORITY TO SUSPEND SPECIAL PAY AGREEMENTS FOR PHYSICIANS AND DENTISTS WHO ENTER RESIDENCY TRAINING PROGRAMS

This provision would authorize the Secretary of Veterans Affairs to suspend special pay agreements, and with it an otherwise applicable obligation to repay earlier-provided special pay, for physicians and dentists who enter into a residency training program until its completion and the resumption of their VA employment within a time period determined by the Secretary.

Under title 38, United States Code, "special pay" is authorized in addition to basic pay to assist in physician recruitment and retention. To receive special pay, a physician must enter into a special pay agreement that carries certain service obligations. Failure to complete that obligation triggers refund liabilities. Under currently law, employees incur a refund liability any time they leave voluntarily. A waiver can be granted only when the employee's breach of an agreement is for reasons beyond their control, as provided by section 7432(b)(2) of title 38, United States Code.

Under existing law, a physician or dentist who enters a residency training program is converted to a special appointment category that is excluded from receipt of special pay. Entering a residency training position constitutes a breach of the agreement and triggers the obligation to repay the special pay that the physician or dentist received during that year, thereby, imposing adverse financial consequences on those individuals entering residency training programs.

The provision would temporarily suspend the special pay agreement during residency training and allows the return of the physician or dentist to VA employment without incurring a special pay refund obligation. No costs arise from the provision, only a deferral of a payment obligation.

PROVISION OF HEALTH CARE TO WOMEN VETERANS

Women have served as members of the armed forces since World War I. But their numbers have expanded substantially since then. Today women comprise over 12 percent of the active force, 13 percent of the reserves, and over 4 percent of the veteran population.

The increase in the number of women veterans has presented distinct challenges to a health care delivery system whose patients have historically been overwhelmingly male. As recently as 1982, the General Accounting Office (GAO) found that women veterans treated in VA medical facilities did not receive complete physical examinations or gynecological care.

Oversight on women's health care conducted during the 103rd Congress, which included reviews by the General Accounting Office in 1992 and the VA Office of Inspector General (OIG) in 1993, identified gaps between Departmental policy goals and practice at VA medical centers. Both found instances of medical centers not consistently monitoring women's care through their quality assurance programs, and thus being unable to ensure that required physical examinations were being performed. GAO also found that VA medical centers were not adequately monitoring their in-house mammography programs to ensure compliance with quality standards (although GAO also concluded that VA mammography service delivery was comparable to that of private providers and that its quality assurance exceeded private providers). Both GAO and OIG, as well as VA's Advisory Committee on Women Veterans also identified patient privacy as an issue of concern. The advisory committee, for example, pointed out that, although all VA facilities can accommodate women veterans, some continued to have patient privacy deficiencies, occasionally of such severity that physicians could not admit women for certain types of care.

In March 1996, VA issued a "Women Veterans Program Resource Guide", which profiles the services provided women veterans at individual facilities, as well as listing facilities which have developed specific protocols, quality monitors, and other instruments relating to the care of women veterans. This document reflects that many VA medical centers have developed comprehensive programs for the women under their care; at the same time, it indicates some lack of consistency from center to center, particularly in the extensiveness of quality monitoring and the establishment of plans of care for women veterans.

With the expiration of reporting requirements established in Public Law 102–585, and the failure of the Advisory Committee on Women Veterans to have issued a report (as required by section 542 of title 38, United States Code) since 1994, the Committee has not been furnished current information on the extent to which women veterans are applying for and receiving VA care, for example, or on the progress VA has made in remedying patient privacy deficiencies. It is not clear, for example, the extent to which VA is able to provide privacy and safety in its own facilities for women veterans who require hospitalization for psychiatric conditions.

Inconsistencies from facility to facility highlight the need for additional data on the effectiveness with which individual facilities are serving women veterans. Variability in whether or not a VA

medical center does or does not have a comprehensive women's program, a full-time women's coordinator, and separate waiting areas for women veterans, for example, raise questions regarding patient satisfaction, perceived barriers to receipt of care, and differing degrees of utilization.

The bill, as amended, seeks to answer such questions, and to remedy problems identified in prior oversight. Thus, the bill would extend and expand annual reporting requirements, as well as provide for an assessment of women veterans' experiences in using VA facilities. The required assessment would call for the Department's Center for Women Veterans, working in consultation with the Advisory Committee on Women Veterans, to assess women veterans' use of health services through the Department and to provide annual reports on its findings through 1999 to the Under Secretary for Health. The reports are to address the extent to which women veterans fail to seek health services from the Department, or face barriers in such efforts; the reasons for such phenomena; and recommendations, as indicated, for remedial action.

The Committee is aware of an important study on women veterans' perceptions and experiences in accessing VA care being conducted by researchers with VA's Women's Health Sciences Division of the National Center for Post-Traumatic Stress Disorder in Boston which should provide valuable survey data. Among its objectives, the study aims to determine whether perceived and/or actual impediments exist in access to VA services for women veterans; to describe such perceived or actual barriers; and to examine potential differences in access experiences as they relate to such factors as age, service era, ethnicity, and health status. While this study, which is already underway, is not anticipated to be completed until September 1997, the Committee would encourage, to the extent feasible, consideration of such preliminary study data as may be available in developing the required 1997 report to the Under Secretary.

Under the Mammography Quality Standards Act of 1992, Public Law 102–539, Congress exempted VA from requirements imposed on all health care facilities to meet quality assurance and quality control standards regarding mammography to be promulgated by the Secretary of Health and Human Services. Such exemption was based on the principle that standards applicable to VA should be established by the Secretary of Veterans Affairs. The Secretary has voluntarily developed such standards. The bill, as amended, would simply codify that policy, as reflected in a requirement that VA have quality assurance and quality control standards relating to the performance and interpretation of mammograms and use of mammography equipment and facilities. The measure would require that these standards be as stringent as the requirements prescribed by the Secretary under Public Law 102–539.

Finally, the reported bill would require the Secretary annually, through 1999, to conduct a survey of all VA medical centers to identify patient privacy deficiencies relating to the treatment of women veterans, to develop plans for the correction of such deficiencies, and to give a high priority to such remedial efforts in the Department's construction planning and budgeting processes. The provision would require the Secretary to report to Congress on such

annual inventory of deficiencies, as well as on proposed corrective plans and the status of those corrective efforts

SECTION-BY-SECTION ANALYSIS

Section 1(a) would amend section 1710(e) of title 38, United States Code, to provide that a herbicide-exposed veteran is eligible for hospital and nursing home care under subsection (a)(1)(g) through December 31, 1998, for any disease which the National Academy of Sciences has found (or subsequently finds) either some evidence of, or insufficient evidence to permit a conclusion as to, an association between occurrence of the diseases in humans and exposure to a herbicide. It would also authorize the Secretary of Veterans Affairs, based on the recommendation of the Under Secretary for Health, to add to the list of covered conditions for which treatment is authorized. A disease could be added based on peer-reviewed research published within 20 months after the most recent National Academy of Sciences report regarding Agent Orange. This section would also provide special eligibility for hospital and nursing home care in the case of radiation-exposed veterans for care of any diseases for which the VA determines there is credible evidence of a positive association between disease occurrence and radiation exposure or for which Congress has established presumptive service-connection. Finally, it would extend eligibility for hospital care through December 31, 1998 for Persian Gulf War veterans and veterans who served on active duty in Israel or Turkey during the period August 2, 1990, through July 31, 1991.

Section 1(b) would amend section 1712 to require, in the case of radiation and herbicide-exposed veterans, and veterans eligible for care under section 1710(e) by virtue of service during the Persian Gulf War, any needed outpatient treatment for covered illnesses (under section 1(a)). It would also assign the same priority to such treatment as provided for treatment of a service-connected condition.

Section 1(c) would provide that veterans who have received care under the expired provisions of sections 1710(e) and 1712(a) would not lose eligibility for continued care of such conditions.

Section 2 would require that VA establish a Special Committee on Care of Severely Chronically Mentally Ill Veterans, which shall assess, and carry out a continuing assessment of the capability of the Veterans Health Administration to effectively meet the treatment and rehabilitation needs of severely, chronically mentally ill veterans. It would require that the Special Committee advise the Under Secretary for Health regarding the development of policies on, and improvements in, care for chronically mentally ill veterans. It would also require the Secretary to submit to the Committees on Veterans Affairs of the House and Senate, not later than April 1, 1997, the first of five annual reports on improving VA care for the chronically mentally ill.

Section 3(a) would add a new section 7320 which would authorize the establishment of centers of mental illness research, education, and clinical activities, and specify the manner in which such centers would function, the mechanism for selecting the location of such centers, and the means by which VA medical centers would collaborate in the establishment and operation of such centers.

Section 3(b) would require annual reporting on the status and activities of such centers.

Section 3(c) would require the designation of at least one center under the new section 7320 not later than January 1, 1998.

Section 4 would amend section 7406(c) to permit disbursement agreements to cover residents and interns serving in any VA medical facility.

Section 5 would amend section 7432(b)(2) to permit the suspension, but not termination, of special pay agreements for physicians and dentists who enter residency programs.

Section 6(a) would amend section 107(a) of the Veterans Health Care Act of 1992 (Public Law 102–585; 38 U.S.C. 1710 note) to extend through January 1, 1998 the requirement to report to the Committees on Veterans' Affairs of the House and Senate on the provision of women's health care services and the conduct of research relating to women veterans.

Section 6(b) would amend section 107(b) of the Veterans Health Care Act of 1992 to expand the scope of the information to be furnished in the report required in section 6(a).

Section 7(a) would require the Department's Center for Women Veterans, in consultation with the Advisory Committee on Women Veterans, to report to the Under Secretary for Health annually by April 1, 1997, through April 1, 1999 on real and perceived barriers to access to VA health services for women veterans.

Section 7(b) would require the Secretary to report to the House and Senate Committees on Veterans' Affairs annually by July 1, 1997 through July 1, 1999 on the most recent report of the Center for Women Veterans, the Under Secretary for Health's views on such report and the remedial actions being taken as a result of the report.

Section 8(a) would amend subchapter II of chapter 73 to add "Section 7319. Mammography Quality Standards." The new section 7319 would require that (1) a VA facility may not perform mammograms unless it is accredited to do so by a nonprofit organization meeting standards established by law; (2) VA prescribe standards relating to VA performance and interpretation of mammograms and use of mammogram equipment that are consistent with the requirements in the Public Health Service Act and that are no less stringent than those prescribed by the Secretary of Health and Human Services; (3) VA provide for an annual inspection of such equipment and facilities; and (4) ensure that contractors meet applicable quality standards.

Section 8(b) would require VA to prescribe standards under subsection(a) not later than 120 days after enactment of the Act.

Section 8(c) would require the Secretary to submit to the Committees on Veterans Affairs of the House and Senate a report on the implementation of section 7319.

Section 9(a) would require the VA to conduct a survey of each medical center to identify deficiencies relating to patient privacy afforded to women patients which may interfere with appropriate treatment of such patients.

Section 9(b) would provide that the Secretary ensure that plans to correct deficiencies identified in the survey are developed and in-

corporated into VA's construction planning processes and given high priority.

Section 9(c) would require that the VA compile an annual inventory of those deficiencies and remedial plans, and inform Congress not later than October 1 annually through 1999 regarding the inventory, proposed corrective plans, and the status of such plans.

OVERSIGHT FINDINGS

No oversight findings have been submitted to the Committee by the Committee on Government Reform and Oversight.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

The following letter was received from the Congressional Budget Office concerning the cost of the reported bill:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 24, 1996.

Hon. BOB STUMP,
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. 3643, a bill to extend the authority of the Department of Veterans Affairs to provide priority treatment 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, as ordered reported by the House Committee on Veterans' Affairs on June 20. 1996.

H.R 3643 would not affect direct spending or receipts and thus would not be subject to pay-as-you-go procedures under section 252 of the Balanced Budget and Emergency Deficit Control Act of 1985.

The bill contains no intergovernmental or private-sector mandates as defined in Public Law 104–4, and would impose no direct costs on State, local, or tribal governments.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

JUNE E. O'NEILL,
Director.

Attachment

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 3643

2. Bill title: 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.

3. Bill status: As ordered reported by the House Committee on Veterans' Affairs on June 20, 1996.

4. Bill purpose: This bill would extend the authority of the Department of Veterans Affairs to provide health care to certain veterans exposed to toxic substances. It would also authorize creation of centers for chronically mentally ill veterans. Other sections of the bill would not have significant budgetary impacts.

5. Estimated cost to the Federal Government: The following table summarizes the budgetary impact of H.R. 3643, which would depend on subsequent appropriations action.

[By fiscal year, in millions of dollars]

	1996	1997	1998	1999	2000	2001	2002
SPENDING SUBJECT TO APPROPRIATIONS ACTION							
Spending under current law:							
Budget authority/authorizations [1 2]	200	50	0	0	0	0	0
Estimated outlays	178	70	0	0	0	0	0
Proposed changes:							
Estimated authorization level	0	165	223	70	18	18	12
Estimated outlays	0	148	218	90	18	18	12
Spending under the bill:							
Estimated authorization level [1]	200	215	223	70	18	18	12
Estimated outlays	178	218	218	90	18	18	12

[1] The 1997 figure is the amount authorized but not yet appropriated.
[2] The 1996 figure is the amount already appropriated.

6. Basis of estimate: The estimate assumes enactment of the bill by October 1, 1996, and appropriation of the authorized amounts for each fiscal year. CBO used historical spending rates for estimating outlays. Only those sections of the bill having a significant budgetary impact are discussed.

Medical treatment for veterans exposed to toxic substances.—Under current law, the Department of Veterans Affairs (VA) has until December 31, 1996, to provide health care to veterans exposed to certain toxic substances. The bill would extend through December 31, 1998, VA's authority to treat Persian Gulf War veterans and Vietnam veterans exposed to Agent Orange and would permanently extend the authority to treat veterans exposed to ionizing radiation.

Data on the number of veterans who have sought treatment in the past for disabilities related to exposure to Agent Orange, ionizing radiation, or toxic substances while serving in the Persian Gulf War, is difficult to obtain. While VA's patient treatment files have a count of the number of veterans receiving medical treatment and who are suffering from exposure to these toxic substances, the files do not have information on the number of veterans treated specifically for ailments related to exposure to these toxic substances.

VA estimates the cost of providing health care for veterans exposed to ionizing radiation and Agent Orange would be $12 million and $108 million per year, respectively. The cost of treating Persian Gulf War veterans would be $95 million for 1997, an increase of $15 million over 1996. VA believes that the increase is needed both because of the growing number of military personnel who served in the Persian Gulf War who have been discharged and growing publicity about the availability of testing and medical treatment for Gulf War-related ailments.

Centers for chronically mentally ill veterans.—Section 3 would authorize the creation of no more than five centers for mental illness research, education, and clinical activities. This section would authorize appropriations of $3 million in 1998 and $6 million a year for the three-year period from 1999–2001 for operation of the centers. Also the bill would allow VA to use money appropriated for other purposes to fund programs under this section.

7. Pay-as-you-go considerations: None.

8. Estimated cost to State, local, and tribal governments: H.R 3643 contains no intergovernmental mandates as defined by Public Law 104–4 and would not affect the budgets of State, local, or tribal governments.

9. Estimated impact on the private sector: This bill would impose no new federal private-sector mandates, as defined in Public Law 104–4.

10. Previous CBO estimate: None

11. Estimate prepared by:

Federal cost estimate: Michael Groarke.
Impact on State, local, and tribal governments: Marc Nicole.
Impact on private sector: Ellen Breslin Davidson.

12. Estimate approved by: Paul N. Van de Water, Assistant Director for Budget Analysis.

INFLATIONARY IMPACT STATEMENT

The enactment of the reported bill would have no inflationary impact.

APPLICABILITY TO LEGISLATIVE BRANCH

The reported bill would not be applicable to the legislative branch under the Congressional Accountability Act, Public Law 104–1, because it would apply only to certain Department of Veterans Affairs programs and benefits recipients.

STATEMENT OF FEDERAL MANDATES

The reported bill would not establish a federal mandate under the Unfunded Mandates Reform Act, Public Law 104–4.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 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 italics, existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * * * *

PART II—GENERAL BENEFITS

* * * * * * *

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

* * * * * * *

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

§ 1710. Eligibility for hospital, nursing home, and domiciliary care

(a) * * *

* * * * * * *

[(e)(1)(A) Subject to paragraphs (2) and (3) of this subsection, a veteran—

[(i) who served on active duty in the Republic of Vietnam during the Vietnam era, and

[(ii) who the Secretary finds may have been exposed during such service to dioxin or was exposed during such service to a toxic substance found in a herbicide or defoliant used in connection with military purposes during such era,

is eligible for hospital care and nursing home care under subsection (a)(1)(G) of this section for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such exposure.

[(B) Subject to paragraphs (2) and (3) of this subsection, a veteran who the Secretary finds was exposed while serving on active duty to ionizing radiation from the detonation of a nuclear device in connection with such veteran's participation in the test of such a device or with the American occupation of Hiroshima and Nagasaki, Japan, during the period beginning on September 11, 1945, and ending on July 1, 1946, is eligible for hospital care and nursing home care under subsection (a)(1)(G) of this section for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such exposure.]

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

(i) among those diseases for which the National Academy of Sciences, in a report issued in accordance with section 2 of the Agent Orange Act of 1991, has determined—

(I) that there is sufficient evidence to conclude that there is a positive association between occurrence of the disease in humans and exposure to a herbicide agent;

(II) that there is evidence which is suggestive of an association between occurrence of the disease in humans and exposure to a herbicide agent, but such evidence is limited in nature; or

(III) that available studies are insufficient to permit a conclusion about the presence or absence of an association

between occurrence of the disease in humans and exposure to a herbicide agent; or

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

(B) A radiation-exposed veteran is eligible for hospital care and nursing home care under subsection (a)(1)(G) for any disease suffered by the veteran that is—

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

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

* * * * * * *

(2) [Hospital] *In the case of a veteran described in paragraph (1)(C), hospital* and nursing home care may not be provided under subsection (a)(1)(G) of this section with respect to a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than an exposure described in [subparagraph (A), (B), or (C) of paragraph (1) of this subsection] *paragraph (1)(C)*.

(3) Hospital and nursing home care and medical services may not be provided under or by virtue of subsection (a)(1)(G) [of this section after December 31, 1996] *after December 31, 1998, in the case of care for a veteran described in paragraph (1)(A) or paragraph (1)(C)*.

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

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

(B) The term "herbicide agent" has the meaning given that term in section 1116(a)(4) of this title.

(C) The term 'radiation-exposed veteran' has the meaning given that term in section 1112(c)(4) of this title.

* * * * * * *

§ 1712. Eligibility for outpatient services

(a)(1) Except as provided in subsection (b) of this section, the Secretary shall furnish on an ambulatory or outpatient basis such medical services as the Secretary determines are needed—

(A) * * *

* * * * * * *

(C) to any veteran for a disability for which the veteran is in receipt of compensation under section 1151 of this title or for which the veteran would be entitled to compensation under

that section but for a suspension pursuant to that section (but in the case of such a suspension, such medical services may be furnished only to the extent that such person's continuing eligibility for medical services is provided for in the judgment or settlement described in that section); [and]

(D) during the period [before December 31, 1996,] *before January 1, 1999,* for any disability in the case of a veteran who served on active duty in the Southwest Asia theater of operations during the Persian Gulf War and who the Secretary finds may have been exposed to a toxic substance or environmental hazard during such service, notwithstanding that there is insufficient medical evidence to conclude that the disability may be associated with such exposure[.]*;*

(E) during the period before January 1, 1999, to any herbicide-exposed veteran (as defined in section 1710(e)(4)(A) of this title) for any disease specified in section 1710(e)(1)(A) of this title; and

(F) to any radiation-exposed veteran (as defined in section 1112(c)(4) of this title) for any disease covered under section 1710(e)(1)(B) of this title.

* * * * * * *

(i) The Secretary shall prescribe regulations to ensure that special priority in furnishing medical services under this section and any other outpatient care with funds appropriated for the medical care of veterans shall be accorded in the following order, unless compelling medical reasons require that such care be provided more expeditiously:

(1) * * *

* * * * * * *

(3) To a veteran [(A)] who is a former prisoner of war[, or (B) who is eligible for hospital care under section 1710(e) of this title].

* * * * * * *

PART V—BOARDS, ADMINISTRATIONS, AND SERVICES

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CHAPTER 73—VETERANS HEALTH ADMINISTRATION—ORGANIZATION AND FUNCTIONS

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SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

7311. Quality assurance.

* * * * * * *

7319. Committee on Care of Severely Chronically Mentally Ill Veterans.
7320. Centers for mental illness research, education, and clinical activities.
7321. Mammography quality standards.

* * * * * * *

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

* * * * * * *

§ 7319. Committee on Care of Severely Chronically Mentally Ill Veterans

(a) ESTABLISHMENT.—The Secretary, acting through the Under Secretary for Health, shall establish in the Veterans Health Administration a Committee on Care of Severely Chronically Mentally Ill Veterans. The Under Secretary shall appoint employees of the Department with expertise in the care of the chronically mentally ill to serve on the committee.

(b) DUTIES.—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of mentally ill veterans whose mental illness is severe and chronic and who are eligible for health care furnished by the Department, including the needs of such veterans who are women. In carrying out that responsibility, the committee shall—

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

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

(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

(c) ADVICE AND RECOMMENDATIONS.—The committee shall—

(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of severely chronically mentally ill veterans; and

(2) make recommendations to the Under Secretary—

(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

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

(C) regarding research needs and priorities relevant to the care of such veterans; and

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

(d) ANNUAL REPORT.—(1) Not later than April 1, 1997, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section. The report shall include the following:

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

(B) The assessment of the Under Secretary for Health, after review of the initial findings of the committee, regarding the capability of the Veterans Health Administration, on a system-

wide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of severely chronically mentally ill veterans who are eligible for Department care.

(C) The plans of the committee for further assessments.

(D) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

(E) A description of the steps taken, plans made (and a timetable for their execution), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of severely chronically mentally ill veterans who are eligible for Department care.

(2) Not later than February 1, 1998, and February 1 of each of the three following years, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing information updating the reports submitted under this subsection before the submission of such report.

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

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

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

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

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

(b)(1) The Secretary shall establish and operate centers for mental illness research, education, and clinical activities. Such centers shall be established and operated by collaborating Department facilities as provided in subsection (c)(1). Each such center shall function as a center for—

(A) research on mental health services;

(B) the use by the Department of specific models for furnishing services to treat serious mental illness;

(C) education and training of health-care professionals of the Department; and

(D) the development and implementation of innovative clinical activities and systems of care with respect to the delivery of such services by the Department.

(2) The Secretary shall, upon the recommendation of the Under Secretary for Health, designate the centers under this section. In making such designations, the Secretary shall ensure that the centers designated are located in various geographic regions of the United States. The Secretary may designate a center under this section only if—

(A) the proposal submitted for the designation of the center meets the requirements of subsection (c);

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

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

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

(4) The authority of the Secretary to establish and operate centers under this section is subject to the appropriation of funds for that purpose.

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

(1) provide for close collaboration in the establishment and operation of the center, and for the provision of care and the conduct of research and education at the center, by a Department facility or facilities in the same geographic area which have a mission centered on care of the mentally ill and a Department facility in that area which has a mission of providing tertiary medical care;

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

(3) provide for a governance arrangement between the collaborating Department facilities which ensures that the center will be established and operated in a manner aimed at improving the quality of mental health care at the collaborating facility or facilities which have a mission centered on care of the mentally ill.

(d) The finding referred to in subsection (b)(2)(B) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendation of the Under Secretary for Health, that the facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

(1) An arrangement with an accredited medical school that provides education and training in psychiatry and with which one or more of the participating Department facilities is affiliated under which medical residents receive education and training in psychiatry through regular rotation through the participating Department facilities so as to provide such residents with training in the diagnosis and treatment of mental illness.

(2) An arrangement with an accredited graduate school of psychology under which students receive education and training in clinical, counseling, or professional psychology through regular rotation through the participating Department facilities so as to provide such students with training in the diagnosis and treatment of mental illness.

(3) An arrangement under which nursing, social work, or allied health personnel receive training and education in mental health care through regular rotation through the participating Department facilities.

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

(A) into the evaluation of innovative approaches to the design of mental health services; or

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

(5) The capability to evaluate effectively the activities of the center, including activities relating to the evaluation of specific efforts to improve the quality and effectiveness of mental health services provided by the Department at or through individual facilities.

(e)(1) In order to provide advice to assist the Secretary and the Under Secretary for Health to carry out their responsibilities under this section, the official within the central office of the Veterans Health Administration responsible for mental health and behavioral sciences matters shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of centers under this section.

(2) The panel shall consist of experts in the fields of mental health research, education and training, and clinical care. Members of the panel shall serve as consultants to the Department.

(3) The panel shall review each proposal submitted to the panel by the official referred to in paragraph (1) and shall submit to that official its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

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

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

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

(2) shall receive priority in the award of funding from such account insofar as funds are awarded to projects and activities relating to mental illness.

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

(h) The Under Secretary for Health shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section that may be useful for other activities of the Veterans Health Administration is disseminated throughout the Veterans Health Administration. Such dissemination shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

(i) The official within the central office of the Veterans Health Administration responsible for mental health and behavioral sciences matters shall be responsible for supervising the operation of the centers established pursuant to this section and shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

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

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

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

(2) In addition to funds appropriated for a fiscal year pursuant to the authorization of appropriations in paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department of Veterans Affairs medical care account and the Department of Veterans Affairs medical and prosthetics research account such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.

§ 7321. Mammography quality standards

(a) A mammogram may not be performed at a Department facility unless that facility is accredited for that purpose by a private nonprofit organization designated by the Secretary. An organization designated by the Secretary under this subsection shall meet the standards for accrediting bodies established under section 354(e) of the Public Health Service Act (42 U.S.C. 263b(e)).

(b) The Secretary, in consultation with the Secretary of Health and Human Services, shall prescribe quality assurance and quality control standards relating to the performance and interpretation of mammograms and use of mammogram equipment and facilities of the Department of Veterans Affairs consistent with the requirements of section 354(f)(1) of the Public Health Service Act. Such standards shall be no less stringent than the standards prescribed by the Secretary of Health and Human Services under section 354(f) of the Public Health Service Act.

(c)(1) The Secretary, to ensure compliance with the standards prescribed under subsection (b), shall provide for an annual inspection of the equipment and facilities used by and in Department health care facilities for the performance of mammograms. Such inspections shall be carried out in a manner consistent with the inspection of certified facilities by the Secretary of Health and Human Services under section 354(g) of the Public Health Service Act.

(2) The Secretary may not provide for an inspection under paragraph (1) to be performed by a State agency.

(d) The Secretary shall ensure that mammograms performed for the Department under contract with any non-Department facility or provider conform to the quality standards prescribed by the Secretary of Health and Human Services under section 354 of the Public Health Service Act.

(e) For the purposes of this section, the term "mammogram" has the meaning given such term in paragraph (5) of section 354(a) of the Public Health Service Act (42 U.S.C. 263b(a)).

* * * * * * *

CHAPTER 74—VETERANS HEALTH ADMINISTRATION—PERSONNEL

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SUBCHAPTER I—APPOINTMENTS

* * * * * * *

§ 7406. Residencies and internships

(a) * * *

* * * * * * *

(c)(1) In order to carry out more efficiently the provisions of subsection (a)(1), the Secretary may contract with one or more hospitals, medical schools, or medical installations having hospital facilities and participating with the Department in the training of interns or residents to provide, by the designation of one such institution to serve as a central administrative agency, for the central administration—

(A) of stipend payments;

(B) provision of fringe benefits; and

(C) maintenance of records for such interns and residents.

(2) The Secretary may pay to such designated agency, without regard to any other law or regulation governing the expenditure of Government moneys either in advance or in arrears, an amount to cover the cost for the period such intern or resident serves in a [Department hospital] *Department facility furnishing hospital care or medical services* of—

(A) stipends fixed by the Secretary pursuant to paragraph (1);

(B) hospitalization, medical care, and life insurance and any other employee benefits as are agreed upon by the participating institutions for the period that such intern or resident serves in a [Department hospital] *Department facility furnishing hospital care or medical services*;

(C) tax on employers pursuant to chapter 21 of the Internal Revenue Code of 1986, where applicable; and

(D) an amount to cover a pro rata share of the cost of expense of such central administrative agency.

(3)(A) Any amounts paid by the Secretary to such central administrative agency to cover the cost of hospitalization, medical care, or life insurance or other employee benefits shall be in lieu of any benefits of like nature to which such intern or resident may be entitled under the provisions of title 5, and the acceptance of stipends and employee benefits from the designated central administrative agency shall constitute a waiver by the recipient of any claim such recipient might have to any payment of stipends or employee benefits to which such recipient may be entitled under this title or title 5.

(B) Notwithstanding subparagraph (A), any period of service of any such intern or resident in a [Department hospital] *Department facility furnishing hospital care or medical services* shall be deemed creditable service for the purposes of section 8332 of title 5.

(4) The agreement with such central administrative agency may further provide that the designated central administrative agency shall—

(A) make all appropriate deductions from the stipend of each intern and resident for local, State, and Federal taxes;

(B) maintain all records pertinent to such deductions and make proper deposits of such deductions; and

(C) maintain all records pertinent to the leave accrued by such intern and resident for the period during which such recipient serves in a participating [hospital] *facility*, including a [Department hospital] *Department facility furnishing hospital care or medical services*.

(5) Leave described in paragraph (4)(C) may be pooled, and the intern or resident may be afforded leave by the [hospital] *facility* in which such person is serving at the time the leave is to be used to the extent of such person's total accumulated leave, whether or not earned at the [hospital] *facility* in which such person is serving at the time the leave is to be afforded.

* * * * * * *

SUBCHAPTER III—SPECIAL PAY FOR PHYSICIANS AND DENTISTS

* * * * * * *

§ 7432. Special pay: written agreements

(a)

* * * * * * *

(b)(1) An agreement under this subchapter shall provide that, if the physician or dentist entering into the agreement voluntarily, or because of misconduct, fails to complete any of the years of service covered by the agreement (measured from the anniversary date of the agreement), the physician or dentist shall refund an amount of special pay received under the agreement for that year equal to—

(2)*(A)* The Secretary may waive (in whole or in part) the requirement for a refund under paragraph (1) in any case if the Secretary determines (in accordance with regulations prescribed under section 7431(a) of this title) that the failure to complete such period of service is the result of circumstances beyond the control of the physician or dentist.

(B) The Secretary may suspend a special pay agreement entered into under this section in the case of a physician or dentist who, having entered into the special pay agreement, enters a residency training program. Any such suspension shall terminate when the physician or dentist completes, withdraws from, or is no longer a participant in the program. During the period of such a suspension,

the physician or dentist is not subject to the provisions of paragraph (1).

* * * * * * *

SECTION 107 OF THE VETERANS HEALTH CARE ACT OF 1992

SEC. 107. REPORT ON HEALTH CARE AND RESEARCH.

(a) IN GENERAL.—[Not later than January 1, 1993, January 1, 1994, and January 1, 1995] *Not later than January 1 of 1993 and each year thereafter through 1998*, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the provision of health care services and the conduct of research carried out by, or under the jurisdiction of, the Secretary relating to women veterans.

(b) CONTENTS.—The report under subsection (a) shall include the following information with respect to the most recent fiscal year before the date of the report:

(1) * * *

(2) A description of (A) the services provided at each such facility *(including information on the number of inpatient stays and the number of outpatient visits through which such services were provided)*, and (B) the extent to which each such facility relies on contractual arrangements under section 1703 or 8153 of title 38, United States Code, to furnish care to women veterans in facilities which are not under the jurisdiction of the Secretary where the provision of such care is not furnished in a medical emergency.

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(5) A description of the actions taken by the Secretary to foster and encourage the expansion of such research.

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