

Public Law 102-405  
102d Congress

An Act

Oct. 9, 1992  
[S. 2344]

To improve the provision of health care and other services to veterans by the Department of Veterans Affairs, and for other purposes.

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

Veterans'  
Medical  
Programs  
Amendments of  
1992.  
38 USC 101 note.

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the “Veterans’ Medical Programs Amendments of 1992”.

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code, and to Secretary of Veterans Affairs.

**TITLE I—HEALTH CARE**

**PART A—GENERAL HEALTH CARE**

- Sec. 101. Increase in limit on certain grants for home structural alterations for disabled veterans.  
Sec. 102. Submission of reports of Geriatrics and Gerontology Advisory Committee.  
Sec. 103. Authority to hold joint title to medical equipment.  
Sec. 104. Quality assurance activities.  
Sec. 105. Advisory Committee on Prosthetics and Special-Disabilities Programs.  
Sec. 106. Prosthetic services report.  
Sec. 107. Services for homeless veterans.

**PART B—MENTAL HEALTH PROVISIONS**

- Sec. 121. Marriage and family counseling for Persian Gulf War veterans.  
Sec. 122. Post-traumatic stress disorder research and reports.  
Sec. 123. Post-traumatic stress disorder program planning.

**TITLE II—HEALTH-CARE PERSONNEL**

- Sec. 201. Cap on certain rates of pay.  
Sec. 202. Minimum period of service for scholarship recipients.  
Sec. 203. Authority to purchase items of nominal value for recruitment purposes.  
Sec. 204. Special pay for certain physicians and dentists based on board certification.  
Sec. 205. Authority to appoint non-physician directors to the Office of the Under Secretary for Health.  
Sec. 206. Expansion of director grade of the physician and dentist pay schedule.

**TITLE III—MISCELLANEOUS PROVISIONS**

- Sec. 301. Authorization requirement for construction of new medical facilities.  
Sec. 302. Redesignation of certain positions within the Department of Veterans Affairs.  
Sec. 303. Attorney fees in connection with certain Department of Veterans Affairs proceedings.

**SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE, AND TO SECRETARY OF VETERANS AFFAIRS.**

(a) **REFERENCES TO TITLE 38.**—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

(b) REFERENCES TO SECRETARY.—Except as otherwise expressly provided, any reference in this Act to “the Secretary” is a reference to the Secretary of Veterans Affairs.

## TITLE I—HEALTH CARE

### PART A—GENERAL HEALTH CARE

#### SEC. 101. INCREASE IN LIMIT ON CERTAIN GRANTS FOR HOME STRUCTURAL ALTERATIONS FOR DISABLED VETERANS.

(a) INCREASE.—Section 1717(a)(2) is amended by striking out “\$2,500” and “\$600” and inserting in lieu thereof “\$4,100” and “\$1,200”, respectively.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to a veteran who first applies for benefits under section 1717(a)(2) of title 38, United States Code, after December 31, 1989.

(c) APPLICABILITY.—A veteran who exhausts such veteran’s eligibility for benefits under section 1717(a)(2) of title 38, United States Code, before January 1, 1990, is not entitled to additional benefits under such section by reason of the amendments made by subsection (a).

38 USC 1717  
note.

38 USC 1717  
note.

#### SEC. 102. SUBMISSION OF REPORTS OF GERIATRICS AND GERONTOLOGY ADVISORY COMMITTEE.

Paragraph (2) of section 7315(c) is amended to read as follows:

“(2) Whenever the Committee submits a report to the Secretary under paragraph (1), the Committee shall at the same time transmit a copy of the report in the same form to the appropriate committees of Congress. Not later than 90 days after receipt of a report under that paragraph, the Secretary shall submit to the appropriate committees of Congress a report containing any comments and recommendations of the Secretary with respect to the report of the Committee.”.

#### SEC. 103. AUTHORITY TO HOLD JOINT TITLE TO MEDICAL EQUIPMENT.

(a) IN GENERAL.—(1) Chapter 81 is amended by adding at the end of subchapter IV the following new sections:

##### “§ 8157. Joint title to medical equipment

“(a) Subject to subsection (b), the Secretary may enter into agreements with institutions described in section 8153(a) of this title for the joint acquisition of medical equipment.

“(b)(1) The Secretary may not pay more than one-half of the purchase price of equipment acquired through an agreement under subsection (a).

“(2) Any equipment to be procured under such an agreement shall be procured by the Secretary. Title to such equipment shall be held jointly by the United States and the institution.

“(3) Before equipment acquired under such an agreement may be used, the parties to the agreement shall arrange by contract under section 8153 of this title for the exchange or use of the equipment.

“(4) The Secretary may not contract for the acquisition of medical equipment to be purchased jointly under an agreement under subsection (a) until the institution which enters into the agreement

Contracts.

provides to the Secretary its share of the purchase price of the medical equipment.

“(c)(1) Notwithstanding any other provision of law, the Secretary may transfer the interest of the Department in equipment acquired through an agreement under subsection (a) to the institution which holds joint title to the equipment if the Secretary determines that the transfer would be justified by compelling clinical considerations or the economic interest of the Department. Any such transfer may only be made upon agreement by the institution to pay to the Department the amount equal to one-half of the depreciated purchase price of the equipment. Any such payment when received shall be credited to the applicable Department medical appropriation.

“(2) Notwithstanding any other provision of law, the Secretary may acquire the interest of an institution in equipment acquired under subsection (a) if the Secretary determines that the acquisition would be justified by compelling clinical considerations or the economic interests of the Department. The Secretary may not pay more than one-half the depreciated purchase price of that equipment.

**“§ 8158. Deposit in escrow**

“(a) To facilitate the procurement of medical equipment pursuant to section 8157 of this title, the Secretary may enter into escrow agreements with institutions described in section 8153(a) of this title. Any such agreement shall provide that—

“(1) the institutions shall pay to the Secretary the funds necessary to make a payment under section 8157(b)(4) of this title;

“(2) the Secretary, as escrow agent, shall administer those funds in an escrow account; and

“(3) the Secretary shall disburse the escrowed funds to pay for such equipment upon its delivery or in accordance with the contract to procure the equipment and shall disburse all accrued interest or other earnings on the escrowed funds to the institution.

“(b) As escrow agent for funds placed in escrow pursuant to an agreement under subsection (a), the Secretary may—

“(1) invest the escrowed funds in obligations of the Federal Government or obligations which are insured or guaranteed by the Federal Government;

“(2) retain in the escrow account interest or other earnings on such investments;

“(3) disburse the funds pursuant to the escrow agreement; and

“(4) return undisbursed funds to the institution.

“(c)(1) If the Secretary enters into an escrow agreement under this section, the Secretary may enter into an agreement to procure medical equipment if one-half the purchase price of the equipment is available in an appropriation or fund for the expenditure or obligation.

“(2) Funds held in an escrow account under this section shall not be considered to be public funds.”.

(2) The table of sections at the beginning of chapter 81 is amended by inserting after the item relating to section 8156 the following new items:

"8157. Joint title to medical equipment.

"8158. Deposit in escrow."

(b) REPORT.—Not later than 45 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's plans for implementation of this section. The report shall include an identification and discussion of—

(1) the instructions the Secretary proposes to issue to medical facilities to guide the development of proposals for procurement of medical equipment under this section, including instructions for ensuring equitable arrangements for use of the equipment by the Department and the co-purchasers of the equipment;

(2) the criteria by which the Secretary plans to evaluate proposals to procure medical equipment under this section;

(3) the means by which the Secretary will integrate the process of procuring equipment under this section with the policies and procedures governing health care planning by the Veterans Health Administration; and

(4) the criteria by which determinations to transfer title to equipment under section 8157(c) of title 38, United States Code, as added by subsection (a), would be made.

#### SEC. 104. QUALITY ASSURANCE ACTIVITIES.

Effective on October 1, 1992, programs and activities which (1) the Secretary carries out pursuant to section 7311(a) of title 38, United States Code, or (2) are described in sections 201(a)(1) and 201(a)(3) of Public Law 100-322 (102 Stat. 508) shall be deemed to be part of the operation of hospitals, nursing homes, and domiciliary facilities of the Department of Veterans Affairs, without regard to the location of the duty stations of employees carrying out those programs and activities.

38 USC 7311  
note.  
Effective date.

#### SEC. 105. ADVISORY COMMITTEE ON PROSTHETICS AND SPECIAL-DISABILITIES PROGRAMS.

(a) STATUS AND NAME OF COMMITTEE.—The Federal advisory committee established by the Secretary and known as the Prosthetics Service Advisory Committee shall after the date of the enactment of this Act be known as the Advisory Committee on Prosthetics and Special-Disabilities Programs and shall operate as though such committee had been established by law. Notwithstanding any other provision of law, the Committee may, upon the enactment of this Act, meet and act on any matter covered by subsection (b) of section 543 of title 38, United States Code, as added by subsection (b) of this section.

38 USC 543 note.

(b) STATUTORY ESTABLISHMENT.—(1) Chapter 5 is amended by adding at the end of subchapter III the following new section:

#### "§ 543. Advisory Committee on Prosthetics and Special-Disabilities Programs

"(a) There is in the Department an advisory committee known as the Advisory Committee on Prosthetics and Special-Disabilities Programs (hereinafter in this section referred to as the 'Committee').

“(b) The objectives and scope of activities of the Committee shall relate to—

“(1) prosthetics and special-disabilities programs administered by the Secretary;

“(2) the coordination of programs of the Department for the development and testing of, and for information exchange regarding, prosthetic devices;

“(3) the coordination of Department and non-Department programs that involve the development and testing of prosthetic devices; and

“(4) the adequacy of funding for the prosthetics and special-disabilities programs of the Department.

“(c) The Secretary shall, on a regular basis, consult with and seek the advice of the Committee on the matters described in subsection (b).

Reports.

“(d) Not later than January 15 of 1993, 1994, and 1995, the Committee shall submit to the Secretary and the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the effectiveness of the prosthetics and special-disabilities programs administered by the Secretary during the preceding fiscal year. Not more than 60 days after the date on which any such report is received by the Secretary, the Secretary shall submit a report to such committees commenting on the report of the Committee.

“(e) As used in this section, the term ‘special-disabilities programs’ includes all programs administered by the Secretary for—

“(1) spinal-cord-injured veterans;

“(2) blind veterans;

“(3) veterans who have lost or lost the use of extremities;

“(4) hearing-impaired veterans; and

“(5) other veterans with serious incapacities in terms of daily life functions.”

(2) The table of sections at the beginning of chapter 5 is amended by adding at the end the following new item:

“543. Advisory Committee on Prosthetics and Special-Disabilities Programs.”

#### SEC. 106. PROSTHETIC SERVICES REPORT.

Not later than six months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing—

(1) the Secretary's evaluation of the reasons for the backlog that occurred in the procurement of prosthetic appliances in fiscal year 1989, and for the failure to furnish prosthetic appliances in accordance with the priority established in section 1712(i) of title 38, United States Code; and

(2) a description of the actions that the Secretary has taken and plans to take to prevent a recurrence of—

(A) the accumulation of a significant backlog in the procurement of prosthetic appliances; and

(B) the failure to furnish prosthetic appliances in accordance with such priority, including a schedule for any such planned actions.

#### SEC. 107. SERVICES FOR HOMELESS VETERANS.

(a) PROGRAM DEVELOPMENT.—The Secretary shall assess all programs developed by facilities of the Department of Veterans

Affairs which have been designed to assist homeless veterans. To the maximum extent practicable, the Secretary shall seek to replicate at other facilities of the Department those programs that have as a goal the rehabilitation of homeless veterans and which the Secretary has determined to be successful in achieving that goal by fostering reintegration of homeless veterans into the community and employment of such veterans.

(b) **ASSESSMENT AND COORDINATION.**—(1) In carrying out subsection (a), the Secretary shall require the director of each medical center or the director of each regional benefits office to make an assessment of the needs of homeless veterans living within the area served by the medical center or regional office, as the case may be.

38 USC 527 note.

(2) Each such assessment shall be made in coordination with representatives of State and local governments, other appropriate departments and agencies of the Federal Government, and nongovernmental organizations that have experience working with homeless persons in that area.

(3) Each such assessment shall identify the needs of homeless veterans with respect to the following:

- (A) Health care.
- (B) Education and training.
- (C) Employment.
- (D) Shelter.
- (E) Counseling.
- (F) Outreach services.

(4) Each assessment shall also indicate the extent to which the needs referred to in paragraph (3) are being met adequately by the programs of the Department, of other departments and agencies of the Federal Government, of State and local governments, and of nongovernmental organizations.

(5) Each assessment shall be carried out in accordance with uniform procedures and guidelines prescribed by the Secretary.

(c) **PLANNING.**—In furtherance of subsection (a), the Secretary shall require the director of each medical center and the director of each regional benefits office, in coordination with representatives of State and local governments, other Federal officials, and nongovernmental organizations that have experience working with homeless persons in the areas served by such facility, to—

38 USC 527 note.

(1) develop a list of all public and private programs that provide assistance to homeless persons or homeless veterans in the area concerned, together with a description of the services offered by those programs; and

(2) seek to encourage the development by the representatives of such entities, in coordination with the director, of a plan to coordinate among such public and private programs the provision of services to homeless veterans.

(d) **SERVICES.**—In furtherance of subsection (a), the Secretary shall require the director of each medical center or regional benefits office, in carrying out such director's responsibilities under title 38, United States Code, to take appropriate action to—

38 USC 527 note.

(1) meet, to the maximum extent practicable through existing programs and available resources, the needs of homeless veterans that are identified in the assessment conducted under subsection (b); and

(2) attempt to inform homeless veterans whose needs the director cannot meet under paragraph (1) of the services avail-

able to such veterans within the area served by such center or office.

38 USC 527 note.

(e) **AUTHORITY TO ACCEPT DONATIONS FOR CERTAIN PROGRAMS.**—The Secretary may accept donations of funds and services for the purposes of providing one-stop, non-residential services and mobile support teams and for expanding the medical services to homeless veterans eligible for such services from the Department of Veterans Affairs.

38 USC 527 note.

(f) **DEFINITIONS.**—As used in subsections (a) through (e):

(1) The term “medical center” means a medical center of the Department of Veterans Affairs.

(2) The term “regional benefits office” means a regional benefits office of the Department of Veterans Affairs.

(3) The term “veteran” has the meaning given such term in section 101(2) of title 38, United States Code.

(4) The term “homeless” has the meaning given such term in section 103(a), as limited by section 103(c), of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302(a)).

(g) **EXTENSION OF CERTAIN PROGRAMS FOR HOMELESS VETERANS.**—Section 801 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988 (Public Law 100-628; 102 Stat. 3257) is amended—

(1) in subsection (a), by striking out “to the Veterans Administration” and all that follows through the period and inserting in lieu thereof the following: “to the Department of Veterans Affairs \$50,000,000 for fiscal year 1993 for medical care of veterans. Funds appropriated pursuant to this section shall be in addition to any funds appropriated pursuant to any other authorizations (whether definite or indefinite) for medical care of veterans.”; and

(2) in subsections (b) and (c), by striking out “Of the amount appropriated pursuant to subsection (a), 50 percent” and inserting in lieu thereof “The amounts appropriated pursuant to subsection (a)”.

(h) **EXTENSION OF PROGRAM FOR MENTALLY ILL HOMELESS VETERANS.**—Section 115(d) of the Veterans’ Benefits and Services Act of 1988 (38 U.S.C. 1712 note) is amended by striking out “1992” and inserting in lieu thereof “1994”.

(i) **REPORT.**—Not later than February 1, 1993, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report containing an evaluation of the programs referred to in subsections (a) and (e).

#### PART B—MENTAL HEALTH PROVISIONS

38 USC 1712A  
note.

#### SEC. 121. MARRIAGE AND FAMILY COUNSELING FOR PERSIAN GULF WAR VETERANS.

(a) **REQUIREMENT.**—Subject to the availability of funds appropriated pursuant to the authorization in subsection (g), the Secretary shall conduct a program to furnish to the persons referred to in subsection (b) the marriage and family counseling services referred to in subsection (c). The authority to conduct the program shall expire on September 30, 1994.

(b) **PERSONS ELIGIBLE FOR COUNSELING.**—The persons eligible to receive marriage and family counseling services under the program are—

Termination  
date.

(1) veterans who were awarded a campaign medal for active-duty service during the Persian Gulf War and the spouses and children of such veterans; and

(2) veterans who are or were members of the reserve components who were called or ordered to active duty during the Persian Gulf War and the spouses and children of such members.

(c) **COUNSELING SERVICES.**—Under the program, the Secretary may provide marriage and family counseling that the Secretary determines, based on an assessment by a mental-health professional employed by the Department and designated by the Secretary (or, in an area where no such professional is available, a mental-health professional designated by the Secretary and performing services under a contract or fee arrangement with the Secretary), is necessary for the amelioration of psychological, marital, or familial difficulties that result from the active duty service referred to in subsection (b) (1) or (2).

(d) **MANNER OF FURNISHING SERVICES.**—(1) Marriage and family counseling services shall be furnished under the program—

(A) by personnel of the Department of Veterans Affairs who are qualified to provide such counseling services;

(B) by appropriately certified marriage and family counselors employed by the Department; and

(C) by qualified mental health professionals pursuant to contracts with the Department, when Department facilities are not capable of furnishing economical medical services because of geographical inaccessibility or are not capable of furnishing the services required.

(2) The Secretary shall establish the qualifications required of personnel under subparagraphs (A) and (C) of paragraph (1) and shall prescribe the training, experience, and certification required of appropriately certified marriage and family counselors under subparagraph (B) of such paragraph.

(3) The Secretary may employ licensed or certified marriage and family counselors to provide counseling under paragraph (1)(B) and may classify the positions in which they are employed at levels determined appropriate by the Secretary, taking into consideration the training, experience, and licensure or certification required of such counselors.

(e) **CONTRACT COUNSELING SERVICES.**—(1) Subject to paragraphs (2) and (4), a mental health professional referred to in subsection (d)(1)(C) may furnish marriage and family counseling services to a person under the program as follows:

(A) For a period of not more than 15 days beginning on the date of the commencement of the furnishing of such services to the person.

(B) For a 90-day period beginning on such date if—

(i) the mental health professional submits to the Secretary a treatment plan with respect to the person not later than 15 days after such date; and

(ii) the treatment plan and the assessment made under subsection (c) are approved by an appropriate mental health professional of the Department designated for that purpose by the Under Secretary for Health.

(C) For an additional 90-day period beginning on the date of the expiration of the 90-day period referred to in subparagraph (B) (or any subsequent 90-day period) if—

(i) not more than 30 days before the expiration of the 90-day period referred to in subparagraph (B) (or any subsequent 90-day period), the mental health professional submits to the Secretary a revised treatment plan containing a justification of the need of the person for additional counseling services; and

(ii) the plan is approved in accordance with the provisions of subparagraph (B)(ii).

(2)(A) A mental health professional referred to in paragraph (1) who assesses the need of any person for services for the purposes of subsection (c) may not furnish counseling services to that person.

(B) The Secretary may waive the prohibition referred to in subparagraph (A) for locations (as determined by the Secretary) in which the Secretary is unable to obtain the assessment referred to in that subparagraph from a mental health professional other than the mental health professional with whom the Secretary enters into contracts under subsection (d)(1)(C) for the furnishing of counseling services.

(3) The Secretary shall reimburse mental health professionals for the reasonable cost (as determined by the Secretary) of furnishing counseling services under paragraph (1). In the event of the disapproval of a treatment plan of a person submitted by a mental health professional under paragraph (1)(B)(i), the Secretary shall reimburse the mental health professional for the reasonable cost (as so determined) of furnishing counseling services to the person for the period beginning on the date of the commencement of such services and ending on the date of the disapproval.

(4) The Secretary may authorize the furnishing of counseling in an individual case for a period shorter than the 90-day period specified in subparagraph (B) or (C) of paragraph (1) and, upon further consideration, extend the shorter period to the full 90 days.

(5)(A) For the purposes of this subsection, the term "treatment plan", with respect to a person entitled to counseling services under the program, must include—

(i) an assessment by the mental health professional submitting the plan of the counseling needs of the person described in the plan on the date of the submittal of the plan; and

(ii) a description of the counseling services to be furnished to the person by the mental health professional during the 90-day period covered by the plan, including the number of counseling sessions proposed as part of such services.

(B) The Secretary shall prescribe an appropriate form for the treatment plan.

(f) **COST RECOVERY.**—For the purposes of section 1729 of title 38, United States Code, marriage and family counseling services furnished under the program shall be deemed to be care and services furnished by the Department under chapter 17 of such title, and the United States shall be entitled to recover or collect the reasonable cost of such services in accordance with that section.

(g) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated \$10,000,000 for each of fiscal years 1993 and 1994 to carry out this section.

(h) **REPORT.**—Not later than July 1, 1994, the Secretary shall submit to Congress a report on the program conducted pursuant to this section. The report shall contain information regarding the persons furnished counseling services under the program, including—

(1) the number of such persons, stated as a total number and separately for each eligibility status referred to in subsection (b);

(2) the age and gender of such persons;

(3) the manner in which such persons were furnished such services under the program; and

(4) the number of counseling sessions furnished to such persons.

(i) DEFINITIONS.—For the purposes of this section, the terms “veteran”, “child”, “active duty”, “reserve component”, “spouse”, and “Persian Gulf War” have the meanings given such terms in paragraphs 101 (2), (4), (21), (27), (31), and (33) of section 101 of title 38, United States Code, respectively.

#### SEC. 122. POST-TRAUMATIC STRESS DISORDER RESEARCH AND REPORTS.

(a) RESEARCH PRIORITY.—In carrying out research and awarding grants under chapter 73 of title 38, United States Code, the Secretary shall assign a high priority to the conduct of research on mental illness, including research regarding (1) post-traumatic stress disorder, (2) post-traumatic stress disorder in association with substance abuse, and (3) the treatment of those disorders.

38 USC 7303  
note.

(b) UPDATES OF REPORTS UNDER SECTION 110(c) OF PUBLIC LAW 98-528.—(1) Not later than October 1, 1992, and October 1, 1993, the Special Committee on Post-Traumatic-Stress Disorder established pursuant to section 110(b)(1) of the Veterans' Health Care Act of 1984 (38 U.S.C. 1712A note) shall concurrently submit to the Secretary and the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing information updating the reports submitted to the Secretary under section 110(e) of the Veterans' Health Care Act of 1984, together with any additional information the Special Committee considers appropriate regarding the overall efforts of the Department of Veterans Affairs to meet the needs of veterans with post-traumatic stress disorder and other psychological problems in readjusting to civilian life.

38 USC 1712A  
note.

(2) Not later than 90 days after receiving each of the reports under paragraph (1), the Secretary shall submit to the committees any comments concerning the report that the Secretary considers appropriate.

#### SEC. 123. POST-TRAUMATIC STRESS DISORDER PROGRAM PLANNING.

38 USC 1712A  
note.

(a) PLAN.—The Secretary shall develop a plan—

(1) to ensure, to the maximum extent practicable, that veterans suffering from post-traumatic stress disorder related to active duty are provided appropriate treatment and rehabilitative services for that condition in a timely manner;

(2) to expand and improve the services available for veterans suffering from post-traumatic stress disorder related to active duty;

(3) to eliminate waiting lists for inpatient treatment and other modes of treatment for post-traumatic stress disorder;

(4) to enhance outreach activities carried out to inform combat-area veterans of the availability of treatment for post-traumatic stress disorder; and

(5) to ensure, to the extent practicable, that there are Department post-traumatic stress disorder treatment units in

locations that are readily accessible to veterans residing in rural areas of the United States.

(b) CONSIDERATIONS.—In developing the plan referred to in subsection (a), the Secretary shall consider—

(1) the numbers of veterans suffering from post-traumatic stress disorder related to active duty, as indicated by relevant studies, scientific and clinical reports, and other pertinent information;

(2) the numbers of veterans who would likely seek post-traumatic stress disorder treatment from the Department if waiting times for treatment were eliminated and outreach activities to combat-area veterans with post-traumatic stress disorder were enhanced;

(3) the current and projected capacity of the Department to provide appropriate treatment and rehabilitative services for post-traumatic stress disorder;

(4) the level and geographic accessibility of inpatient and outpatient care available through the Department for veterans suffering from post-traumatic stress disorder across the United States;

(5) the desirability of providing that inpatient and outpatient post-traumatic stress disorder care be furnished in facilities of the Department that are physically independent of general psychiatric wards of the medical facilities of the Department;

(6) the treatment needs of veterans suffering from post-traumatic stress disorder who are women, of such veterans who are ethnic minorities (including Native Americans, Native Hawaiians, Asian-Pacific Islanders, and Native Alaskans), and of such veterans who suffer from substance abuse problems in addition to post-traumatic stress disorder; and

(7) the recommendations of the Special Committee on Post-Traumatic-Stress Disorder with respect to (A) specialized inpatient and outpatient programs of the Department for the treatment of post-traumatic stress disorder, and (B) with respect to the establishment of educational programs that are designed for each of the various levels of education, training, and experience of the various mental health professionals involved in the treatment of veterans suffering from post-traumatic stress disorder.

(c) REPORT.—Not later than six months after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the plan developed pursuant to subsection (a). The report shall include specific information relating to the consideration given to the matters described in subsection (b).

(d) DEFINITIONS.—For the purposes of this section:

(1) The term "active duty" has the meaning given that term in section 101(21) of title 38, United States Code.

(2) The term "veteran" has the meaning given that term in section 101(2) of such title.

(3) The term "combat-area veteran" means a veteran who served on active duty in an area at a time during which hostilities (as defined in section 1712A(a)(2)(B) of such title) occurred in such area.

## TITLE II—HEALTH-CARE PERSONNEL

### SEC. 201. CAP ON CERTAIN RATES OF PAY.

Section 7455(c) is amended—

(1) by inserting “(1)” after “(c)”;

(2) by inserting “by two times” after “exceed” the first place it appears; and

(3) by adding at the end the following:

“(2) Whenever the amount of an increase under subsection (a) results in a rate of basic pay for a position being equal to or greater than the amount that is 94 percent of the maximum amount permitted under paragraph (1), the Secretary shall promptly notify the Committees on Veterans’ Affairs of the Senate and House of Representatives of the increase and the amount thereof.”.

### SEC. 202. MINIMUM PERIOD OF SERVICE FOR SCHOLARSHIP RECIPIENTS.

(a) **MINIMUM SERVICE REQUIREMENT.**—Section 7612(c)(1) is amended by striking out the period at the end of subparagraph (B) and inserting in lieu thereof “, but for not less than two years.”.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply to scholarship agreements entered into after the date of the enactment of this Act.

38 USC 7612  
note.

### SEC. 203. AUTHORITY TO PURCHASE ITEMS OF NOMINAL VALUE FOR RECRUITMENT PURPOSES.

Section 7423 is amended by adding at the end the following new subsection:

“(f) The Secretary may purchase promotional items of nominal value for use in the recruitment of individuals for employment under this chapter. The Secretary shall prescribe guidelines for the administration of the preceding sentence.”.

### SEC. 204. SPECIAL PAY FOR CERTAIN PHYSICIANS AND DENTISTS BASED ON BOARD CERTIFICATION.

(a) **IN GENERAL.**—Section 7437(e) is amended by striking out “only for the special-pay” and all that follows through the period in paragraphs (1)(C) and (2)(C) and inserting in lieu thereof “for no special-pay factors other than primary, full-time, length of service, and specialty or board certification.”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply as if enacted with the amendment made by section 102 of the Department of Veterans Affairs Health-Care Personnel Act of 1991 (Public Law 102-40; 105 Stat. 187).

(c) **AVAILABILITY OF FUNDS.**—Expenses incurred for periods before October 1, 1991, by reason of the amendments made by subsection (a) may be charged to fiscal year 1992 appropriations available for the same purpose.

38 USC 7437  
note.

38 USC 7437  
note.

### SEC. 205. AUTHORITY TO APPOINT NON-PHYSICIAN DIRECTORS TO THE OFFICE OF THE UNDER SECRETARY FOR HEALTH.

Section 7306(a) is amended—

(1) by redesignating paragraph (7) as paragraph (8); and

(2) by inserting after paragraph (6) the following new paragraph (7):

“(7) Such directors of such other professional or auxiliary services as may be appointed to suit the needs of the Department, who shall be responsible to the Under Secretary for Health for the operation of their respective services.”.

**SEC. 206. EXPANSION OF DIRECTOR GRADE OF THE PHYSICIAN AND DENTIST PAY SCHEDULE.**

Section 7404(b)(2) is amended in the first sentence by inserting “, or comparable position” before the period.

**TITLE III—MISCELLANEOUS**

**SEC. 301. AUTHORIZATION REQUIREMENT FOR CONSTRUCTION OF NEW MEDICAL FACILITIES.**

(a) **AUTHORIZATION REQUIREMENT.**—(1) Paragraph (2) of section 8104(a) is amended to read as follows:

“(2) No funds may be appropriated for any fiscal year, and the Secretary may not obligate or expend funds (other than for advance planning and design), for any major medical facility project or any major medical facility lease unless funds for that project or lease have been specifically authorized by law.”.

(2) Paragraph (3)(B) of that section is amended—

(A) by inserting “new” before “medical facility” the second place it appears; and

(B) by striking out “\$500,000” and inserting in lieu thereof “\$300,000”.

(3) Subsection (c) of section 8104 is amended by striking out “resolution” both places it appears and inserting in lieu thereof “law”.

38 USC 8104  
note.

(b) **APPLICABILITY.**—The amendments made by subsection (a) shall not apply with respect to any project for which funds were appropriated before the date of the enactment of this Act.

**SEC. 302. REDESIGNATION OF CERTAIN POSITIONS WITHIN THE DEPARTMENT OF VETERANS AFFAIRS.**

38 USC 305 note.

(a) **REDESIGNATION OF POSITION OF CHIEF MEDICAL DIRECTOR.**—The position of Chief Medical Director of the Department of Veterans Affairs is hereby redesignated as Under Secretary for Health of the Department of Veterans Affairs.

38 USC 306 note.

(b) **REDESIGNATION OF POSITION OF CHIEF BENEFITS DIRECTOR.**—The position of Chief Benefits Director of the Department of Veterans Affairs is hereby redesignated as Under Secretary for Benefits of the Department of Veterans Affairs.

(c) **TITLE 38 CONFORMING AMENDMENTS.**—(1) Title 38, United States Code, is amended by striking out “Chief Medical Director” and “Chief Benefits Director” each place they appear (including in headings and tables but not including the sentences added by paragraphs (2) and (3)) and inserting in lieu thereof “Under Secretary for Health” and “Under Secretary for Benefits”, respectively.

(2) Section 7301(a) is amended by adding after the last sentence the following: “The Under Secretary for Health may be referred to as the Chief Medical Director.”.

(3) Section 7701(b) is amended by adding after the last sentence the following: “The Under Secretary for Benefits may be referred to as the Chief Benefits Director.”.

(d) EXECUTIVE SCHEDULE CONFORMING AMENDMENT.—Section 5314 of title 5, United States Code, is amended by striking out the following:

“Chief Medical Director, Department of Veterans Affairs.

“Chief Benefits Director, Department of Veterans Affairs.”;

and inserting in lieu thereof the following:

“Under Secretary for Health, Department of Veterans Affairs.

“Under Secretary for Benefits, Department of Veterans Affairs.”.

(e) REFERENCES IN OTHER LAWS.—Any reference in any Federal law, Executive order, rule, regulation, or delegation of authority, or any document of or pertaining to the Department of Veterans Affairs—

38 USC 305 note.

(1) to the Chief Medical Director of the Department of Veterans Affairs shall be deemed to refer to the Under Secretary for Health of the Department of Veterans Affairs; and

(2) to the Chief Benefits Director of the Department of Veterans Affairs shall be deemed to refer to the Under Secretary for Benefits of the Department of Veterans Affairs.

**SEC. 303. ATTORNEY FEES IN CONNECTION WITH CERTAIN DEPARTMENT OF VETERANS AFFAIRS PROCEEDINGS.**

(a) IN GENERAL.—Section 5904(c) is amended—

(1) By striking out “In” at the beginning of paragraph (1) and inserting in lieu thereof “Except as provided in paragraph (3), in”; and

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

“(3) A reasonable fee may be charged or paid in connection with any proceeding before the Department in a case arising out of a loan made, guaranteed, or insured under chapter 37 of this title. A person who charges a fee under this paragraph shall enter into a written agreement with the person represented and shall file a copy of the fee agreement with the Secretary at such time, and in such manner, as may be specified by the Secretary.”

Contracts.

(b) EFFECTIVE DATE.—Paragraph (3) of section 5904(c) of title 38, United States Code, as added by subsection (a), shall apply with respect to services of agents and attorneys provided after the date of the enactment of this Act.

38 USC 5904 note.

Approved October 9, 1992.

**LEGISLATIVE HISTORY—S. 2344 (H.R. 2280) (S. 869):**

**HOUSE REPORTS:** Nos. 102-130 accompanying H.R. 2280 (Comm. on Veterans' Affairs) and 102-871 (Comm. of Conference).

**SENATE REPORTS:** No. 102-118 accompanying S. 869 (Comm. on Veterans' Affairs).

**CONGRESSIONAL RECORD:**

Vol. 137 (1991): June 25, H.R. 2280 considered and passed House.

Nov. 20, considered and passed Senate, amended, in lieu of S. 869.

Nov. 25, House concurred in Senate amendments with amendments.

Vol. 138 (1992): Mar. 11, S. 2344 considered and passed Senate.

May 12, considered and passed House, amended.

Sept. 24, House agreed to conference report.

Sept. 25, Senate agreed to conference report.