

I urge my colleagues on both sides of the aisle to support this much-needed legislation. Together, we can empower our Nation's heroes and ensure they all have a place to call home.

I have been on this job for 10 months, and I do have hope that we will continue to move forward for our veterans and do everything that we can every day we are in this job to support them.

□ 1630

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume. Mr. Speaker, I wish that we could be sending over to the Senate today a hot-line-ready bill.

We knew what we had to put into this bill. The majority knew what corrections needed to be made. By tradition, subsequent to the vote that we took today, we could have done those corrections and had a bill that could have gone on the Senate hotline. Absent any Senator's objection, it could have been sent to the President's desk for sure by the Christmas holiday.

By some miracle something could happen. There could be a heating of the conscience. There is a conscious choice being made today to not send the Senate a bill that is substantively freed from the flaws that we could have fixed.

Mr. Speaker, I urge my colleagues to support this bill. I hope against hope that we still can get this done by the end of the year.

Mr. Speaker, I yield back the balance of my time.

Mr. VAN ORDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to take a moment to remind my great friend and colleague from the State of California, as the previous ranking member of the Veterans' Affairs Committee where the House of Representatives, the Senate, and the White House were held by his party, that this could have been passed in this period of time.

In that period of time under Democratic control, the per diem rate was set at 125 percent by Speaker Emeritus KEVIN MCCARTHY and was agreed to by the now ranking member of the Veterans' Affairs Committee.

As many Members of this body have been sitting for a decade or multiple decades, I was serving in the United States Navy, freezing outside in combat, and now a veteran. There is a difference between the life experiences.

The time for talk and political sharpshooting each other is over. The time to act is now. In fact, I do agree with my colleague that we cannot allow another veteran to go homeless as winter is upon us here.

Mr. Speaker, I would ask Mr. TAKANO and the other Democrats on that side of the aisle to join me, as I will join them, in working collectively as Members of this body to ensure that everything that is done here is for a higher purpose. The higher purpose is making sure that those who have protected our

lives, as we live in freedom, are able to live in peace and prosperity. If they need a hand up, they get it.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GIMENEZ). The question is on the motion offered by the gentleman from Wisconsin (Mr. VAN ORDEN) that the House suspend the rules and pass the bill, H.R. 3848, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TAKANO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ELIZABETH DOLE HOME- AND COMMUNITY-BASED SERVICES FOR VETERANS AND CAREGIVERS ACT OF 2023

Mr. BERGMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 542) to amend title 38, United States Code, to improve certain programs of the Department of Veterans Affairs for home- and community-based services for veterans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 542

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ‘‘Elizabeth Dole Home- and Community-Based Services for Veterans and Caregivers Act of 2023’’ or the ‘‘Elizabeth Dole Home Care Act of 2023’’.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Increase of expenditure cap for non-institutional care alternatives to nursing home care.
- Sec. 3. Coordination with Program of All-Inclusive Care for the Elderly.
- Sec. 4. Home- and community-based services: programs.
- Sec. 5. Coordination with assistance and support services for caregivers.
- Sec. 6. Development of centralized website for program information.
- Sec. 7. Improvements relating to Home-maker and Home Health Aide program.
- Sec. 8. Reviews and other improvements relating to home- and community-based services.
- Sec. 9. Modification of certain housing loan fees.
- Sec. 10. Definitions.

SEC. 2. INCREASE OF EXPENDITURE CAP FOR NONINSTITUTIONAL CARE ALTERNATIVES TO NURSING HOME CARE.

(a) INCREASE OF EXPENDITURE CAP.—Section 1720C(d) of title 38, United States Code, is amended—

(1) by striking ‘‘The total cost’’ and inserting ‘‘(1) Except as provided in paragraph (2), the total cost’’;

(2) by striking ‘‘65 percent’’ and inserting ‘‘100 percent’’; and

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

‘‘(2)(A) The total cost of providing services or in-kind assistance in the case of any veteran described in subparagraph (B) for any fiscal year under the program may exceed 100 percent of the cost that would otherwise have been incurred as specified in paragraph (1) if the Secretary determines, based on a consideration of clinical need, geographic market factors, and such other matters as the Secretary may prescribe through regulation, that such higher total cost is in the best interest of the veteran.

‘‘(B) A veteran described in this subparagraph is a veteran with amyotrophic lateral sclerosis, a spinal cord injury, or a condition the Secretary determines to be similar to such conditions.’’.

(b) APPLICABILITY.—The amendments made by subsection (a) shall apply with respect to fiscal years beginning on or after the date of the enactment of this Act.

SEC. 3. COORDINATION WITH PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY.

Section 1720C of title 38, United States Code, as amended by section 2, is further amended by adding at the end the following new subsection:

‘‘(f) In furnishing services to a veteran under the program conducted pursuant to subsection (a), if a medical center of the Department through which such program is administered is located in a geographic area in which services are available to the veteran under a PACE program (as such term is defined in sections 1894(a)(2) and 1934(a)(2) of the Social Security Act (42 U.S.C. 1395eee(a)(2); 1396u-4(a)(2))), the Secretary shall seek to enter into an agreement with the PACE program operating in that area for the furnishing of such services.’’.

SEC. 4. HOME- AND COMMUNITY-BASED SERVICES: PROGRAMS.

(a) PROGRAMS.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1720J the following new section (and conforming the table of sections at the beginning of such chapter accordingly):

‘‘§ 1720K. Home- and community-based services: programs

‘‘(a) IN GENERAL.—In furnishing non-institutional alternatives to nursing home care pursuant to the authority of section 1720C of this title (or any other authority under this chapter or other provision of law administered by the Secretary of Veterans Affairs), the Secretary shall carry out each of the programs specified in this section in accordance with such relevant authorities except as otherwise provided in this section.

‘‘(b) VETERAN-DIRECTED CARE PROGRAM.—

(1) The Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall carry out a program to be known as the ‘‘Veteran-Directed Care program’’. Under such program, the Secretary of Veterans Affairs may enter into agreements with the providers described in paragraph (2) to provide to eligible veterans funds, to the extent practicable, to obtain such in-home care services and related items as may be determined appropriate by the Secretary of Veterans Affairs and selected by the veteran, including through the veteran hiring individuals to provide such services and items or directly purchasing such services and items.

‘‘(2) The providers described in this paragraph are the following:

‘‘(A) An Aging and Disability Resource Center, an area agency on aging, or a State agency.

‘‘(B) A center for independent living.

‘‘(C) An Indian tribe or tribal organization receiving assistance under title VI of the Older Americans Act of 1965 (42 U.S.C. 3057 et seq.).

“(3) In carrying out the Veteran-Directed Care program, the Secretary of Veterans Affairs shall—

“(A) administer such program through each medical center of the Department of Veterans Affairs;

“(B) seek to ensure the availability of such program in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States, and any other territory or possession of the United States, to the extent practicable; and

“(C) seek to ensure the availability of such program for eligible veterans who are Native American veterans receiving care and services furnished by the Indian Health Service, a tribal health program, an Urban Indian organization, or (in the case of a Native Hawaiian veteran) a Native Hawaiian health care system, to the extent practicable.

“(4) If a veteran participating in the Veteran-Directed Care program is catastrophically disabled, the veteran may continue to use funds under the program during a period of hospitalization in the same manner that the veteran would be authorized to use such funds under the program if the veteran were not hospitalized.

“(C) **HOMEMAKER AND HOME HEALTH AIDE PROGRAM.**—(1) The Secretary shall carry out a program to be known as the ‘Homemaker and Home Health Aide program’ under which the Secretary may enter into agreements with home health agencies to provide to eligible veterans such home health aide services as may be determined appropriate by the Secretary.

“(2) In carrying out the Homemaker and Home Health Aide program, the Secretary shall, to the extent practicable, ensure the availability of such program—

“(A) in the locations specified in subparagraph (B) of subsection (b)(3); and

“(B) for the veteran populations specified in subparagraph (C) of such subsection.

“(d) **HOME-BASED PRIMARY CARE PROGRAM.**—The Secretary shall carry out a program to be known as the ‘Home-Based Primary Care program’ under which the Secretary may furnish to eligible veterans in-home health care, the provision of which is overseen by a provider of the Department.

“(e) **PURCHASED SKILLED HOME CARE PROGRAM.**—The Secretary shall carry out a program to be known as the ‘Purchased Skilled Home Care program’ under which the Secretary may furnish to eligible veterans such in-home care services as may be determined appropriate and selected by the Secretary for the veteran.

“(f) **CAREGIVER SUPPORT.**—(1) With respect to a resident eligible caregiver of a veteran participating in a program under this section, the Secretary shall—

“(A) if the veteran meets the requirements of a covered veteran under section 1720G(b) of this title, provide to such caregiver the option of enrolling in the program of general caregiver support services under such section;

“(B) provide to such caregiver covered respite care of not less than 30 days annually; and

“(C) conduct on an annual basis (and, to the extent practicable, in connection with in-person services provided under the program in which the veteran is participating), a wellness contact of such caregiver.

“(2) Covered respite care provided to a resident eligible caregiver of a veteran under paragraph (1) may exceed 30 days annually if such extension is requested by the resident eligible caregiver or veteran and determined medically appropriate by the Secretary.

“(g) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to limit the authority of the Secretary to carry out pro-

grams providing home- and community-based services under any other provision of law.

“(h) **DEFINITIONS.**—In this section:

“(1) The terms ‘Aging and Disability Resource Center’, ‘area agency on aging’, and ‘State agency’ have the meanings given those terms in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

“(2) The terms ‘caregiver’ and ‘family caregiver’, with respect to a veteran, have the meanings given those terms, respectively, under subsection (e) of section 1720G of this title with respect to an eligible veteran under subsection (a) of such section or a covered veteran under subsection (b) of such section, as the case may be.

“(3) The term ‘center for independent living’ has the meaning given that term in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a).

“(4) The term ‘covered respite care’ has the meaning given such term in section 1720G(d) of this title.

“(5) The term ‘eligible veteran’ means any veteran—

“(A) for whom the Secretary determines participation in a specific program under this section is medically necessary to promote, preserve, or restore the health of the veteran; and

“(B) who absent such participation would be at increased risk for hospitalization, placement in a nursing home, or emergency room care.

“(6) The term ‘home health aide’ means an individual employed by a home health agency to provide in-home care services.

“(7) The term ‘in-home care service’ means any service, including a personal care service, provided to enable the recipient of such service to live at home.

“(8) The terms ‘Indian tribe’ and ‘tribal organization’ have the meanings given those terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(9) The terms ‘Native American’ and ‘Native American veteran’ have the meanings given those terms in section 3765 of this title.

“(10) The terms ‘Native Hawaiian’ and ‘Native Hawaiian health care system’ have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

“(11) The terms ‘tribal health programs’ and ‘Urban Indian organizations’ have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

“(12) The term ‘resident eligible caregiver’ means an individual who—

“(A) is a caregiver, or a family caregiver, of a veteran and resides with that veteran; and

“(B) has not entered into a contract, agreement, or other arrangement for such individual to act as a caregiver for that veteran unless such individual is a family member of the veteran or is furnishing caregiver services through a medical foster home.”

(b) **DEADLINE FOR IMPROVED ADMINISTRATION.**—The Secretary of Veterans Affairs shall ensure that the Veteran-Directed Care program and the Homemaker and Home Health Aide program are administered through each medical center of the Department of Veterans Affairs in accordance with section 1720K of title 38, United States Code (as added by subsection (a)), by not later than two years after the date of the enactment of this Act.

SEC. 5. COORDINATION WITH ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

(a) **COORDINATION WITH PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.**—

(1) **COORDINATION.**—Section 1720G(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(14)(A) In the case of a veteran or caregiver who seeks services under this subsection and is denied such services, or a veteran or the family caregiver of a veteran who is discharged from the program under this subsection, the Secretary shall—

“(i) if the veteran meets the requirements of a covered veteran under subsection (b), provide to such caregiver the option of enrolling in the program of general caregiver support services under such subsection;

“(ii) assess the veteran or caregiver for participation in any other available program of the Department for home- and community-based services (including the programs specified in section 1720K of this title) for which the veteran or caregiver may be eligible and, with respect to the veteran, store (and make accessible to the veteran) the results of such assessment in the electronic medical record of the veteran; and

“(iii) provide to the veteran or caregiver written information on any such program identified pursuant to the assessment under clause (ii), including information about facilities, eligibility requirements, and relevant contact information for each such program.

“(B) For each veteran or family caregiver who is discharged from the program under this subsection, a caregiver support coordinator shall provide for a smooth and personalized transition from such program to an appropriate program of the Department for home- and community-based services (including the programs specified in section 1720K of this title), including by integrating caregiver support across programs.”

(2) **APPLICABILITY.**—The amendments made by paragraph (1) shall apply with respect to denials and discharges occurring on or after the date that is 180 days after the date of the enactment of this Act.

(3) **TECHNICAL AND CONFORMING AMENDMENTS.**—Section 1720G(d) of such title is amended—

(A) by striking “or a covered veteran” each place it appears and inserting “, a veteran denied or discharged as specified in paragraph (14) of such subsection, or a covered veteran”; and

(B) by striking “under subsection (a), means” each place it appears and inserting “under subsection (a) or a veteran denied or discharged as specified in paragraph (14) of such subsection, means”.

(b) **CONFORMITY OF RESPITE CARE ACROSS PROGRAMS.**—Section 1720G of title 38, United States Code, as amended by subsection (a)(3), is further amended—

(1) in subsection (a)(3)—

(A) by amending subparagraph (A)(ii)(III) to read as follows:

“(III) covered respite care of not less than 30 days annually;” and

(B) by striking subparagraphs (B) and redesignating subparagraphs (C) and (D) as subparagraphs (B) through (C), respectively; and

(2) by amending subsection (b)(3)(A)(iii) to read as follows:

“(iii) Covered respite care of not less than 30 days annually.”; and

(3) in subsection (d)—

(A) by redesignating paragraphs (2) through (4) as paragraphs (3) through (5), respectively; and

(B) by inserting after paragraph (1) the following new paragraph:

“(2) The term ‘covered respite care’ means, with respect to a caregiver of a veteran, respite care under section 1720B of this title that—

“(A) is medically and age appropriate for the veteran (including 24-hour per day care of the veteran commensurate with the care provided by the caregiver); and

“(B) includes in-home care.”.

(C) **REVIEW RELATING TO CAREGIVER CONTACT.**—The Secretary shall conduct a review of the capacity of the Department to establish a streamlined system for contacting all caregivers enrolled in the program of general caregiver support services under section 1720G(b) of title 38, United States Code, to provide to such caregivers program updates and alerts relating to emerging services for which such caregivers may be eligible.

SEC. 6. DEVELOPMENT OF CENTRALIZED WEBSITE FOR PROGRAM INFORMATION.

(a) **CENTRALIZED WEBSITE.**—The Secretary shall develop and maintain a centralized and publically accessible internet website of the Department as a clearinghouse for information and resources relating to covered programs.

(b) **CONTENTS.**—The website under subsection (a) shall contain the following:

(1) A description of each covered program.

(2) An informational assessment tool that—

(A) explains the administrative eligibility, if applicable, of a veteran, or a caregiver of a veteran, for any covered program; and

(B) provides information, as a result of such explanation, on any covered program for which the veteran or caregiver (as the case may be) may be eligible.

(3) A list of required procedures for the directors of the medical facilities of the Department to follow in determining the eligibility and suitability of veterans for participation in a covered program, including procedures applicable to instances in which the resource constraints of a facility (or of a community in which a facility is located) may result in the inability to address the health needs of a veteran under a covered program in a timely manner.

(c) **UPDATES.**—The Secretary shall ensure the website under subsection (a) is updated on a periodic basis.

SEC. 7. IMPROVEMENTS RELATING TO HOMEMAKER AND HOME HEALTH AIDE PROGRAM.

(a) **PILOT PROGRAM FOR COMMUNITIES WITH SHORTAGE OF HOME HEALTH AIDES.**—

(1) **PROGRAM.**—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary shall carry out a three-year pilot program under which the Secretary shall provide homemaker and home health aide services to veterans who reside in communities with a shortage of home health aides.

(2) **LOCATIONS.**—The Secretary shall select not fewer than five geographic locations in which the Secretary determines there is a shortage of home health aides at which to carry out the pilot program under paragraph (1).

(3) **NURSING ASSISTANTS.**—

(A) **IN GENERAL.**—In carrying out the pilot program under paragraph (1), the Secretary may hire nursing assistants as new employees of the Department of Veterans Affairs, or reassign nursing assistants who are existing employees of the Department, to provide to veterans in-home care services (including basic tasks authorized by the State certification of the nursing assistant) under the pilot program, in lieu of or in addition to the provision of such services through non-Department home health aides.

(B) **RELATIONSHIP TO HOME-BASED PRIMARY CARE PROGRAM.**—Nursing assistants hired or

reassigned under subparagraph (A) may provide services to a veteran under the pilot program under paragraph (1) while serving as part of a health care team for the veteran under the Home-Based Primary Care program.

(4) **REPORT TO CONGRESS.**—Not later than one year after the date on which the Secretary determines the pilot program under paragraph (1) has terminated, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the result of the pilot program.

(b) **REPORT ON USE OF FUNDS.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing, with respect to the period beginning in fiscal year 2012 and ending in fiscal year 2023, the following:

(1) An identification of the amount of funds that were included in a budget of the Department of Veterans Affairs during such period for the provision of in-home care to veterans under the Homemaker and Home Health Aide program but were not expended for such provision, disaggregated by medical center of the Department for which such unexpended funds were budgeted (if such disaggregation is possible).

(2) To the extent practicable, an identification of the number of veterans for whom, during such period, the hours during which a home health aide was authorized to provide services to the veteran under the Homemaker and Home Health Aide program were reduced for a reason other than a change in the health care needs of the veteran, and a detailed description of the reasons why any such reductions may have occurred.

(c) **UPDATED GUIDANCE ON PROGRAM.**—Not later than one year after the date of the enactment of this Act, the Secretary shall issue updated guidance for the Homemaker and Home Health Aide program. Such updated guidance shall include the following:

(1) A process for the transition of veterans from the Homemaker and Home Health Aide program to other covered programs.

(2) A requirement for the directors of the medical facilities of the Department to complete such process whenever a veteran with care needs has been denied services from home health agencies under the Homemaker and Home Health Aide program as a result of the clinical needs or behavioral issues of the veteran.

SEC. 8. REVIEWS AND OTHER IMPROVEMENTS RELATING TO HOME- AND COMMUNITY-BASED SERVICES.

(a) **OFFICE OF GERIATRIC AND EXTENDED CARE.**—

(1) **REVIEW OF PROGRAMS.**—The Under Secretary for Health of the Department of Veterans Affairs shall conduct a review of each program administered through the Office of Geriatric and Extended Care of the Department, or successor office, to—

(A) ensure consistency in program management;

(B) eliminate service gaps at the medical center level; and

(C) ensure the availability of, and the access by veterans to, home- and community-based services.

(2) **ASSESSMENT OF STAFFING NEEDS.**—The Secretary of Veterans Affairs shall conduct an assessment of the staffing needs of the Office of Geriatric and Extended Care of the Department of Veterans Affairs, or successor office.

(3) **GOALS FOR GEOGRAPHIC ALIGNMENT OF CARE.**—

(A) **ESTABLISHMENT OF GOALS.**—The Director of the Office of Geriatric and Extended

Care, or successor office, shall establish quantitative goals to enable aging or disabled veterans who are not located near medical centers of the Department to access extended care services (including by improving access to home- and community-based services for such veterans).

(B) **IMPLEMENTATION TIMELINE.**—Each goal established under subparagraph (A) shall include a timeline for the implementation of the goal at each medical center of the Department.

(4) **GOALS FOR IN-HOME SPECIALTY CARE.**—The Director of the Office of Geriatric and Extended Care, or successor office, shall establish quantitative goals to address the specialty care needs of veterans through in-home care, including by ensuring the education of home health aides and caregivers of veterans in the following areas:

(A) Dementia care.

(B) Care for spinal cord injuries and diseases.

(C) Ventilator care.

(D) Other specialty care areas as determined by the Secretary.

(5) **REPORT TO CONGRESS.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the findings of the review under paragraph (1), the results of the assessment under paragraph (2), and the goals established under paragraphs (3) and (4).

(b) **REVIEW OF INCENTIVES AND EFFORTS RELATING TO HOME- AND COMMUNITY-BASED SERVICES.**—

(1) **REVIEW.**—The Secretary of Veterans Affairs shall conduct a review of the following:

(A) The financial and organizational incentives for the directors of medical centers of the Department to establish or expand covered programs at such medical centers.

(B) Any incentives for such directors to provide to veterans home- and community-based services in lieu of institutional care.

(C) The efforts taken by the Secretary to enhance spending of the Department for extended care by shifting the balance of such spending from institutional care to home- and community-based services.

(D) The plan of the Under Secretary for Health of the Department to accelerate efforts to enhance spending as specified in subparagraph (C), to match the progress of similar efforts taken by the Administrator of the Centers for Medicare & Medicaid Services with respect to spending of the Centers for Medicare & Medicaid Services for extended care.

(2) **REPORT TO CONGRESS.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the findings of the review under paragraph (1).

(c) **REVIEW OF RESPITE CARE SERVICES.**—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a review of the use, availability, and effectiveness, of the respite care services furnished by the Secretary under chapter 17 of title 38, United States Code.

(d) **COLLABORATION TO IMPROVE HOME- AND COMMUNITY-BASED SERVICES.**—

(1) **REPORT ON EXPANSION OF CERTAIN MENTAL HEALTH SERVICES.**—

(A) **REPORT.**—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in collaboration with the Secretary of Health and Human Services, shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing recommendations for the expansion

of mental health services and related support to the caregivers of veterans.

(B) **MATTERS INCLUDED.**—The report under subparagraph (A) shall include an assessment of the feasibility and advisability of authorizing access to Vet Centers by—

(i) family caregivers enrolled in a program under section 1720G of title 38, United States Code; and

(ii) family caregivers of veterans participating in a program specified in section 1720K of such title, as added by section 4.

(2) **RECOMMENDATIONS.**—

(A) **DEVELOPMENT.**—The Secretary of Veterans Affairs shall develop recommendations as follows:

(i) With respect to home- and community-based services for veterans, the Secretary of Veterans Affairs shall develop recommendations regarding new services (in addition to those furnished as of the date of the enactment of this Act) in collaboration with the Secretary of Health and Human Services.

(ii) With respect to the national shortage of home health aides, the Secretary of Veterans Affairs shall develop recommendations regarding methods to address such shortage in collaboration with the Secretary of Health and Human Services and the Secretary of Labor.

(B) **SUBMISSION TO CONGRESS.**—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the recommendations developed under subparagraph (A) and an identification of any changes in existing law or new statutory authority necessary to implement the recommendations, as determined by the Secretary.

(C) **CONSULTATION WITH SECRETARY OF LABOR.**—In carrying out this paragraph, the Secretary of Veterans Affairs shall consult with the Secretary of Labor.

(3) **FEEDBACK AND RECOMMENDATIONS ON CAREGIVER SUPPORT.**—

(A) **FEEDBACK AND RECOMMENDATIONS.**—The Secretary of Veterans Affairs shall solicit from the entities described in subparagraph (B) feedback and recommendations regarding opportunities for the Secretary to enhance home- and community-based services for veterans and the caregivers of veterans, including through the potential provision by the entity of care and respite services to veterans and caregivers who may not be eligible for any program under section 1720G of title 38, United States Code, or section 1720K of such title (as added by section 4), but have a need for assistance.

(B) **COVERED ENTITIES.**—The entities described in this subparagraph are veterans service organizations and nonprofit organizations with a focus on caregiver support (as determined by the Secretary).

(4) **COLLABORATION FOR NATIVE AMERICAN VETERANS.**—The Secretary of Veterans Affairs shall collaborate with the Director of the Indian Health Service and representatives from tribal health programs and Urban Indian organizations to ensure the availability of home- and community-based services for Native American veterans, including Native American veterans receiving health care and medical services under multiple health care systems.

SEC. 9. MODIFICATION OF CERTAIN HOUSING LOAN FEES.

The loan fee table in section 3729(b)(2) of title 38, United States Code, is amended by striking “November 15, 2031” each place it appears and inserting “February 4, 2032”.

SEC. 10. DEFINITIONS.

In this Act:

(1) The terms “caregiver” and “family caregiver” have the meanings given those terms under section 1720K(h) of title 38, United States Code (as added by section 4).

(2) The term “covered program”—

(A) means any program of the Department of Veterans Affairs for home- and community-based services; and

(B) includes the programs specified in section 1720K of title 38, United States Code (as added by section 4).

(3) The term “home- and community-based services”—

(A) means the services referred to in section 1701(6)(E) of title 38, United States Code; and

(B) includes services furnished under a program specified in section 1720K of such title (as added by section 4).

(4) The terms “Home-Based Primary Care program”, “Homemaker and Home Health Aide program”, and “Veteran-Directed Care program” mean the programs of the Department of Veterans Affairs specified in subsection (d), (c), and (b) of such section 1720K, respectively.

(5) The terms “home health aide”, “Native American”, “Native American veteran”, “tribal health programs”, and “Urban Indian organizations” have the meanings given those terms in subsection (h) of such section 1720K.

(6) The term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.

(7) The term “veterans service organization” means any organization recognized by the Secretary under section 5902 of such title.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. BERGMAN) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. BERGMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. BERGMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 542, the Elizabeth Dole Home- and Community-Based Services for Veterans and Caregivers Act of 2023, or the Elizabeth Dole Home Care Act of 2023, as amended.

The bill is a pivotal piece of legislation aimed at transforming the landscape of long-term care for our Nation's veterans. I commend Representative BROWNLEY for her bipartisan work with me on it.

Veterans, like all Americans, are living longer. This requires the Veterans Administration to adapt to this evolving veteran population to ensure that eligible veterans entering their later years have access to long-term care that meets their needs.

As of fiscal year 2022, approximately 3.1 million veterans, roughly half of VA's active patient population, were 65 years or older. These veterans, often older, sicker, and poorer than the general population, and often residing in rural areas, demand a tailored approach to healthcare.

Veterans want to remain at home for care, avoiding admission to long-term

care facilities. This preference is not only understandable but becomes imperative given the current challenges with long-term care facilities and limited admissions nationwide.

By expanding VA's noninstitutional long-term care services through Representative BROWNLEY's and my bill, we would allow aging and disabled veterans the option of staying in their homes. Institutional care can be reserved for veterans who truly need intensive round-the-clock care and services.

While many States have shifted investments from institutional to home- and community-based care, VA has not kept pace. The lack of a statutory mandate has led to inconsistent availability of home- and community-based services, leaving many veterans underserved simply based on where they live. That is unacceptable.

Veterans and veteran service organizations have consistently urged VA to focus on expanding access to home- and community-based services to allow veterans to age comfortably and safely in place.

The Veterans' Affairs Committee answered these demands head-on, and we held numerous hearings on the issue and focused on equitable long-term care access. Our bill would also rightfully eliminate the annual cap on non-institutional care to include greater flexibility in meeting the needs of veterans living with ALS or spinal cord injuries, for example.

Under current law, these veterans are often forced into institutional care simply because funding cannot be provided for home care. This bill would ensure availability of all programs, such as veteran-directed care, homemaker home health aide, home-based primary care, and purchased skilled home care at all VA medical centers.

In addition to expanding access, the Dole Act urges the VA to take a more active role in helping veterans and their caregivers navigate the multiple options that may be available to them as they consider long-term care.

It is no secret that the Nation is facing a shortage of qualified professionals capable of taking on the tasks required by home- or community-based care.

Representative BROWNLEY's and my bill would create a pilot program to bring in more professionals to serve veterans through homemaker and home health services.

Finally, I want to emphasize that we are committed to fiscal responsibility and have identified an offset to fully fund these programs that will ultimately address the pressing needs of America's aging veteran population.

The Elizabeth Dole Home Care Act of 2023 is a pledge to ensure veterans receive the care they deserve, preserving their dignity and independence, whether they are catastrophically disabled or in the twilight of their lives.

Mr. Speaker, I sincerely thank Representative BROWNLEY for her dedication to this issue and her bipartisan work with me on this legislation.

Mr. Speaker, I ask unanimous consent to include in the RECORD a letter from 46 organizations, including all of the major veterans service organizations, the Elizabeth Dole Foundation, and many other groups, and I thank them for their dedication to caring for and serving veterans.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

NOVEMBER 30, 2023.

Hon. JON TESTER,
Chairman, Senate Committee on Veterans' Affairs, Washington, DC.

Hon. JERRY MORAN,
Ranking Member, Senate Committee on Veterans' Affairs, Washington, DC.

Hon. MIKE BOST,
Chairman, House Committee on Veterans' Affairs, Washington, DC.

Hon. MARK TAKANO,
Ranking Member, House Committee on Veterans' Affairs, Washington, DC.

DEAR CHAIRMEN AND RANKING MEMBERS: As national organizations representing service-disabled veterans and their caregivers, we are writing to thank you for your ongoing commitment to the well-being of our nation's most vulnerable heroes. Together, we hope you quickly consider and pass the Elizabeth Dole Home Care Act either as part of a veteran supported omnibus package or a standalone bill.

The enactment of this bipartisan legislation will help to ensure that severely injured, ill, and aging veterans and their caregivers have access to a comprehensive suite of VA services necessary to age in place with well-deserved dignity and much-needed support.

Most importantly, it would help veterans and their caregivers get the care and support they need now while ensuring that the required program infrastructure is available to serve veterans into the future. Disabled veterans and their families cannot wait any longer.

Sincerely,

The Elizabeth Dole Foundation; Paralyzed Veterans of America; AARP; ALS Association; Wounded Warrior Project; IAM ALS; Disabled American Veterans; Air Force Sergeants Association; The Retired Enlisted Association; Veterans of Foreign Wars; American Legion; Military Officers Association of America; Blinded Veterans of America; National Military Family Association; Reserve Officers' Association; Blue Star Families.

America's Warrior Partnership; Tragedy Assistance Program for Survivors; The American Red Cross; TEAM Public Choices; Psycharmor; Psych Hub; Vets' Community Connections; Association of Military Banks; K9s For Warriors; Travis Manion Foundation; Operation Homefront; Project Sanctuary; Modern Military Association of America; US Military Spouse Chamber of Commerce; Military Family Advisory Network.

Student Veterans of America; Military Child Education Coalition; RallyPoint; Code of Support; Women in Military Service for America Memorial Foundation, Inc.; Easter Seals DC MD VA; Partners in Promise; Maxim Healthcare Services; Hope for the Warriors; Cohen Veterans Network; Armed Services YMCA; Solamed Solutions; Exceptional Families of the Military; Easterseals, Inc.; Nation's Finest.

Mr. BERGMAN. Mr. Speaker, while we are considering this bill today, I would remind my colleagues that this legislation is also a part of a comprehensive veterans package being ne-

gotiated between the House and Senate Veterans' Affairs Committees.

Mr. Speaker, I look forward to working with my colleagues in the days ahead to collectively advance not only this legislation, but many other proposals that support the interests and the well-being of all veterans.

Finally, I thank the numerous veteran service organization partners who have worked with us.

Mr. Speaker, I urge all my colleagues to support H.R. 542, as amended, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to express my support for H.R. 542, as amended, the Elizabeth Dole Home Care Act of 2023.

This bill, introduced by Representative BROWNLEY and Representative BERGMAN and reported out of committee with unanimous support in July, is truly landmark legislation.

It would require VA to provide access to all home- and community-based services, such as home health aides, home-based primary care, and respite care to all veterans and caregivers who need them.

Currently, elderly and disabled veterans only have access to important home- and community-based services if their VA medical centers have chosen to offer these services.

This bill is named for a person, who in her personal life and in public service, has dedicated herself to caring for others: Senator Elizabeth Dole. Tomorrow will mark the second anniversary of the passing of Senator Bob Dole, an Army veteran who had a dedicated caregiver in the other Senator Dole.

This legislation will enable veterans to remain at home, safely age in place, and avoid or delay admission to nursing homes and other costly institutional settings of care. It will also help connect veterans' caregivers to respite care and other supportive services that help them care for veterans at home and improve VA's coordination with other Federal long-term care programs that promote aging at home.

Finally, the Elizabeth Dole Home Care Act of 2023 will require VA to create a website where veterans and their families can more easily obtain information about VA's home- and community-based services programs and assess whether any of these programs may be right for them. The research is clear: veterans prefer to remain at home and their health outcomes are better when they do. Home care is by far the cheaper alternative to institutional settings.

Nearly every veteran will at some point face the need for additional care at home, or if they can't get it, spend their last years in a nursing home setting. This legislation is an investment in care for millions of veterans and current servicemembers who need this help now or in the future.

The Elizabeth Dole Home Care Act of 2023 has the support of every major veteran service organization, including

Paralyzed Veterans of America, Disabled American Veterans, Veterans of Foreign Wars, the American Legion, the Wounded Warrior Project, and the Military Officers Association of America.

It is also supported by AARP, the National Association of Counties, the National PACE Association, and the Elizabeth Dole Foundation.

It has been these groups' number one policy priority. Shouldn't it be ours?

These groups, and dozens of others, have advocated tirelessly for passage since its introduction 2 years ago.

Despite the great need for this bill, it has been an uphill battle to get it to the floor. We have worked to get support and get the cost down. That showed when it was voted unanimously out of committee in July.

It seems the battle is not over yet because this bill cannot be taken up by the Senate as is. Since the bill was reported, we have worked with our counterparts in the Senate to ensure the bill was as near to perfect as possible. There were a few changes that were agreed upon by all four corners of the Committee on Veterans' Affairs.

□ 1645

Unfortunately, instead of advancing text with full sign-off, the majority has gone back to text they know has problems in the Senate, so we will have to either await amendment by the Senate or some other legislative action before this legislation can move to President Biden's desk for signature.

The programs and services in this bill are life-changing. In the next 16 years, VA will have doubled its spending on long-term care services, nearing \$15 billion, to meet these needs. While enrolled veterans have a right to institutional care, there are not enough beds or staff in institutional settings in the country to meet the projected need.

Good sense tells us that VA must move quickly to expand home- and community-based services to keep veterans safely in their homes. Providing home- and community-based services would also ensure that VA has the space and staff to care for those who truly do need institutional care.

It is disappointing that we have not gotten this bill on the fast track to signing and that disabled and elderly veterans and their caregivers will have to wait even longer for the care they deserve. This holiday season, we could have given these veterans a gift with lasting impact. The House majority instead tells us we must content ourselves to wait for the Elizabeth Dole Home Care Act to be included in a larger package.

The majority has committed to moving this legislative package out of the House and the Senate with delivery to the President by the end of January. I remind everyone that there are some other big items that we have to get done in January, and I am worried about whether or not that other big item might impede our ability to get this item done.

The intention is that the Elizabeth Dole Home Care Act and the HOME Act be included as key pillars of the package.

The majority has also committed in the last week to not abuse these bipartisan bills as leverage to include partisan poison pills in that package. I intend to hold my Republican colleagues to that agreement, and the stakeholders and the VSOs will, as well.

This agreement includes the fallback that if this package cannot be completed in time, then these bills should be advanced as standalone. We received a letter on Friday from a broad coalition of national organizations representing service-disabled veterans and their caregivers memorializing this agreement that said it best: "Disabled veterans and their families cannot wait any longer."

It was the same exact letter that was already included in the RECORD by my colleague from Michigan, so I don't have to include it again now.

Mr. Speaker, I support H.R. 542, as amended, and I ask my colleagues to do the same.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from the great State of California (Ms. BROWNLEY), who is the ranking member of the Subcommittee on Health and the author of this amazing piece of legislation.

Ms. BROWNLEY. Mr. Speaker, I thank Ranking Member TAKANO for his partnership and his efforts to bring this important bill for our Nation's disabled and aging veterans and their caregivers to the floor.

Mr. Speaker, I rise in support of this bill, Representative BERGMAN's and my bill, H.R. 542, the Elizabeth Dole Home Care Act.

I am so proud to have authored this legislation, which delivers the largest set of reforms to the VA's long-term care programs in decades. The bill will significantly expand access to the programs disabled and aging veterans need to live their lives at home and with their families.

Specifically, the bill requires the Department of Veterans Affairs to provide access to all home- and community-based services, such as home health aides, home-based primary care, home skilled nursing, and respite care for caregivers to all veterans who need them. Currently, elderly and disabled veterans only have access to these programs if their VA medical centers choose to offer them.

My bill would also require VA to improve care coordination between the Program of Comprehensive Assistance for Family Caregivers and VA's other home-based programs. If a veteran does not meet the enrollment criteria for the comprehensive caregiver program, VA would be required to proactively assist the veteran and their caregiver in enrolling in other home-based programs and ensure there is a warm handoff for those who do not qualify for the comprehensive caregiver program.

Finally, my legislation would require VA to establish a public-facing website that will enable veterans and their loved ones to assess their eligibility for each of the home- and community-based services VA offers and provide information about how to access these services.

I have served on the Veterans' Affairs Committee since my first term in Congress, and over the last 10 years, I have participated in at least five oversight hearings related to improving long-term care for our veterans. I have also spoken with countless veterans and their loved ones, and based on my experience, one thing is very clear: Almost every veteran would prefer to age at home rather than in a facility. However, for many veterans, doing so requires certain clinical support that can be prohibitively expensive if not covered by the VA. This bill would help address just that.

Furthermore, it is important to really underscore this point: Home- and community-based care is far and away higher quality and cheaper to provide than institutional care. VA's veteran-directed care program can serve three veterans for every one who would be in institutionalized care at VA's expense. It is important to note that veterans who participate in this program are less likely to develop complications or to be hospitalized than those who do not.

Yet, this program is currently not made available to all veterans. The Elizabeth Dole Home Care Act changes that.

Passage of this legislation cannot wait any longer. Like so many families across the country, thousands of elderly and catastrophically disabled veterans and their families are having critical and often difficult conversations about their long-term care. They question whether they spend their lifetimes to keep their veterans at home or whether it is safer to go to a VA-funded nursing facility.

H.R. 542 would help relieve this heartache and give families access to programs that will help veterans stay in their homes and receive the care they need, the care that they have earned, and the care that they deserve.

I will repeat one more time that, most importantly, health outcomes prove to be far better at home compared to institutionalized care.

Last week, 45 veterans service organizations, military service organizations, and community-based organizations sent a letter to House and Senate leadership, urging the swift passage of this bill and saying that, as the ranking member said, disabled veterans and their families cannot wait any longer. I could not agree more.

Mr. Speaker, I would like to try to put a face to the experiences that so many disabled or aging veterans often go through and why this bill is so necessary.

This bill is for the 40-year-old veteran who is quadriplegic and who may

have to move into institutionalized care because VA won't provide the skilled nursing services that would help him remain at home.

This bill is for the 50-year-old veteran with ALS who has three small children and wants to spend the remaining time he has with them at home. He shouldn't be forced to move into a long-term care facility because the cost of his care has gone over an arbitrary spending cap.

This bill is for the Vietnam-era amputee who needs help getting dressed and preparing food but can otherwise live safely at home. He should not have to wait for Congress to act to get the care and assistance he needs.

Moreover, this bill is for the Korean war veteran whose aging spouse can no longer provide the level of care she once did. They want to stay at home together. It is unconscionable this Congress would make them wait a moment longer. They need these services and support, and they need it now.

I am, therefore, perplexed that when the majority brought H.R. 542 to the House floor, they chose to bring a version of the legislation that did not include the minor revisions that had been negotiated with our Senate counterparts. This means future House action will be warranted, which is truly inexcusable to me and the veterans, their families, and their caregivers who are waiting on passage of this bill. We had the opportunity to get this done before the end of the year, send it to the Senate, and then to the President's desk for enactment.

When Representative BERGMAN and I first introduced this legislation, we named it after Senator Elizabeth Dole. She has done more for aging and disabled veterans and their caregivers in one lifetime than most of us could hope to do in several.

It was introduced in February 2022, just a few months after the veteran she cared for, Senator Bob Dole, passed away. Tomorrow, we will mark the second anniversary of Senator Bob Dole's passing. It is a shame that we could not honor Senator Elizabeth Dole's example and life's work on this anniversary by sending a hotline-ready bill to the Senate that the President could sign before Christmas. It is shameful, and it is disrespectful, really, to play politics with a bill the veteran community wants so badly and a bill that is more cost-effective, provides better outcomes, and is what our Nation's veterans need and want.

I hope we will soon be voting on the final passage of the bill language that the House and Senate have already agreed to and that veterans and their families so desperately need. All of us will, one day, have conversations about what we want our last years to look like. Our aging and disabled veterans have more than earned the right to have the option of living out these final years at home.

Of all the things we owe these men and women, a peaceful and dignified

life after their service to our country is the least we can do. I call on my colleagues to do right by these veterans. Put politics aside, keep families together, and keep veterans healthy and at home.

Mr. Speaker, I urge my colleagues to join me in voting for the Elizabeth Dole Home Care Act, and I thank Ranking Member TAKANO and Representative BERGMAN for their work on this bill.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. BERGMAN. Mr. Speaker, once again, I strongly encourage all Members to support this legislation, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in support of this very important, transformational piece of legislation, H.R. 542, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. BERGMAN) that the House suspend the rules and pass the bill, H.R. 542, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TAKANO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1700

CAREGIVER OUTREACH AND PROGRAM ENHANCEMENT ACT

Mr. BERGMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3581) to amend title 38, United States Code, to modify the family caregiver program of the Department of Veterans Affairs to include services related to mental health and neurological disorders, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3581

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Caregiver Outreach and Program Enhancement Act” or the “COPE Act”.

SEC. 2. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO AWARD GRANTS TO ENTITIES TO IMPROVE PROVISION OF MENTAL HEALTH SUPPORT TO FAMILY CAREGIVERS OF VETERANS.

(a) IN GENERAL.—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§1720K. Grants to provide mental health support to family caregivers of veterans

“(a) AUTHORITY.—The Secretary may award grants to carry out, coordinate, improve, or oth-

erwise enhance mental health counseling, treatment, or support to the family caregivers of veterans participating in the family caregiver program.

“(b) APPLICATION.—(1) To be eligible for a grant under this section, an entity shall submit to the Secretary an application therefor at such time, in such manner, and containing such information as the Secretary may require.

“(2) Each application submitted under paragraph (1) shall include the following:

“(A) A detailed plan for the use of the grant.

“(B) A description of the programs or efforts through which the entity will meet the outcome measures developed by the Secretary under subsection (g).

“(C) A description of how the entity will distribute grant amounts equitably among areas with varying levels of urbanization.

“(D) A plan for how the grant will be used to meet the unique needs of veterans residing in rural areas, American Indian or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities.

“(c) DISTRIBUTION.—The Secretary shall seek to ensure that grants awarded under this section are equitably distributed among entities located in States with varying levels of urbanization.

“(d) PRIORITY.—The Secretary shall prioritize awarding grants under this section that will serve the following areas:

“(1) Areas with high rates of veterans enrolled in the family caregiver program.

“(2) Areas with high rates of—

“(A) suicide among veterans; or

“(B) referrals to the Veterans Crisis Line.

“(e) REQUIRED ACTIVITIES.—Any grant awarded under this section shall be used—

“(1) to expand existing programs, activities, and services;

“(2) to establish new or additional programs, activities, and services; or

“(3) for travel and transportation to facilitate carrying out paragraph (1) or (2).

“(f) OUTCOME MEASURES.—(1) The Secretary shall develop and provide to each entity that receives a grant under this section written guidance on the following:

“(A) Outcome measures.

“(B) Policies of the Department.

“(2) In developing outcome measures under paragraph (1), the Secretary shall consider the following goals:

“(A) Increasing the utilization of mental health services among family caregivers of veterans participating in the family caregiver program.

“(B) Reducing barriers to mental health services among family caregivers of veterans participating in such program.

“(g) TRACKING REQUIREMENTS.—(1) The Secretary shall establish appropriate tracking requirements with respect to the entities receiving a grant under this section.

“(2) Not less frequently than annually, the Secretary shall submit to Congress a report on such tracking requirements.

“(h) PERFORMANCE REVIEW.—The Secretary shall—

“(1) review the performance of each entity that receives a grant under this section; and

“(2) make information regarding such performance publicly available.

“(i) REMEDIATION PLAN.—(1) In the case of an entity that receives a grant under this section and does not meet the outcome measures developed by the Secretary under subsection (g), the Secretary shall require the entity to submit to the Secretary a remediation plan under which the entity shall describe how and when it plans to meet such outcome measures.

“(2) The Secretary may not award a subsequent grant under this section to an entity described in paragraph (1) unless the Secretary approves the remediation plan submitted by the entity under such paragraph.

“(j) MAXIMUM AMOUNT.—The amount of a grant awarded under this section may not ex-

ceed 10 percent of amounts made available for grants under this section for the fiscal year in which the grant is awarded.

“(k) SUPPLEMENT, NOT SUPPLANT.—Any grant awarded under this section shall be used to supplement and not supplant funding that is otherwise available through the Department to provide mental health support among family caregivers of veterans participating in the family caregiver program.

“(l) OUTREACH TO FAMILY CAREGIVERS.—The Secretary shall include, in the outreach materials regularly mailed to a family caregiver who participates in the family caregiver program, notice of mental health support provided by recipients of grants under this section that are located in the relevant Veterans Integrated Service Network.

“(m) FUNDING.—(1) Amounts for the activities of the Department under this section shall be budgeted and appropriated through a separate appropriation account.

“(2) In the budget justification materials submitted to Congress in support of the budget of the Department for any fiscal year (as submitted with the budget of the President under section 1105(a) of title 31), the Secretary shall include a separate statement of the amount requested to be appropriated for that fiscal year for the account specified in paragraph (1).

“(n) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary, for each of fiscal years 2024 through 2026, \$50,000,000 to carry out this section.

“(o) DEFINITIONS.—In this section:

“(1) The terms ‘caregiver’ and ‘family caregiver’ have the meanings given those terms in section 1720G of this title.

“(2) The term ‘family caregiver program’ means the program of comprehensive assistance for family caregivers under section 1720G of this title.

“(3) The term ‘Veterans Crisis Line’ means the toll-free hotline for veterans established under section 1720F of this title.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such subchapter is amended by adding at the end the following new item:

“1720K. Grants to provide mental health support to family caregivers of veterans.”

SEC. 3. CONTRIBUTIONS TO LOCAL AUTHORITIES TO MITIGATE THE RISK OF FLOODING ON LOCAL PROPERTY ADJACENT TO MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Section 8108 of title 38, United States Code, is amended by inserting “, or to mitigate the risk of flooding, including the risk of flooding associated with rising sea levels” before the period at the end.

(b) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report that includes an assessment of—

(1) the extent to which each medical facility (as such term is defined in section 8101(3) of title 38, United States Code) is at risk of flooding, including the risk of flooding associated with rising sea levels; and

(2) whether additional resources are necessary to address the risk of flooding at each such facility.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2024 through 2028 \$25,000,000 to carry out the amendment made by subsection (a).

SEC. 4. GAO REPORT ON MENTAL HEALTH SUPPORT FOR CAREGIVERS.

(a) REPORT REQUIRED.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States