Summary:  Selected Health Legislation
111th Congress –First Session
Updated August 4, 2009

Joy Johnson Wilson, Health Policy Director
Rachel Morgan, Senior Health Policy Specialist

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**SUMMARY: SELECTED HEALTH LEGISLATION IN THE 111TH CONGRESS–FIRST SESSION**

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<td>To amend title 38, United State Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes (H.R. 1377)</td>
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### Physician Workforce Enhancement Act of 2009 (H.R.914)

**Sponsor:** Representative Burgess (R-TX)

#### Description
- Establishes the Hospital Residency Loan Program, a loan program that provides loans to eligible hospitals to establish residency training programs.

#### State Issues
- Authorizes loans for residency training programs.

#### Summary
- Establishes the Hospital Residency Loan Program.
- Authorizes the Health Resources and Services Administration (HRSA) to make loans to eligible hospitals for the purpose of establishing a residency training program.
- Eligible hospitals must:  
  - not currently or previously operated a residency training program;  
  - be accreditation by the American Council for Graduate Medical Education or the American Osteopathic Association;  
  - provide assurances that the funding will be used

#### Legislative Action
- Ordered to be favorably reported by the House Committee on Energy and Commerce.  
  (3/4/09)

#### NCSL Policy
**Federal Funding to Assist States with Health Profession Shortages**
- The Health Resources and Services Administration (HRSA) through a number of grants and cooperative agreements supports innovations and targeted expansions in health professions education and training. Most of these programs focus on: (1) increasing the diversity of the health care workforce; (2) preparing health care providers to serve diverse population; and (3) preparing health care providers to practice in the nation's medically underserved communities. NCSL urges Congress to continue to support these important programs.
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| **Health insurance Restrictions and Limitations Certification Act of 2009 (H.R.1253)**  
* Sponsor: Representative Burgess (R-TX) | - solely for the purpose of establishing and conducting an allopathic or osteopathic physician residency program in certain medical specialties; and  
  - enter into an agreement certifying that the hospital will provide for repayment of the loan.  
  - Directs the HRSA Administrator to give preference for these loans to hospitals in rural areas or an urban area not considered a large urban area.  
  - Provides that loans given to eligible hospitals may not exceed one million dollars.  
  - Authorizes the appropriation of $25 million for the period of FY 2010 - FY 2020. | - Adopted in the House by recorded vote 422 yeas - 3 nays. (3/31/09)  
- H.Rpt. 111-062, Part 1, filed. (3/30/09)                                                                 |                                                                                                       |

**INSURANCE REFORM**

Health insurance Restrictions and Limitations Certification Act of 2009 (H.R.1253)  
* Sponsor: Representative Burgess (R-TX) | **Description**  
- Amends the Employee Retirement Income Security Act of 1974, the Internal Revenue Code and the Public Health Service Act.  
- Requires group health plans to disclose the limitations and restrictions on health insurance coverage to health plan sponsors and participants in a timely manner.  
**State Issues**  
- Imposes a new federal insurance mandate.  
- Allows state, local and tribal governments to opt out of the requirements.  
**Summary**  
- The provision will not prevent a plan or coverage from establishing limitations or restrictions on the amount, level, extent, or nature of the benefits or coverage for similarly situated individuals enrolled | **NCSL Policy**  
**Principles for Federal Health Insurance Reform**  
- Federal health insurance legislation that establishes mandated benefits or uniform standards, should establish a floor, not a ceiling. The federal government should continue to give deference to state, local and tribal governments regarding the regulation of state, local and tribal government employee health plans. |
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| Vision Care for Kids Act of 2009 (H.R. 577)  
Sponsor: Representative Green (D-TX) | in the plan or coverage so long as: (1) the limitations and restrictions are explicit and clear; (2) the limitations and restrictions have been disclosed to the plan sponsor of the group health plan in advance of the point of sale to the group health plan; (3) the plan sponsor and issuer make available to participants and beneficiaries in an easily understandable manner a description of the limitations and restrictions in advance of the point of their enrollment under the plan; and (4) the plan sponsor and issuer make available to participants and beneficiaries in an easily understandable manner a description of the limitations and restrictions upon their enrollment.  
- Makes the changes applicable to plan years beginning one year after the date of enactment. | Adopted in the House by a recorded vote 404 yeas– 17 nays. (3/31/09)  
H.Rpt. 111-46 filed. (3/23/09) | NCSL Policy  
▪ NCSL has no policy. |

**PUBLIC HEALTH**

**Description**
- Establishes a grant program to provide vision care to children.

**State Issues**
- Provides grants to states.

**Summary**
- Authorizes the HHS Secretary, acting through the Director of the Centers for Disease Control and Prevention (CDC), to award grants to states to: (1) provide comprehensive eye examinations by a licensed optometrist or ophthalmologist for children identified by a licensed health care provider or vision screener, with priority to children under age nine; (2) provide treatment or services to correct vision problems of such children; and (3) develop and disseminate educational materials on recognizing signs of visual impairment in children.
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<td></td>
<td>Provides that children who are eligible for the program include those who have not attained 19 years of age and the state defines as low-income; is uninsured; is not eligible for Medicaid or CHIP; and is not receiving assistance under any state health compensation program.</td>
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<td>The eligibility restriction excludes children who are enrolled in a health insurance plan or a state CHIP program that does not provide coverage for eye examinations, treatment, or services.</td>
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<td>Authorizes $65 million in funding for fiscal years 2010 through 2014.</td>
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<td>Places specific limitations on state expenditures as a condition of receipt of the grant that:</td>
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<td>▪ Require 80 percent of the funds expended for the purposes of providing comprehensive eye examinations and treatment or services,</td>
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<td>▪ Limit expenditures for the purpose of the development and dissemination of educational materials to 10 percent of the grant amount, and</td>
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<td>▪ Places a limitation on state administrative expenditures to 10 percent of the total amount.</td>
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<td>As a condition for the receipt of the grant a state must agree to make available (directly or through donations from the public or private sector) non-federal contributions of 25 percent of the cost.</td>
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<td>A state must ensure that amounts received under this grant will be used to supplement and not supplant any federal, state, or local funds to carry out these activities.</td>
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**Wakefield Act (H.R. 479)**  
*Sponsor: Representative Burgess (R-TX)*  
**Description**  
▪ Reauthorizes the Emergency Medical Services for Children program.  
▪ Adopted in the House by recorded vote 390 yeas - 6 nays. (3/30/09)  
**NCSL Policy Public Health**
### State Issues
- Provides grants to states.

**Summary**
- Amends the Public Health Service Act to extend the time in which a grant may be awarded to states under the Emergency Medical Services for Children grant program. Authorizes $163 million in funding for fiscal years 2010 through 2014.
- Directs the Secretary of Health and Human Services (HHS) to support projects through this program that (1) develop and present scientific evidence; (2) promote existing and innovative technologies appropriate for the care of children, or; (3) provide information on health outcomes and effectiveness and cost-effectiveness.
- Directs that these programs strive to enhance the pediatric capability of emergency medical service systems which were originally designed primarily for adults, and be coordinated with all research, evaluations and awards supported by the federal government to avoid duplication.

- **LEGISLATIVE ACTION**

- **NCSL POLICY, CORRESPONDENCE & PUBLICATIONS**
  - Federal support through grants and cooperative agreements, research and technical assistance is key to the stabilization and effective operation of the nation’s public health system and provides critical support for the state and local public health infrastructure. NCSL urges Congress to continue: (1) to support grants and cooperative agreements to states and local governments for a broad range of public health activities; and (2) to support research and technical assistance, which aids states in the development and implementation of effective programs. In addition, NCSL wishes to foster the development of public and private sector partnerships to increase community accessibility to public health information and public health programs.

### Early Hearing Detection and Intervention Act of 2009 (H.R.1246)
**Sponsor:** Representative Waxman (D-CA)

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<td><strong>Description</strong></td>
<td>Amends the Public Health Service Act to expand the newborns and infants hearing loss program to include diagnostic services among the services provided.</td>
<td><strong>Adopted in the House by voice vote (3/30/09).</strong></td>
<td><strong>NCSL Policy Preventive Health Screenings and Check-Ups</strong></td>
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<tr>
<td><strong>State Issues</strong></td>
<td>Provides grants to states.</td>
<td><strong>H. Rpt. 111–44 filed. (3/23/09)</strong></td>
<td><strong>NCSL urges Congress to increase support for initiatives that promote regularized preventive health screenings and check-ups. NCSL is particularly supportive of efforts that provide information about and promote screening for: cardiovascular disease, dental disease; obesity, asthma, diabetes, cancer. We also support efforts to ensure that children receive age appropriate check-ups and screenings that include recommended childhood immunizations; and dental, vision and hearing</strong></td>
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<tr>
<td><strong>Summary</strong></td>
<td>Amends the Public Health Service Act to expand the newborns and infants hearing loss program to</td>
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### Prevent All Cigarette Trafficking Act of 2009 or PACT Act (H.R. 1676; S. 1147)

**Description**
- Amends the Jenkins Act to revise provisions governing the collection of taxes on, and trafficking in, cigarettes and smokeless tobacco.

**State Issues**
- Enhances the ability of states to collect tobacco taxes.

**Summary**
- Collection of State Cigarette and Smokeless Tobacco Taxes
- Replaces the entire definitions section of the existing Jenkins Act. It redefines the term ‘cigarette’ to include ‘roll-your-own’ tobacco. It adds a definition of ‘delivery sale’ to ensure that the Jenkins Act includes diagnostic services among the services provided.

- Authorizes funding for early hearing loss detection and intervention activities at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) for fiscal years 2010 through 2015.

- Expands the focus of grants awarded through HRSA to include development of models for the identification of newborns and infants with hearing loss, and to ensure an adequate supply of qualified personnel to meet screening, evaluation, diagnostic, and early intervention needs of children.

- Authorizes the CDC to award grants to states and provide technical assistance to promote screening, surveillance and research into the causes of hearing loss among newborns and infants.

**Legislative Action**
- Introduced in the House. (5/21/09)
- Adopted in the House by recorded vote 397 yeas - 11 nays. (5/21/09)
- H. Rpt. 111-117 filed. (3/18/09)

**NCSL Policy**
- Federal Regulation of Tobacco Sales, Marketing and Manufacturing --Regulation of Interstate and Internet Sales of Tobacco Products - NCSL urges the federal government to enact legislation that will: (1) Reduce the illegal sale of tobacco products in violation of state and federal law; (2) Improve the ability of states to enforce state laws regulating the sale of tobacco products and to collect state taxes associated with those sales; and (3) Increase penalties to individuals and entities that fail to comply with state and federal laws regulating interstate and internet sale of tobacco products. NCSL urges Congress to adopt legislation that would specifically: (1) Impose improved recordkeeping requirements to implement these recommendations; (2) Prohibit the commercial importation of tobacco products, including smokeless tobacco products, into any state in violation of state or federal law; (3) Lower the threshold for federal regulation of tobacco products; and (4) Authorize funding for early hearing loss detection and intervention activities at the HRSA, CDC, and NIH for fiscal years 2010 through 2015.

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<td>Prevent All Cigarette Trafficking Act of 2009 or PACT Act (H.R. 1676; S. 1147)</td>
<td>Amends the Jenkins Act to revise provisions governing the collection of taxes on, and trafficking in, cigarettes and smokeless tobacco.</td>
<td>Introduced in the Senate. (5/21/09)</td>
<td>screenigns; and recommended treatment.</td>
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<td>Sponsors: Representative Weiner (D-NY); Senator Herb Kohl (D-WI)</td>
<td>Enhances the ability of states to collect tobacco taxes.</td>
<td>Adopted in the House by recorded vote 397 yeas - 11 nays. (5/21/09)</td>
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<td>Collection of State Cigarette and Smokeless Tobacco Taxes</td>
<td>H. Rpt. 111-117 filed. (3/18/09)</td>
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<td>Replaces the entire definitions section of the existing Jenkins Act. It redefines the term ‘cigarette’ to include ‘roll-your-own’ tobacco. It adds a definition of ‘delivery sale’ to ensure that the Jenkins Act includes diagnostic services among the services provided.</td>
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### Covers all remote sellers, whether they conduct sales by telephone, fax, Internet, or through the mail.

- This subsection also adds definitions for 'Attorney General,' 'common carrier,' 'consumer,' 'delivery sale,' 'delivery seller,' 'Indian country,' 'Indian tribe,' 'interstate commerce,' and 'smokeless tobacco.' It redefines the term 'person' to include State, local, and Indian tribal governments, and it expands the definition of 'use' to include the consumption, storage, handling, or disposal of smokeless tobacco, in addition to cigarettes. This subsection also amends the definition of 'tobacco tax administrator' to include local or tribal officials duly authorized to collect and administer the tobacco tax, in addition to State officials.

- Enhances the existing reporting requirements under the Jenkins Act, under which interstate sellers of tobacco products must register with each State’s tobacco tax officials and report all sales into that State.

- Expands the scope of the reporting requirements to apply to smokeless tobacco products, and to shipment as well as transfer, and to require reporting to tax officials in relevant localities or Indian country, and to the U.S. Attorney General, as well as State officials. It also requires vendors to provide additional identifying information, so that law enforcement officials can locate them for inspection and enforcement purposes.

- Provides for stronger enforcement of the bill's new requirements for Internet and other remote sellers, defined as 'delivery sellers' under the bill, by requiring them to comply with three basic requirements.
  - First, a delivery seller must comply with new
There must be a label on the outside of the package indicating that it contains cigarettes or smokeless tobacco, to give notice to a common carrier or other delivery service. The weight of any single sale or delivery cannot exceed 10 pounds. And the delivery seller must verify that the purchaser is of legal age to purchase tobacco products in the place of purchase.

- Second, delivery sellers are required to keep records of all delivery sales, for at least 4 years. These records must be made available to State, local, tribal and Federal officials for enforcement purposes.
- Third, delivery sellers must comply with all State, local, tribal and other laws applicable to the sale, distribution, or delivery of tobacco products, including payment of excise taxes, licensing and stamping requirements, and restrictions on sales to minors. The delivery seller must pay all applicable excise taxes and affix all required stamps or other indicia to the cigarettes or smokeless tobacco in advance of completing the sale or delivery.

- Directs the Attorney General of the United States to compile, and update periodically, a list of delivery sellers who have not registered with the Attorney General as required, or are otherwise not in compliance with the Jenkins Act. The list would be compiled with the input of Federal law enforcement officials and the attorney general, tax administrator, or chief law enforcement official of each State, local, or tribal government that levies a tobacco tax. Both the initial list and any updates would be distributed to these tax and law enforcement officials, and to all common carriers and other delivery services, including the United States Postal Service. The bill would prohibit any common carrier from knowingly
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<td>completing the delivery of any package for a person on the list.</td>
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<td>▪ Clarifies that a common carrier will not be penalized for not completing the delivery of a package for a delivery seller on the non-compliance list or because of reasonable efforts to comply with the Jenkins Act.</td>
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<td>▪ Preempts state, local, and tribal laws regulating the delivery of cigarettes or smokeless tobacco to consumers that impose obligations on common carriers or delivery services that are duplicative of, or inconsistent with, the new obligations imposed under the Jenkins Act as amended.</td>
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<td>▪ Enhances criminal and civil penalties. Criminal violations of the Jenkins Act are made a felony, punishable by up to 3 years in prison and a commensurate fine. The new section 3 clarifies that State, local, and tribal governments are not subject to criminal penalties, and that common carriers and independent delivery services are subject to criminal penalties only if the violation was committed intentionally, either for economic gain or to assist a delivery seller in a violation.</td>
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<td>▪ Under the civil penalties, delivery sellers who violate the Jenkins Act will be fined the greater of $5,000 for a first violation and $10,000 for any subsequent violation, or 2 percent of the gross sales of cigarettes or smokeless tobacco sold during the 1 year period ending on the date of the violation. A delivery service is not subject to civil liability if it has implemented effective policies and practices for compliance.</td>
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<td>▪ Authorizes state, local, and tribal law enforcement officials to enforce the Jenkins Act in Federal court, for injunctive or other equitable relief or money damages, to better enable them to reach out-of-State</td>
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<td>Cigarette traffickers, which is difficult in state court under state law. This subsection also permits states, localities, and tribes to provide evidence of Jenkins Act violations to the Attorney General for enforcement purposes.</td>
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<td>- Establishes a PACT Anti-Trafficking Fund in the Treasury. Fifty percent of penalties collected by the Federal Government through PACT enforcement efforts would be transferred into the fund, available to the Attorney General for use in connection with enforcement of the Jenkins Act and other tobacco product anti-contraband laws. Of that amount, fifty percent of those funds must be made available to the Department of Justice agencies and offices responsible for the investigations leading to the collection of the penalty.</td>
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<td>Treatment of Cigarettes and Smokeless Tobacco as Non-mailable Matter</td>
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<td>- Adds cigarettes and smokeless tobacco to the list of materials, including alcohol, poisons, weapons, and other materials, that are non-mailable matter. This would make it illegal for delivery sellers to deposit tobacco products in the U.S. mails, and it would prohibit the U.S. Postal Service from accepting for delivery, or delivering, packages its employees know or have reason to believe contain cigarettes or smokeless tobacco. A delivery seller who violates this prohibition is subject to a fine of as much as ten times the retail value of the cigarettes or smokeless tobacco in question, in addition to any unpaid taxes, as well as imprisonment of up to 1 year. There is an exception for mailing cigarettes for purposes of consumer testing.</td>
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<td>Compliance with Model Statute or Qualifying Statute</td>
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<td>- In 1998, 46 States, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, and the District of Columbia had not enacted a tobacco product anti-contraband law.</td>
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Islands, Guam, the District of Columbia, the Brown & Williamson Tobacco Corporation, Lorillard Tobacco Company, Philip Morris Incorporated, R.J. Reynolds Tobacco Company, Commonwealth Tobacco, and Liggett & Myers entered into what is called the Master Settlement Agreement (MSA). The MSA imposed a variety of restrictions on the advertising, marketing, and promotion of cigarettes. In addition to evading taxes, an important way in which illicit cigarette traffickers are able to raise money and compete with legitimate sellers is to evade compliance with the Model Statute, which requires manufacturers who are not party to the MSA to pay money into an escrow fund.

- Makes it a felony for a manufacturer or importer to sell or deliver tobacco products into a State that is a party to the MSA if the cigarettes or smokeless tobacco are produced by a manufacturer that is not complying with the Model statute or Qualifying Statute enacted by a State.

- Authorizes state, local, and tribal law enforcement officials, acting through their attorneys general, to bring suit in U.S. district court for violations of subsection (a), and to recover attorneys fees from persons found to have willfully and knowingly violated it.

*Inspection by Bureau of Alcohol, Tobacco, Firearms, and Explosives of Records of Certain/Cigarette and Smokeless Tobacco Sellers*

- Authorizes the Bureau of Alcohol, Tobacco, Firearms, and Explosives to inspect the premises and records of delivery sellers who transfer more than ten thousand cigarettes or more than five hundred single-unit cans or packages of smokeless tobacco in a single month. The inspection authority is enforceable in Federal court, with failure to comply...
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<td>Exclusions Regarding Indian Tribes and Tribal Matters</td>
<td>- Preserves: (1) agreements, compacts, or other intergovernmental arrangements between Indian tribes and States or local governments relating to the collection of taxes on cigarettes or smokeless tobacco; (2) limitations under existing Federal law, including Federal common law and treaties, on State, local and tribal tax and regulatory authority with respect to sale, use, or distribution of cigarettes and smokeless tobacco by or to Indian tribes or tribal members in Indian country; (3) tribal sovereignty against State and local government jurisdiction; and (4) existing authorities for coordination of law enforcement efforts.</td>
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<td>Enhanced Contraband Tobacco Enforcement</td>
<td>- Directs the Bureau of Alcohol, Tobacco, and Firearms to create six regional contraband tobacco trafficking teams in New York City, Washington, D.C., Detroit, Los Angeles, Seattle, and Miami; a Tobacco Intelligence Center to oversee smuggling investigations; a covert national warehouse for undercover operations; and a computer database to track information regarding Internet, mail, and other tobacco sales not made in person. $8,500,000 is authorized for each of the first five fiscal years for these purposes.</td>
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<td>Effective Date</td>
<td>- Provides that the section of the bill, dealing with Bureau of Alcohol, Tobacco, Firearms, and Explosives authority, takes effect on the date of enactment, and that all sections of the bill PACT Act takes effect ninety days after the date of enactment.</td>
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| Caregiver Assistance and Resource Enhancement Act (H.R. 3155)  
Sponsor: Representative Michaud (D-MN) | ▪ Provides that the invalidation of any provision of the bill or its application to any person or circumstance will not affect other provisions of the bill, or the bill's application to any other person or circumstance.  
*Sense of Congress Concerning the Precedential Effect of this Act*  
▪ Expresses the sense of Congress that the bill responds to unique problems, and is not meant to create a precedent regarding the collection of state sales or use taxes by, or the validity of efforts to impose other types of taxes on, out-of-state entities that do not have a physical presence within the taxing state.  
▪ Requires the Department of Veterans Affairs (VA) to provide support services to family and non-family caregivers of veterans. Such services should include educational sessions on how to be a better caregiver; one-stop access to support services via a dedicated caregiver support website; information and outreach regarding available services.  
▪ Defines (1) caregiver services as non-institutional extended care services; (2) a caregiver as an individual who provides caregiver services to a disabled veteran enrolled in VA health care for such disability, and is not a member of the family of that veteran; and (3) a family caregiver as a family member (parent, spouse, child, sibling, step- and extended family member) who provides caregiver services to a disabled veteran enrolled in VA health care for such disability, and is a family member of the family who may or may not live with that veteran.  
▪ Requires VA to provide a monthly stipend to a | ▪ Adopted in the House by 2/3 majority voice vote. (7/27/09)  
▪ Introduced. (7/9/09) |  |

**Veterans Health**

▪ NCSL supports federal initiatives to improve the accessibility and quality of health care services to U.S. veterans and their families. NCSL is particularly supportive of efforts to: (1) increase access to health care services to veterans and their families; (2) improve and expand mental health services; (3) provide assistance to veterans and their families regarding the range of health care services available to them and the appropriate means of accessing the services; (4) expand and improve services to veterans who are amputees, who have traumatic brain injuries or other conditions or injuries sustained during active duty. NCSL urges the Department of Defense and the Department of Veteran’s Affairs to work closely with state and local governments to when they can assist in the implementation of these initiatives, including sharing information with
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<td>primary family caregiver of an eligible veteran (defined as a veteran who has a severe service-connected disability or illness, is in need of caregiver services and without such services would require institutional care, and is medically determined to be unable to carry out the activities of daily living and instrumental activities of daily living). Prohibit a family caregiver who is certified and paid through a home health agency from receiving the stipend. The authority for stipend expires on October 1, 2012.</td>
<td>▪ Requires the VA to submit a plan to Congress on how the department intends to implement the supportive services provisions no later than six months after enactment and submit subsequent reports to Congress on implementation no later than six months following the submission of the plan. ▪ Authorizes VA to provide counseling and mental health services to caregivers and family caregivers of veterans in connection with the veteran's treatment. ▪ Requires the VA to ensure that respite care meets the needs of a veteran receiving services and include 24-hour in-home and age appropriate respite care. ▪ Expands CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) eligibility to a primary family caregiver of an eligible veteran that is without health insurance and not eligible for any other public health insurance. ▪ Allows the VA to provide travel expenses, including lodging and subsistence, to an attendant of an eligible veteran. ▪ Requires VA to conduct a survey on caregivers and family caregivers of disabled veterans enrolled in state Veteran’s Departments regarding the status of veterans residing in the state.</td>
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### Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009 (H.R. 1293)
**Sponsor:** Representative Buyer (R-IN)

- Increases the amount that the VA is authorized to pay for improvement and structural alterations for homes of veterans with service-connected disabilities or 50 percent or more, and for those with service-connected disabilities of less than 50 percent. These improvements are often used to improve access to homes and to essential sanitary facilities.

  - For those with 50 percent service-connected disabilities, the bill authorizes the VA to pay up to $6,800 (up from $4,100), and for those with less than 50 percent disabilities, the bill authorizes the VA to pay up to $2,000 (up from $1,200).

**Legislative Action:**
- Adopted in the House by 2/3 majority voice vote. (7/27/09)
- Introduced. (7/23/09)

**NCSL Policy, Correspondence & Publications:**
- See description of policy above.

### Veterans' Insurance and Health Care Improvement Act of 2009 (H.R. 3219)
**Sponsor:** Representative Filner (D-CA)

- Provides permanent authority for the VA to provide hospital care, medical services, and nursing home care to Vietnam-era herbicide-exposed veterans and Persian Gulf War veterans who have insufficient medical evidence to establish a service-connected disability.

  - Prohibits the Secretary from collecting copayments from catastrophically disabled veterans for the receipt of VA hospital care or medical services.

  - Establishes the Committee on Care of Veterans with Traumatic Brain Injury within the Veterans Health Administration.

  - Prohibits the Secretary of Veterans Affairs from collecting a housing loan fee from any veteran who, but for the receipt of active service pay, would be entitled to compensation for a service-connected disability.

**Legislative Action:**
- Adopted in the House by 2/3 majority voice vote. (7/28/09)
- Introduced. (7/15/09)

**NCSL Policy, Correspondence & Publications:**
- See description of policy above.
### Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009 (H.R. 1293)

**Sponsor:** Representative Buyer (R-IN)

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  - For those with 50 percent service-connected disabilities, the bill authorizes the VA to pay up to $6,800 (up from $4,100), and for those with less than 50 percent disabilities, the bill authorizes the VA to pay up to $2,000 (up from $1,200).

- **Legislative Action:**
  - Adopted in the House by recorded vote 426 yea - 0 nays. (7/28/09)
  - Introduced. (3/04/09)

### Women Veterans Health Care Improvement Act (H.R. 1211)

**Sponsor:** Representative Herseth-Sandlin (D-SD)

- **Description:** Requires the Secretary of the VA conduct a study of barriers encountered by women veterans to the provision by the VA of comprehensive health care.
  - Directs the secretary to assess all health care services and programs provided by the VA for women veterans and expand or improve:
    - Medical care for newborn children of women veterans receiving maternity care; and
    - Programs to provide graduate medical education, training, certification, and continuing medical education for mental health professionals who provide counseling, care, and services for veterans suffering from sexual trauma and post-traumatic stress disorder (PTSD).
  - Requires that women veterans recently separated from service be included on the Advisory Committee on Women Veterans, and recently separated minority veterans to be included on the Advisory Committee on Minority Veterans.

- **Legislative Action:**
  - Adopted in the House by 2/3 majority voice vote. (6/23/09)
  - Report filed from House Committee on Veterans Affairs (H. Report 111-165). (6/18/09)
  - Ordered to be reported with an amendment in the nature of a substitute by House Committee on Veterans Affairs. (6/10/09)
  - Introduced in the House. (2/26/09)

### NCSL Policy
- **Veteran's Health**
  - See description of policy above.
### Child Care Pilot Program
- Creates a pilot program which will provide child care for certain women veterans receiving health care from VA facilities while they are receiving said care.
- Provides that the program will be carried out in at least three facilities and may include offering stipends for the payment of child care, collaboration with facilities or programs of other federal departments or agencies, or the arrangement of after-school care.
- Authorizes the appropriation of $1.5 million for fiscal years 2010 and 2011 to carry out the program.

### Newborn Care at VA Facilities
- Authorizes the secretary to provide hospital care and medical services for a child born to a woman veteran at that facility for up to seven days after the birth.

### Veterans' Compensation Cost-of-Living Adjustment Act of 2009 (H.R.1513)
- Sponsor: Representative Kirkpatrick (D-AZ)
- Increases the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans.
- Effective December 1, 2009.
- Adopted in the House by voice vote (3/30/09)
- H.Rpt. 111-56 filed. (3/26/09)

### Wounded Veterans Job Security Act (H.R. 466)
- Sponsor: Representative Doggett (D-TX)
- Prohibits employment discrimination or acts of reprisal against any person who has been treated for an injury, illness, or disability determined by the Department of Veterans Affairs to have been incurred in or aggravated by military service.
- Adopted in the House by voice vote. (6/8/09)
- H.Rpt. 111-118 filed. (5/19/09)

### To amend title 38, United State Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans
- Description
  - Expands the VAs' authority to reimburse certain
- Adopted in the House by voice vote. (3/30/09)
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| Affairs for emergency treatment furnished in a non-Department facility, and for other purposes (H.R. 1377) Sponsor: Representative Filner (D-CA) | veterans for the cost of emergency care provided in a non-VA facility.  
- VA reimbursement is to supplement third-party payment for emergency services and may not exceed the maximum amount payable established by the Secretary.  
- Excludes payment for any copayment or similar payment.  