

out functions and duties of Department of Defense under predischARGE education program.

Prior section 1700, which comprised the first section of chapter 35, was renumbered section 3500 of this title.

AMENDMENTS

2021—Subsec. (a). Pub. L. 116-315, § 2003(b)(1), designated existing provisions as par. (1) and added par. (2).

Pub. L. 116-315, § 2003(a), substituted “\$1,388.68” for “\$1,000”.

Subsec. (d). Pub. L. 116-315, § 2003(b)(2)(A)(i), inserted “or married to more than one person who has been awarded a medal of honor,” after “more than one medal of honor.”

Subsec. (f)(1). Pub. L. 116-315, § 2003(b)(2)(A)(ii), substituted “paragraph (1) of subsection (a), or under paragraph (2) of such subsection in the case of a posthumous entry on the Army, Navy, Air Force, and Coast Guard Medal of Honor Roll,” for “this section”.

2013—Subsec. (a). Pub. L. 113-66, § 563(b)(1), substituted “each living person” for “each person”, “Honor Roll, and” for “Honor roll, and”, “subsection (d) of section 1134a of title 10” for “subsection (c) of section 1561 of this title”, and “date on which the person’s name is entered on the Army, Navy, Air Force, and Coast Guard Medal of Honor Roll under subsection (b) of such section” for “date of application therefor under section 1560 of this title”.

Subsec. (g). Pub. L. 113-66, § 563(b)(2), added subsec. (g).

2002—Subsec. (a). Pub. L. 107-330, § 304(a), substituted “\$1,000, as adjusted from time to time under subsection (e)” for “\$600”.

Subsec. (e). Pub. L. 107-330, § 304(b), added subsec. (e).

Subsec. (f). Pub. L. 107-330, § 304(c), added subsec. (f).

1998—Subsec. (a). Pub. L. 105-368 substituted “\$600” for “\$400”.

1993—Subsec. (a). Pub. L. 103-161 substituted “\$400” for “\$200”.

1991—Pub. L. 102-83, § 5(a), renumbered section 562 of this title as this section.

Subsec. (a). Pub. L. 102-83, § 5(c)(1), substituted “1561” for “561” and “1560” for “560”.

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

1978—Subsec. (a). Pub. L. 95-479 increased from \$100 to \$200 the special pension.

1975—Subsec. (a). Pub. L. 94-169, § 106(44), substituted “delivered to the Administrator” for “delivered to him”.

Subsecs. (b), (d). Pub. L. 94-169, § 106(45), substituted “such person” for “he”.

1963—Subsec. (a). Pub. L. 88-77 inserted references to the Coast Guard.

1961—Subsec. (a). Pub. L. 87-138 inserted “, and a copy of whose certificate has been delivered to him under subsection (c) of section 561 of this title,” after “Medal of Honor roll”, and increased pension from \$10 to \$100.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2021 AMENDMENT

Amendment by section 2003(b)(1), (2)(A) of Pub. L. 116-315 applicable with respect to payment of pension under this section for months beginning after Jan. 5, 2021, see section 2003(b)(3) of Pub. L. 116-315, set out as a note under section 103 of this title.

EFFECTIVE DATE OF 2013 AMENDMENT

Amendment by Pub. L. 113-66 applicable with respect to Medals of Honor awarded on or after Dec. 26, 2013, see section 563(d) of Pub. L. 113-66, set out as an Effective Date note under section 1134a of Title 10, Armed Forces.

EFFECTIVE DATE OF 2002 AMENDMENT

Pub. L. 107-330, title III, § 304(d), Dec. 6, 2002, 116 Stat. 2826, provided that:

“(1) Except as provided in paragraph (2), the amendments made by subsections (a) and (b) [amending this section] shall take effect on September 1, 2003. No payment may be made pursuant to subsection (f) of section 1562 of title 38, United States Code, as added by subsection (c) of this section, before October 1, 2003.

“(2) The Secretary of Veterans Affairs shall not make any adjustment under subsection (e) of section 1562 of title 38, United States Code, as added by subsection (b) of this section, in 2003.”

EFFECTIVE DATE OF 1998 AMENDMENT

Pub. L. 105-368, title III, § 301(b), Nov. 11, 1998, 112 Stat. 3332, provided that: “The amendment made by subsection (a) [amending this section] shall take effect on the first day of the first month beginning on or after the date of the enactment of this Act [Nov. 11, 1998].”

EFFECTIVE DATE OF 1993 AMENDMENT

Pub. L. 103-161, § 1(b), Nov. 30, 1993, 107 Stat. 1967, provided that: “The amendment made by subsection (a) [amending this section] shall apply with respect to months beginning after the date of the enactment of this Act [Nov. 30, 1993].”

EFFECTIVE DATE OF 1978 AMENDMENT

Amendment by Pub. L. 95-479 effective Jan. 1, 1979, see section 401(b) of Pub. L. 95-479, set out as a note under section 1114 of this title.

EFFECTIVE DATE OF 1975 AMENDMENT

Pub. L. 94-169, title I, § 106, Dec. 23, 1975, 89 Stat. 1017, provided that the amendment made by that section is effective Jan. 1, 1976.

EFFECTIVE DATE OF 1961 AMENDMENT

Pub. L. 87-138, § 4, Aug. 14, 1961, 75 Stat. 339, provided that: “The amendments made by this Act [amending this section and sections 560 and 561 [renumbered 1560 and 1561] of this title] shall take effect on the first day of the first month which begins after the date of the enactment of this Act [Aug. 14, 1961], except that the amendments made by subsection (b) of the first section [amending section 560 [renumbered 1560] of this title] and by section 2 [amending section 561 [renumbered 1561] of this title] shall not apply with respect to any application under section 560 [renumbered 1560] of title 38, United States Code, made before such first day by any person who fulfilled the qualifications prescribed by subsection (b) of such section at the time such application was made.”

TRANSFER OF FUNCTIONS

For transfer of authorities, functions, personnel, and assets of the Coast Guard, including the authorities and functions of the Secretary of Transportation relating thereto, to the Department of Homeland Security, and for treatment of related references, see sections 468(b), 551(d), 552(d), and 557 of Title 6, Domestic Security, and the Department of Homeland Security Reorganization Plan of November 25, 2002, as modified, set out as a note under section 542 of Title 6.

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

SUBCHAPTER I—GENERAL

Sec.	
1701.	Definitions.
1702.	Presumptions: psychosis after service in World War II and following periods of war; mental illness following service in the Persian Gulf War.
1703.	Veterans Community Care Program.
1703A.	Agreements with eligible entities or providers; certification processes.
1703B.	Access standards.
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- Sec.
1703D. Prompt payment standard.
1703E. Center for Innovation for Care and Payment.
1704. Preventive health services: annual report.
1705. Management of health care: patient enrollment system.
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1709. Comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents.
1709A. Teleconsultation.
1709B. Evaluations of mental health care and suicide prevention programs.
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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

1710. Eligibility for hospital, nursing home, and domiciliary care.
1710A. Required nursing home care.
1710B. Extended care services.
1710C. Traumatic brain injury: plans for rehabilitation and reintegration into the community.
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1710E. Traumatic brain injury: use of non-Department facilities for rehabilitation.
1711. Care during examinations and in emergencies.
1712. Dental care; drugs and medicines for certain disabled veterans; vaccines.
1712A. Eligibility for readjustment counseling and related mental health services.
1712B. Counseling for former prisoners of war.
1712C. Dental insurance plan for veterans and survivors and dependents of veterans.
[1713. Renumbered.]
1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs.
1715. Tobacco for hospitalized veterans.
1716. Hospital care by other agencies of the United States.
1717. Home health services; invalid lifts and other devices.
1718. Therapeutic and rehabilitative activities.
1719. Repair or replacement of certain prosthetic and other appliances.
1720. Transfers for nursing home care; adult day health care.
1720A. Treatment and rehabilitative services for persons with drug or alcohol dependency.
1720B. Respite care.
1720C. Noninstitutional alternatives to nursing home care.
1720D. Counseling and treatment for sexual trauma.
1720E. Nasopharyngeal radium irradiation.
1720F. Comprehensive program for suicide prevention among veterans and members of the reserve components of the Armed Forces.
1720G. Assistance and support services for caregivers.
1720H. Mental health treatment for veterans and members of the reserve components of the Armed Forces who served in classified missions.
1720I. Mental and behavioral health care for certain former members of the Armed Forces.
1720J. Emergent suicide care.
SUBCHAPTER III—MISCELLANEOUS PROVISIONS RELATING TO HOSPITAL AND NURSING HOME CARE AND MEDICAL TREATMENT OF VETERANS
1721. Power to make rules and regulations.

¹ So in original. The comma probably should be a period.

- Sec.
1722. Determination of inability to defray necessary expenses; income thresholds.
1722A. Copayment for medications.
1722B. Copayments: waiver of collection of copayments for telehealth and telemedicine visits of veterans.
1723. Furnishing of clothing.
1724. Hospital care, medical services, and nursing home care abroad.
1725. Reimbursement for emergency treatment.
1725A. Access to walk-in care.
1726. Reimbursement for loss of personal effects by natural disaster.
1727. Persons eligible under prior law.
1728. Reimbursement of certain medical expenses.
1729. Recovery by the United States of the cost of certain care and services.
1729A. Department of Veterans Affairs Medical Care Collections Fund.
1729B. Consolidated patient accounting centers.
1730. Community residential care.
1730A. Prohibition on collection of copayments from certain veterans.
1730B. Access to State prescription drug monitoring programs.
1730C. Licensure of health care professionals providing treatment via telemedicine.

SUBCHAPTER IV—HOSPITAL CARE AND MEDICAL TREATMENT FOR VETERANS IN THE REPUBLIC OF THE PHILIPPINES

1731. Assistance to the Republic of the Philippines.
1732. Contracts and grants to provide for the care and treatment of United States veterans by the Veterans Memorial Medical Center.
1733. Supervision of program by the President.
1734. Hospital and nursing home care and medical services in the United States.
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SUBCHAPTER V—PAYMENTS TO STATE HOMES

1741. Criteria for payment.
1742. Inspections of such homes; restrictions on beneficiaries.
1743. Applications.
1744. Hiring and retention of nurses: payments to assist States.
1745. Nursing home care, adult day health care, and medications for veterans with service-connected disabilities.

SUBCHAPTER VI—SICKLE CELL ANEMIA

1751. Screening, counseling, and medical treatment.
1752. Research.
1753. Voluntary participation; confidentiality.
1754. Reports.
[1761 to 1764. Repealed.]

[SUBCHAPTER VII—TRANSFERRED]

[1771 to 1774. Renumbered.]

SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

1781. Medical care for survivors and dependents of certain veterans.
1782. Counseling, training, and mental health services for immediate family members and caregivers.
1783. Bereavement counseling.
1784. Humanitarian care.
1784A. Examination and treatment for emergency medical conditions and women in labor.
1785. Care and services during certain disasters and emergencies.
1786. Care for newborn children of women veterans receiving maternity care.
1787. Health care of family members of veterans stationed at Camp Lejeune, North Carolina.

- Sec.
1788. Transplant procedures with live donors and related services.
1789. Mental health services for members of the reserve components of the Armed Forces.

Editorial Notes

AMENDMENTS

2021—Pub. L. 116-315, title III, §3002(b), title V, §5107(a)(3), Jan. 5, 2021, 134 Stat. 4991, 5031, added item 1709C and substituted “Prohibition on collection of copayments from certain veterans” for “Prohibition on collection of copayments from catastrophically disabled veterans” in item 1730A.

Pub. L. 116-283, div. A, title VII, §§763(b), 764(a)(3)(B), Jan. 1, 2021, 134 Stat. 3725, 3726, which directed amendment of subchapter analysis for this chapter by adding item 1789 and substituting “Comprehensive program for suicide prevention among veterans and members of the reserve components of the Armed Forces” for “Comprehensive program for suicide prevention among veterans” in item 1720F, was executed by making the amendments to the analysis for this chapter, to reflect the probable intent of Congress.

Pub. L. 116-283, div. A, title VII, §764(b)(2)(B), Jan. 1, 2021, 134 Stat. 3727, substituted “Mental health treatment for veterans and members of the reserve components of the Armed Forces who served in classified missions” for “Mental health treatment for veterans who served in classified missions” in item 1720H.

2020—Pub. L. 116-214, title II, §201(b), Dec. 5, 2020, 134 Stat. 1033, added item 1720J.

2018—Pub. L. 115-182, title I, §§101(a)(2), 102(b), 104(b), 105(c), 109(b), 111(b), 134(b), 151(b), 152(b), 153(b), June 6, 2018, 132 Stat. 1403, 1408, 1411, 1413, 1418, 1421, 1429, 1431, 1437, 1438, substituted “Veterans Community Care Program” for “Contracts for hospital care and medical services in non-Department facilities” in item 1703, and added items 1703A to 1703E, 1706A, 1725A, 1730B, 1730C, and 1788.

Pub. L. 115-159, §2(c), Mar. 27, 2018, 132 Stat. 1245, substituted “Nursing home care, adult day health care, and medications for veterans with service-connected disabilities” for “Nursing home care and medications for veterans with service-connected disabilities” in item 1745.

Pub. L. 115-141, div. J, title II, §258(b), Mar. 23, 2018, 132 Stat. 828, added item 1720I.

2016—Pub. L. 114-315, title VI, §§604(b), 605(c), 606(b), title VIII, §802(2), Dec. 16, 2016, 130 Stat. 1571, 1572, 1575, 1591, added items 1705A, 1720H, and 1784A and substituted “Traumatic brain injury: comprehensive program for long-term rehabilitation” for “Traumatic brain injury: comprehensive plan for long-term rehabilitation” in item 1710D and “Traumatic brain injury: use of non-Department facilities for rehabilitation” for “Traumatic brain injury: use of non-Departmental facilities for rehabilitation” in item 1710E.

Pub. L. 114-218, §2(a)(2), July 29, 2016, 130 Stat. 843, added item 1712C.

2015—Pub. L. 114-2, §2(a)(2), Feb. 12, 2015, 129 Stat. 31, added item 1709B.

2012—Pub. L. 112-154, title I, §§102(b)(2), 103(b), 106(b), 108(a)(2), Aug. 6, 2012, 126 Stat. 1168, 1169, 1173, 1174, added items 1709, 1709A, 1722B, and 1787.

2010—Pub. L. 111-163, title I, §§101(a)(2), 103(c), title II, §206(b), title V, §511(b), May 5, 2010, 124 Stat. 1137, 1140, 1146, 1164, added items 1720G, 1730A, 1782, and 1786 and struck out former item 1782 “Counseling, training, and mental health services for immediate family members”.

2008—Pub. L. 110-387, title IV, §406(b), Oct. 10, 2008, 122 Stat. 4130, added item 1729B.

Pub. L. 110-181, div. A, title XVII, §§1702(b), 1703(b), 1708(a)(3), Jan. 28, 2008, 122 Stat. 489, 490, 494, substituted “Presumptions: psychosis after service in World War II and following periods of war; mental illness following service in the Persian Gulf War” for

“Presumption relating to psychosis” in item 1702 and added items 1710C to 1710E.

2007—Pub. L. 110-110, §3(a)(2), Nov. 5, 2007, 121 Stat. 1033, which directed amendment of the analysis for this chapter by adding item 1720F at the end, was executed by adding item 1720F after item 1720E, to reflect the probable intent of Congress.

2006—Pub. L. 109-461, title II, §211(a)(4), Dec. 22, 2006, 120 Stat. 3419, added item 1745.

2004—Pub. L. 108-422, title II, §201(a)(2), Nov. 30, 2004, 118 Stat. 2382, added item 1744.

2003—Pub. L. 108-7, div. K, title I, §113(a)(2), Feb. 20, 2003, 117 Stat. 482, struck out item 1729B “Health Services Improvement Fund”.

2002—Pub. L. 107-287, §4(a)(2), Nov. 7, 2002, 116 Stat. 2029, added item 1785.

Pub. L. 107-135, title II, §§201(b)(2), 208(f)(1), Jan. 23, 2002, 115 Stat. 2457, 2464, substituted “Limitations” for “Restriction on use of funds for assisted suicide, euthanasia, or mercy killing” in item 1707, struck out item 1713 “Medical care for survivors and dependents of certain veterans”, substituted “guide dogs; service dogs” for “seeing-eye dogs” in item 1714, and added item for subchapter VIII and items 1781 to 1784.

2001—Pub. L. 107-95, §5(g)(1), Dec. 21, 2001, 115 Stat. 918, struck out subchapter VII heading “TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS” and items 1771 “General treatment”, 1772 “Therapeutic housing”, 1773 “Additional services at certain locations”, and 1774 “Coordination with other agencies and organizations”.

2000—Pub. L. 106-419, title II, §221(b), Nov. 1, 2000, 114 Stat. 1845, added item 1708.

1999—Pub. L. 106-117, title I, §§101(a)(2), (c)(2), 111(b)(2), title II, §202(b), Nov. 30, 1999, 113 Stat. 1548, 1549, 1556, 1561, added items 1710A, 1710B, 1725, and 1729B.

1998—Pub. L. 105-368, title IX, §901(b), Nov. 11, 1998, 112 Stat. 3360, added item 1720E.

1997—Pub. L. 105-114, title II, §§202(d), 206(b)(3), Nov. 21, 1997, 111 Stat. 2287, 2289, substituted “Treatment and rehabilitative services for persons with drug or alcohol dependency” for “Treatment and rehabilitation for alcohol or drug dependence or abuse disabilities” in item 1720A, struck out “pilot program” after “home care” in item 1720C, and added item for subchapter VII and items 1771 to 1774.

Pub. L. 105-33, title VIII, §8023(a)(2), Aug. 5, 1997, 111 Stat. 667, added item 1729A.

Pub. L. 105-12, §9(i)(2), Apr. 30, 1997, 111 Stat. 27, added item 1707.

1996—Pub. L. 104-262, title I, §§101(c)(2)(B), 104(a)(2), Oct. 9, 1996, 110 Stat. 3179, 3184, added items 1705 and 1706 and substituted “Dental care; drugs and medicines for certain disabled veterans; vaccines” for “Eligibility for outpatient services” in item 1712.

1994—Pub. L. 103-452, title I, §101(f)(2)(B), Nov. 2, 1994, 108 Stat. 4784, substituted “and treatment” for “to women veterans” in item 1720D.

1992—Pub. L. 102-585, title I, §102(a)(2), title V, §§512(b), 514(b), Nov. 4, 1992, 106 Stat. 4946, 4958, added items 1704 and 1720D and struck out subchapter VII heading “PREVENTIVE HEALTH-CARE SERVICES PILOT PROGRAM” and items 1761 “Purpose”, 1762 “Definition”, 1763 “Preventive health-care services”, and 1764 “Reports”.

1991—Pub. L. 102-83, §5(b)(1), Aug. 6, 1991, 105 Stat. 406, renumbered items 601 to 664 as 1701 to 1764, respectively.

Pub. L. 102-83, §4(a)(5), Aug. 6, 1991, 105 Stat. 404, substituted “non-Department” for “non-Veterans’ Administration” in item 603.

1990—Pub. L. 101-508, title VIII, §8012(a)(2), Nov. 5, 1990, 104 Stat. 1388-345, added item 622A.

Pub. L. 101-366, title II, §201(a)(2), Aug. 15, 1990, 104 Stat. 438, added item 620C.

1988—Pub. L. 100-322, title I, §§101(h)(2), 115(g)(2), May 20, 1988, 102 Stat. 492, 502, substituted “Eligibility for outpatient services” for “Eligibility for medical treatment” in item 612, substituted “Home health services; invalid” for “Invalid” in item 617, and struck out item

620C "Community based psychiatric residential treatment for chronically mentally ill veterans".

1987—Pub. L. 100-6, §2(b), Feb. 12, 1987, 101 Stat. 94, added item 620C.

1986—Pub. L. 99-576, title II, §201(a)(2), 100 Stat. 3254, added item 620B.

Pub. L. 99-272, title XIX, §§19011(c)(2), 19012(b)(2), Apr. 7, 1986, 100 Stat. 378, 382, added item 603, and substituted "Determination" for "Evidence" and inserted "income thresholds" in item 622.

1985—Pub. L. 99-166, title I, §§101(b)(2), 107(b), Dec. 3, 1985, 99 Stat. 943, 946, added item 612B and struck out "pilot program" after "disabilities" in item 620A.

1983—Pub. L. 98-160, title I, §§103(a)(3), 104(b), Nov. 21, 1983, 97 Stat. 996, 998, inserted "adult day health care" in item 620 and added item 630.

1982—Pub. L. 97-295, §4(15), Oct. 12, 1982, 96 Stat. 1306, substituted "Hospital care, medical services, and nursing home care abroad" for "Hospital care and medical services abroad" in item 624.

1981—Pub. L. 97-72, title I, §§106(a)(2), 107(c)(2), (d)(2), Nov. 3, 1981, 95 Stat. 1051, 1052, 1053, added item 629, substituted "HOSPITAL CARE AND MEDICAL TREATMENT FOR VETERANS IN THE REPUBLIC OF THE PHILIPPINES" for "HOSPITAL AND MEDICAL CARE FOR COMMONWEALTH OF THE PHILIPPINES ARMY VETERANS" in item relating to subchapter IV, and substituted "Contracts and grants to provide for the care and treatment of United States veterans by the Veterans Memorial Medical Center" for "Contracts and grants to provide hospital care, medical services and nursing home care" in item 632.

1980—Pub. L. 96-330, title IV, §401(b), Aug. 26, 1980, 94 Stat. 1051, substituted "Evidence of inability to defray necessary expenses" for "Statement under oath" in item 622.

1979—Pub. L. 96-22, title I, §§103(a)(2), 104(b), 105(b), 106(b), June 13, 1979, 93 Stat. 50, 51, 53, added items 612A, 620A, 634, and 661 to 664 and redesignated former item 634 as 635.

1977—Pub. L. 95-62, §4(b), July 5, 1977, 91 Stat. 263, struck out item 644 "Authorization of appropriations".

1976—Pub. L. 94-581, title II, §§202(a), 203(b), Oct. 21, 1976, 90 Stat. 2855, 2856, inserted "NURSING HOME," in chapter heading, and, in analysis of subchapter headings and section catchlines, inserted "NURSING HOME" in item for subchapter II, inserted "nursing home" in item 610, substituted "Care" for "Hospitalization" in item 611, and inserted "AND NURSING HOME" in item for subchapter III.

1973—Pub. L. 93-82, title I, §§103(c), 106(b), 107(b), 109(b), Aug. 2, 1973, 87 Stat. 182, 184, 186, 187, substituted "Medical care for survivors and dependents of certain veterans" and "Fitting and training in use of prosthetic appliances; seeing-eye dogs" for "Fitting and training in use of prosthetic appliances" and "Seeing-eye dogs" in items 613 and 614, respectively, substituted "natural disaster" for "fire" in item 626, added item 628, substituted "Assistance to the Republic of the Philippines" and "Contracts and grants to provide hospital care, medical services and nursing home care" for "Grants to the Republic of the Philippines" and "Modification of agreement with the Republic of the Philippines effectuating the Act of July 1, 1948" in items 631 and 632, respectively, and added "SUBCHAPTER VI—SICKLE CELL ANEMIA" comprising items 651 to 654.

Pub. L. 93-43, §4(c)(2), June 18, 1973, 87 Stat. 79, struck out item 625 "Arrests for crimes in hospitals and domiciliary reservations".

1969—Pub. L. 91-178, §2(b), Dec. 30, 1969, 83 Stat. 837, added item 644.

1968—Pub. L. 90-493, §3(b), Aug. 19, 1968, 82 Stat. 809, substituted "Invalid lifts and other devices" for "Invalid lifts and other devices for pensioners" in item 617.

1964—Pub. L. 88-450, §§2(b), 6(b), Aug. 19, 1964, 78 Stat. 500, 504, inserted "and other devices" in item 617 and added item 620.

1962—Pub. L. 87-850, §1(b), Oct. 23, 1962, 76 Stat. 1126, added item 619.

Pub. L. 87-574, §2(2), Aug. 6, 1962, 76 Stat. 308, added item 618.

1959—Pub. L. 86-211, §7(b), Aug. 29, 1959, 73 Stat. 436, added item 617.

SUBCHAPTER I—GENERAL

§ 1701. Definitions

For the purposes of this chapter—

(1) The term "disability" means a disease, injury, or other physical or mental defect.

(2) The term "veteran of any war" includes any veteran awarded the Medal of Honor.

(3) The term "facilities of the Department" means—

(A) facilities over which the Secretary has direct jurisdiction;

(B) Government facilities for which the Secretary contracts; and

(C) public or private facilities at which the Secretary provides recreational activities for patients receiving care under section 1710 of this title.

(4) The term "non-Department facilities" means facilities other than Department facilities.

(5) The term "hospital care" includes—

(A)(i) medical services rendered in the course of the hospitalization of any veteran, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title;

(B) such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title; and

(C)(i) medical services rendered in the course of the hospitalization of a dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title, and (ii) travel and incidental expenses for such dependent or survivor under the terms and conditions set forth in section 111 of this title.

(6) The term "medical services" includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

(C) Optometric and podiatric services.

(D) Preventive health services.

(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.

(F) In the case of a person otherwise receiving care or services under this chapter—

(i) wheelchairs, artificial limbs, trusses, and similar appliances;

(ii) special clothing made necessary by the wearing of prosthetic appliances; and

(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

(G) Travel and incidental expenses pursuant to section 111 of this title.

(H) Chiropractic services.

(7) The term “domiciliary care” includes necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title.

(8) The term “rehabilitative services” means such professional, counseling, chiropractic, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term “preventive health services” means—

(A) periodic medical and dental examinations;

(B) patient health education (including nutrition education);

(C) maintenance of drug use profiles, patient drug monitoring, and drug utilization education;

(D) mental health preventive services;

(E) substance abuse prevention measures;

(F) chiropractic examinations and services;

(G) immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule;

(H) prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

(I) genetic counseling concerning inheritance of genetically determined diseases;

(J) routine vision testing and eye care services;

(K) periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

(L) such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

(10) The term “recommended adult immunization schedule” means the schedule established (and periodically reviewed and, as appropriate, revised) by the Advisory Committee on Immunization Practices established by the Secretary of Health and Human Services and delegated to the Centers for Disease Control and Prevention.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1141, § 601; Pub. L. 86-598, July 7, 1960, 74 Stat. 335; Pub. L. 86-639, § 2, July 12, 1960, 74 Stat. 472; Pub. L. 88-481, Aug. 22, 1964, 78 Stat. 593; Pub. L. 90-612, § 2, Oct. 21, 1968, 82 Stat. 1202; Pub. L. 93-82, title I, § 101, Aug. 2, 1973, 87 Stat. 179; Pub. L. 94-581, title I, § 102, title II, § 202(b), Oct. 21, 1976, 90 Stat. 2843, 2855; Pub. L. 95-520, § 5, Oct. 26, 1978, 92 Stat. 1820; Pub. L. 96-22, title I, § 102(c), title II, § 201(a), June 13, 1979, 93 Stat. 48, 54; Pub. L. 96-151, title II, §§ 201(b), 202, Dec. 20, 1979, 93 Stat. 1093, 1094; Pub. L. 97-72, title I, § 101, Nov. 3, 1981, 95 Stat. 1047; Pub. L. 97-251, § 4, Sept. 8, 1982, 96 Stat. 716; Pub. L. 98-105, Sept. 30, 1983, 97 Stat. 730; Pub. L. 98-160, title I, § 106(a), Nov. 21, 1983, 97 Stat. 998; Pub. L. 98-528, title I, § 103(a), Oct. 19, 1984, 98 Stat. 2688; Pub. L. 99-108, § 2, Sept. 30,

1985, 99 Stat. 481; Pub. L. 99-166, title I, § 102(a), Dec. 3, 1985, 99 Stat. 943; Pub. L. 99-272, title XIX, §§ 19011(d)(2), 19012(a), Apr. 7, 1986, 100 Stat. 378, 380; Pub. L. 99-576, title II, § 203, Oct. 28, 1986, 100 Stat. 3255; Pub. L. 100-322, title I, § 131, May 20, 1988, 102 Stat. 506; Pub. L. 102-54, § 14(b)(8), June 13, 1991, 105 Stat. 283; renumbered § 1701 and amended Pub. L. 102-83, §§ 4(a)(2)(E), (3)-(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-585, title V, § 513, Nov. 4, 1992, 106 Stat. 4958; Pub. L. 103-446, title XII, § 1202(b)(1), Nov. 2, 1994, 108 Stat. 4689; Pub. L. 104-262, title I, §§ 101(d)(1), 103(a), Oct. 9, 1996, 110 Stat. 3179, 3182; Pub. L. 106-117, title I, § 101(b), Nov. 30, 1999, 113 Stat. 1548; Pub. L. 107-135, title II, § 208(a)(1), (e)(2), Jan. 23, 2002, 115 Stat. 2461, 2463; Pub. L. 107-330, title III, § 308(g)(3), Dec. 6, 2002, 116 Stat. 2828; Pub. L. 108-170, title I, §§ 104(a), 106(a), Dec. 6, 2003, 117 Stat. 2044, 2045; Pub. L. 110-387, title III, § 301(a)(1), title VIII, § 801, Oct. 10, 2008, 122 Stat. 4120, 4140; Pub. L. 114-315, title VI, § 602(a), Dec. 16, 2016, 130 Stat. 1569; Pub. L. 115-141, div. J, title II, § 245(b), Mar. 23, 2018, 132 Stat. 823.)

Editorial Notes

CODIFICATION

The text of section 1762 of this title, which was transferred to the end of this section, redesignated as par. (9), and amended by Pub. L. 102-585, was based on Pub. L. 96-22, title I, § 105(a), June 13, 1979, 93 Stat. 52, § 662; renumbered § 1762 and amended Pub. L. 102-83, §§ 4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.

PRIOR PROVISIONS

Prior sections 1700 and 1701 were renumbered sections 3500 and 3501 of this title, respectively.

AMENDMENTS

2018—Par. (6)(H). Pub. L. 115-141, § 245(b)(1), added subpar. (H).

Par. (8). Pub. L. 115-141, § 245(b)(2), inserted “chiropractic,” after “counseling.”

Par. (9)(F) to (L). Pub. L. 115-141, § 245(b)(3), added subpar. (F) and redesignated former subpars. (F) to (K) as (G) to (L), respectively.

2016—Par. (9)(F). Pub. L. 114-315, § 602(a)(1), amended subpar. (F) generally. Prior to amendment, subpar. (F) read as follows: “immunizations against infectious disease.”

Par. (10). Pub. L. 114-315, § 602(a)(2), added par. (10).

2008—Par. (5)(B). Pub. L. 110-387, § 301(a)(1), inserted “marriage and family counseling,” after “professional counseling,” and substituted “as the Secretary considers appropriate for” for “as may be essential to”.

Par. (6)(E) to (G). Pub. L. 110-387, § 801(2), added subpar. (E) and redesignated former subpars. (E) and (F) as (F) and (G), respectively.

Par. (10). Pub. L. 110-387, § 801(1), struck out par. (10) which read as follows:

“(10)(A) During the period beginning on November 30, 1999, and ending on December 31, 2008, the term ‘medical services’ includes noninstitutional extended care services.

“(B) For the purposes of subparagraph (A), the term ‘noninstitutional extended care services’ means such alternatives to institutional extended care which the Secretary may furnish (i) directly, (ii) by contract, or (iii) (through provision of case management) by another provider or payor.”

2003—Par. (8). Pub. L. 108-170, § 104(a), struck out “(other than those types of vocational rehabilitation services provided under chapter 31 of this title)” after “programs”.

Par. (10)(A). Pub. L. 108-170, § 106(a), substituted “November 30, 1999, and ending on December 31, 2008,” for

"the date of the enactment of the Veterans Millennium Health Care and Benefits Act and ending on December 31, 2003,".

2002—Par. (5). Pub. L. 107-135, §208(e)(2), substituted "1781(b)" for "1713(b)" in subpars. (B) and (C)(i).

Par. (6). Pub. L. 107-135, §208(a)(1)(A), (B), substituted "services, the following:" for "services—" in introductory provisions and struck out concluding provisions which read as follows: "For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 1713(b) of this title shall be eligible for the same medical services as a veteran."

Par. (6)(A). Pub. L. 107-135, §208(a)(1)(C), added subpar. (A) and struck out former subpar. (A) which read as follows: "(i) surgical services, dental services and appliances as described in sections 1710 and 1712 of this title, optometric and podiatric services, preventive health services, and (in the case of a person otherwise receiving care or services under this chapter) wheelchairs, artificial limbs, trusses, and similar appliances, special clothing made necessary by the wearing of prosthetic appliances, and such other supplies or services as the Secretary determines to be reasonable and necessary, except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title; and".

Par. (6)(B) to (F). Pub. L. 107-135, §208(a)(1)(A), (C), added subpars. (B) to (F) and struck out former subpar. (B) which included in the definition of "medical services" certain necessary consultation, professional counseling, training, and mental health services.

Par. (10)(A). Pub. L. 107-330, which directed the substitution of "November 30, 1999," for "the date of the enactment of the Veterans' Millennium Health Care and Benefits Act", could not be executed because the word "Veterans'" did not appear in text.

1999—Par. (10). Pub. L. 106-117 added par. (10).

1996—Par. (6)(A)(i). Pub. L. 104-262, §103(a), struck out "(in the case of a person otherwise receiving care or services under this chapter)" before "preventive health services," substituted "(in the case of a person otherwise receiving care or services under this chapter)" for "(except under the conditions described in section 1712(a)(5)(A) of this title)," and inserted "except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe," after "reasonable and necessary,".

Par. (6)(B)(i)(I). Pub. L. 104-262, §101(d)(1)(A), substituted "paragraph (1) or (2) of section 1710(a)" for "section 1712(a)".

Par. (6)(B)(i)(II). Pub. L. 104-262, §101(d)(1)(B), substituted "paragraph (1), (2) or (3) of section 1710(a)" for "section 1712(a)(5)(B)".

1994—Par. (3). Pub. L. 103-446 made technical correction to directory language of Pub. L. 102-83, §4(a)(2)(E). See 1991 Amendment note below.

1992—Par. (6)(A)(i). Pub. L. 102-585, §513(b), substituted "preventive health services," for "preventive health-care services as defined in section 1762 of this title,".

Par. (9). Pub. L. 102-585, §513(a), transferred the text of section 1762 of this title to the end of this section and redesignated it as par. (9), substituted "The term 'preventive health service' means" for "For the purposes of this subchapter, the term 'preventive health-care services' means", and redesignated pars. (1) to (11) as subpars. (A) to (K), respectively. See Codification note above.

1991—Pub. L. 102-83, §5(a), renumbered section 601 of this title as this section.

Par. (2). Pub. L. 102-54, §14(b)(8)(A), struck out "any veteran of the Indian Wars, or" after "includes".

Par. (3). Pub. L. 102-83, §5(c)(1), substituted "1710" for "610" in subpar. (C).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in subpars. (A) to (C).

Pub. L. 102-83, §4(a)(2)(E), as amended by Pub. L. 103-446, substituted "facilities of the Department" for "Veterans' Administration facilities".

Pub. L. 102-54, §14(b)(8)(B), (C), redesignated par. (4) as (3) and struck out former par. (3) which read as follows: "The term 'period of war' includes each of the Indian Wars."

Par. (4). Pub. L. 102-83, §4(a)(5), substituted "non-Department" for "non-Veterans' Administration".

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Pub. L. 102-54, §14(b)(8)(E), redesignated par. (9) as (4).

Par. (5). Pub. L. 102-83, §5(c)(1), substituted "1713(b)" for "613(b)" in subpars. (B) and (C)(i).

Par. (6). Pub. L. 102-83, §5(c)(1), in subpar. (A) substituted "1710 and 1712" for "610 and 612", "1762" for "662", and "1712(a)(5)(A)" for "612(a)(5)(A)", in subpar. (B) substituted "1712(a)" for "612(a)", "1712(a)(5)(B)" for "612(a)(5)(B)", and "1713(b)" for "613(b)", and in last sentence substituted "1713(b)" for "613(b)".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Pub. L. 102-54, §14(b)(8)(D), substituted "612(a)(5)(A)" for "612(f)(1)(A)(i)" in subpar. (A)(i) and "612(a)(5)(B)" for "612(f)(1)(A)(ii)" in subpar. (B)(i)(II).

Par. (9). Pub. L. 102-54, §14(b)(8)(E), redesignated par. (9) as (4).

1988—Par. (4)(C). Pub. L. 100-322 added subpar. (C).

1986—Par. (4). Pub. L. 99-272, §19012(a)(1), struck out cl. (C) and provision following such clause, both relating to private facilities under contract as Veterans' Administration facilities.

Par. (6)(A)(i). Pub. L. 99-272, §19011(d)(2)(A), substituted "section 612(f)(1)(A)(i)" for "section 612(f)(1)(A)".

Par. (6)(B). Pub. L. 99-576 amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: "such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment—

"(i) of the service-connected disability of a veteran pursuant to section 612(a) of this title, and

"(ii) in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(A)(ii) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital, for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran (including, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of such family member or individual in the case of a veteran who is receiving care for a service-connected disability, or in the case of dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title). For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title shall be eligible for the same medical services as a veteran."

Par. (6)(B)(ii). Pub. L. 99-272, §19011(d)(2)(B), substituted "section 612(f)(1)(A)(ii)" for "section 612(f)(1)(B)".

Par. (9). Pub. L. 99-272, §19012(a)(2), added par. (9).

1985—Par. (4)(C)(v). Pub. L. 99-166, §102(a), substituted "with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988" for "(except with respect to Alaska and Hawaii) shall expire on October 31, 1985" and struck out "and to the Virgin Islands" before "of the restrictions in this subclause".

Pub. L. 99-108 substituted "October 31, 1985" for "September 30, 1985".

1984—Par. (4)(C)(v). Pub. L. 98-528 substituted "September 30, 1985" for "September 30, 1984".

1983—Par. (4)(C)(v). Pub. L. 98-105 substituted "September 30, 1984" for "September 30, 1983".

Par. (6)(a)(i). Pub. L. 98-160 inserted "(in the case of a person otherwise receiving care or services under this chapter) preventive health-care services as defined in section 662 of this title."

1982—Par. (4)(C)(v). Pub. L. 97-251 substituted "September 30, 1983" for "September 30, 1982".

1981—Par. (4)(C)(v). Pub. L. 97-72 substituted "September 30, 1982" for "December 31, 1981".

1979—Par. (4). Pub. L. 96-22, §§102(c)(1), 201(a), substituted "medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of the first sentence, or the third sentence, of section 612(f) of this title or of a veteran described in section 612(g) of this title if the Administrator has determined, based on an examination by a physician employed by the Veterans' Administration (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), that the medical condition of such veteran precludes appropriate treatment in facilities described in clauses (A) and (B) of this paragraph" for "medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of section 612(f) of this title" in subcl. (ii) of cl. (C), and added subcl. (vi) of cl. (C) and the provisions following cl. (C) relating to the periodic review of the necessity for continuing contractual arrangements in the case of veterans receiving contract care.

Par. (4)(C)(iii). Pub. L. 96-151, §202, inserted provisions respecting safe transfer of the veteran, and substituted "medical services in" for "hospital care in".

Par. (5)(A). Pub. L. 96-151, §201(b)(1), substituted "travel" for "transportation".

Par. (5)(C). Pub. L. 96-151, §201(b)(2), substituted provisions relating to travel and incidental expenses for provisions relating to transportation and incidental expenses.

Par. (6)(A)(i). Pub. L. 96-22, §102(c)(2), substituted "described in sections 610 and 612 of this title" for "authorized in sections 612 (b), (c), (d), and (e) of this title".

Par. (6)(B). Pub. L. 96-151, §201(b)(3), substituted "travel and incidental expenses" for "necessary expenses of travel and subsistence".

1978—Par. (4)(C)(v). Pub. L. 95-520 defined "Veterans' Administration facilities" to include certain private facilities to provide medical services to obviate the need for hospital admission, deleted reference to hospital care for veterans in a territory, Commonwealth, or possession of the United States not contiguous to the forty-eight contiguous States, substituted provision requiring the annually determined hospital patient load and incidence of the provision of medical services to veterans hospitalized or treated at expense of Veterans' Administration in Government and private facilities in each noncontiguous State to be consistent with patient load or incidence of the provision of medical services for veterans hospitalized or treated by the Veterans' Administration within the forty-eight contiguous States for prior requirement that the annually determined average hospital patient load per thousand veteran population hospitalized at Veterans' Administration expense in Government and private facilities in each noncontiguous State not exceed the average patient load per thousand veteran population hospitalized by the Veterans' Administration within the forty-eight contiguous States; extended termination date for exercise of subcl. (v) authority to Dec. 31, 1981, from Dec. 31, 1978, except as to Alaska and Hawaii, and authorized waiver by the Administrator, to prevent hardship, of applicability to Puerto Rico and Virgin Islands of subcl. (v) restrictions with respect to hospital patient loads and incidence of provision of medical services.

1976—Par. (4)(A). Pub. L. 94-581, §202(b)(1), substituted "direct jurisdiction" for "direct and exclusive jurisdiction".

Par. (4)(C). Pub. L. 94-581, §202(b)(2), inserted "when facilities described in clause (A) or (B) of this paragraph are not capable of furnishing economical care because of geographical inaccessibility or of furnishing

the care or services required" after "contracts" in provisions preceding subcl. (i), substituted "to a veteran for the treatment of a service-connected disability or a disability for which a veteran was discharged" for "for persons suffering from service-connected disabilities or from disabilities for which such persons were discharged" in subcl. (i), added subcls. (ii) and (iii), redesignated former subcls. (ii) and (iii) as (iv) and (v), respectively, and in subcl. (v) as so redesignated, substituted "subclause (v)" for "clause (iii)".

Par. (5)(A)(ii). Pub. L. 94-581, §202(b)(3), substituted "pursuant to the provisions of section 111 of this title" for "for any veteran who is in need of treatment for a service-connected disability or who is unable to defray the expense of transportation".

Par. (5)(B). Pub. L. 94-581, §102(1), substituted "for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title; and" for "(including (i) necessary expenses for transportation if unable to defray such expenses; or (ii) necessary expenses of transportation and subsistence in the case of a veteran who is receiving care for a service-connected disability, or in the case of a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title, under the terms and conditions set forth in section 111 of this title) of the members of the immediate family (including legal guardians) of a veteran or such a dependent or survivor of a veteran, or in the case of a veteran or such dependent or survivor of a veteran who has no immediate family members (or legal guardian), the person in whose household such veteran, or such a dependent or survivor certifies his intention to live, as may be necessary or appropriate to the effective treatment and rehabilitation of a veteran or such a dependent or a survivor of a veteran; and".

Par. (6). Pub. L. 94-581, §102(2), expanded definition of "medical services" to include rehabilitation services, podiatric services, and travel and incidental expenses pursuant to the provisions of section 111 of this title, and, for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran, such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment of the service-connected disability of a veteran pursuant to section 612(a) of this title, and, in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(B) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

Par. (7). Pub. L. 94-581, §102(3), substituted "necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title" for "transportation and incidental expenses for veterans who are unable to defray the expenses of transportation".

Par. (8). Pub. L. 94-581, §102(4), added par. (8).

1973—Par. (4)(C). Pub. L. 93-82, §101(a), extended the Administrator's contract authority for providing hospital care and medical services to persons suffering from service-connected disabilities or from disabilities for which such persons were discharged or released from the active military, naval, or air service and removed the limitation on such authority that such care be rendered in emergency cases only.

Par. (5). Pub. L. 93-82, §101(b), incorporated existing provisions in subpar. (A) and added subpars. (B) and (C).

Par. (6). Pub. L. 93-82, §101(c), expanded definition of "medical services" to include home health services determined by the Secretary to be necessary or appro-

priate for the effective and economical treatment of a disability of a veteran or a dependent or survivor of a veteran receiving care under section 613(b) of this title.

1968—Par. (4)(C)(iii). Pub. L. 90-612 expanded category of veterans of wars in the Territories, Commonwealths, or possessions of the United States to include, until December 31, 1978, veterans of such wars in States not contiguous to the forty-eight contiguous States, with the annually determined average hospital patient load per thousand of hospitalized veteran population in each such noncontiguous States not to exceed the average within the forty-eight contiguous States.

1964—Par. (2). Pub. L. 88-481 included any veteran awarded the Medal of Honor.

1960—Par. (6). Pub. L. 86-639 inserted "(except under the conditions described in section 612(f)(1))".

Pub. L. 86-598 inserted "optometrists' services" after "medical examination and treatment".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1994 AMENDMENT

Pub. L. 103-446, title XII, §1202(b), Nov. 2, 1994, 108 Stat. 4689, provided that the amendment made by that section is effective Aug. 6, 1991, and as if included in the enactment of Pub. L. 102-83.

EFFECTIVE DATE OF 1986 AMENDMENT

Amendment by section 19011(d)(2) of Pub. L. 99-272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99-272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-151 effective Jan. 1, 1980, see section 206 of Pub. L. 96-151, set out as a note under section 111 of this title.

Pub. L. 96-22, title I, §107, June 13, 1979, 93 Stat. 53, provided that: "The amendments made to title 38, United States Code, by sections 102, 103, 104, 105, and 106 of this Act [see Tables for classification] shall be effective on October 1, 1979."

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Pub. L. 93-82, title V, §501, Aug. 2, 1973, 87 Stat. 196, provided that: "The provisions of this Act [see Tables for classification] shall become effective the first day of the first calendar month following the date of enactment [Aug. 2, 1973], except that sections 105 and 106 [amending section 626 [now 1726] of this title and enacting section 628 [now 1728] of this title] shall be effective on January 1, 1971; section 107 [enacting sections 631 and 632 [now 1731 and 1732] of this title and provisions set out as note under section 1732 of this title] shall be effective July 1, 1973; and section 203 [amending former section 4107 of this title] shall become effective beginning the first pay period following thirty days after the date of enactment of this Act [Aug. 2, 1973]."

CONSTRUCTION OF 2016 AMENDMENT

Pub. L. 114-315, title VI, §602(d), Dec. 16, 2016, 130 Stat. 1570, provided that: "Nothing in this section [amending this section and section 1704 of this title] or the amendments made by this section may be construed to require a veteran to receive an immunization that the veteran does not want to receive."

STRENGTHENING AND AMPLIFYING VACCINATION EFFORTS TO LOCALLY IMMUNIZE ALL VETERANS AND EVERY SPOUSE

Pub. L. 117-4, Mar. 24, 2021, 135 Stat. 247, provided that:

"SECTION 1. SHORT TITLE.

"This Act may be cited as the 'Strengthening and Amplifying Vaccination Efforts to Locally Immunize All Veterans and Every Spouse Act' or the 'SAVE LIVES Act'.

"SEC. 2. AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO FURNISH COVID-19 VACCINE TO CERTAIN INDIVIDUALS NOT ENROLLED IN PATIENT ENROLLMENT SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS.

"(a) IN GENERAL.—The Secretary of Veterans Affairs may furnish a vaccine for COVID-19 to a covered individual during the COVID-19 public health emergency.

"(b) PRIORITIZATION.—In furnishing vaccines for COVID-19 under the laws administered by the Secretary, the Secretary shall—

"(1) prioritize the vaccination of veterans who are enrolled in the patient enrollment system, veterans who receive hospital care and medical services pursuant to subsection (c)(2) of section 1705 of title 38, United States Code, and accompanying caregivers of such veterans before the vaccination of covered individuals not otherwise described in this paragraph; and

"(2) only furnish vaccines for COVID-19 to covered individuals under this section to the extent that such vaccines are available.

"(c) TIMING OF VACCINES PROVIDED TO SPOUSES OF VETERANS.—The Secretary may determine the timing for offering a vaccine for COVID-19 to the spouse of a veteran from the Department of Veterans Affairs.

"(d) VACCINE ALLOCATION.—It is the sense of Congress that, to the extent practicable based on the current national supply chain, the Secretary of Health and Human Services should adjust the allocation for the Department of Veterans Affairs for the vaccine for COVID-19 based on the additional eligibility of covered individuals under this section.

"(e) DEFINITIONS.—In this section:

"(1) ACCOMPANYING CAREGIVER.—The term 'accompanying caregiver' means a caregiver described in subparagraph (D), (E), or (F) of paragraph (2) who is accompanying a veteran who is receiving a vaccine for COVID-19 furnished by the Department.

"(2) COVERED INDIVIDUAL.—The term 'covered individual' means any of the following individuals:

"(A) A veteran who is not eligible to enroll in the patient enrollment system.

"(B) A veteran who is eligible for care under section 1724 of title 38, United States Code.

"(C) A beneficiary under section 1781 of such title.

"(D) A family caregiver of a veteran participating in the program of comprehensive assistance for family caregivers under section 1720G(a) of such title.

"(E) A caregiver of a veteran participating in the program of general caregiver support services under section 1720G(b) of such title.

"(F) A caregiver of a veteran participating in the Medical Foster Home Program, Bowel and Bladder Program, Home Based Primary Care Program, or Veteran Directed Care Program of the Department of Veterans Affairs.

"(G) A spouse of a veteran.

"(3) COVERED PUBLIC HEALTH EMERGENCY.—The term 'covered public health emergency' means an emergency with respect to COVID-19 declared by a Federal, State, or local authority.

"(4) COVID-19.—The term 'COVID-19' means the coronavirus disease 2019.

"(5) PATIENT ENROLLMENT SYSTEM.—The term 'patient enrollment system' means the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code.

"(6) VETERAN.—The term 'veteran' has the meaning given that term in section 101(2) of title 38, United States Code."

PROHIBITION ON COPAYMENTS AND COST SHARING FOR VETERANS DURING EMERGENCY RELATING TO COVID-19

Pub. L. 117-2, title VIII, §8007, Mar. 11, 2021, 135 Stat. 116, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs—

“(1) shall provide for any copayment or other cost sharing with respect to health care under the laws administered by the Secretary received by a veteran during the period specified in subsection (b); and

“(2) shall reimburse any veteran who paid a copayment or other cost sharing for health care under the laws administered by the Secretary received by a veteran during such period the amount paid by the veteran.

“(b) PERIOD SPECIFIED.—The period specified in this subsection is the period beginning on April 6, 2020, and ending on September 30, 2021.

“(c) FUNDING.—In addition to amounts otherwise available, there is appropriated to the Secretary of Veterans Affairs for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$1,000,000,000, to remain available until expended, to carry out this section, except for health care furnished pursuant to section 1703(c)(2)–(c)(4) of title 38, United States Code.”

OVERSIGHT FOR STATE HOMES REGARDING COVID-19 INFECTIONS, RESPONSE CAPACITY, AND STAFFING LEVELS

Pub. L. 116-315, title III, §3003, Jan. 5, 2021, 134 Stat. 4991, provided that:

“(a) REPORTING.—

“(1) IN GENERAL.—During a covered public health emergency, each State home shall submit weekly to the Secretary of Veterans Affairs and the National Healthcare Safety Network of the Centers for Disease Control and Prevention, through an electronic medium and in a standardized format specified by the Secretary, a report on the emergency.

“(2) ELEMENTS.—Each report required by paragraph (1) for a State home shall include the following:

“(A) The number of suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19, disaggregated by—

“(i) veteran, spouse of a veteran, staff, and other;

“(ii) race and ethnicity;

“(iii) gender; and

“(iv) age.

“(B) The number of total deaths and COVID-19 deaths among residents and staff, disaggregated by—

“(i) veteran, spouse of a veteran, staff, and other;

“(ii) race and ethnicity;

“(iii) gender; and

“(iv) age.

“(C) An assessment of the supply of personal protective equipment and hand hygiene supplies.

“(D) An assessment of ventilator capacity and supplies.

“(E) The number of resident beds and the occupancy rate, disaggregated by veteran, spouse of a veteran, and other.

“(F) An assessment of the access of residents to testing for COVID-19.

“(G) An assessment of staffing shortages, if any.

“(H) Such other information as the Secretary may specify.

“(b) PUBLICATION OF TOTAL INFECTIONS AND DEATHS.—

“(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act [Jan. 5, 2021], and not less frequently than weekly thereafter, the Secretary shall post on a publicly available website of the Department of Veterans Affairs—

“(A) the total number of residents and staff of State homes who are infected with COVID-19; and

“(B) the total number of such residents and staff who have died from COVID-19.

“(2) INFORMATION ON RESIDENTS AND STAFF.—The Secretary shall disaggregate information on residents and staff published under paragraph (1) by veteran, staff, and other.

“(c) DEFINITIONS.—In this section:

“(1) COVERED PUBLIC HEALTH EMERGENCY.—The term ‘covered public health emergency’ means an emergency with respect to COVID-19 declared by a Federal, State, or local authority.

“(2) STATE HOME.—The term ‘State home’ has the meaning given that term in section 101(19) of title 38, United States Code.”

PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE

Pub. L. 116-315, title III, §3101, Jan. 5, 2021, 134 Stat. 4999, provided that:

“(a) PROCESS AND REQUIREMENTS.—

“(1) IN GENERAL.—Not later than 60 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs shall—

“(A) establish a process and requirements for scheduling appointments for—

“(i) health care from the Department of Veterans Affairs; and

“(ii) health care furnished through the Veterans Community Care Program under section 1703 of title 38, United States Code, by a non-Department health care provider; and

“(B) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a description of such process and requirements.

“(2) ELEMENTS OF DESCRIPTION.—The description of the process and requirements for scheduling appointments for health care required to be submitted under paragraph (1)(B) shall include—

“(A) information on how such process and requirements take into account the access standards established under section 1703B of title 38, United States Code; and

“(B) the maximum number of days allowed to complete each step of such process.

“(3) PERIODIC REVISION.—

“(A) IN GENERAL.—The Secretary may revise the process and requirements required under paragraph (1) as the Secretary considers necessary.

“(B) SUBMITTAL TO CONGRESS.—Not later than 30 days before revising the process and requirements under subparagraph (A), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a description of such revised process and requirements, including a description of any modifications to the certification and training under subsection (b).

“(b) CERTIFICATION AND TRAINING ON PROCESS AND REQUIREMENTS.—

“(1) CERTIFICATION.—Not later than one year after the date of the enactment of this Act, the Secretary shall require each individual involved in the scheduling of appointments for health care from the Department or health care described in subsection (a)(1)(A)(ii), including schedulers, clinical coordinators, and supervisors, to certify to the Secretary that the individual understands the process and requirements established under subsection (a), including the maximum number of days allowed to complete each step of such process.

“(2) NEW EMPLOYEES.—The Secretary shall require each employee hired by the Department on or after the date of the enactment of this Act who is to be involved in the scheduling of appointments for health care from the Department or health care described in subsection (a)(1)(A)(ii)—

“(A) to undergo training on the process and requirements established under subsection (a) as part

of training for the position for which the employee has been hired; and

“(B) to make the certification to the Secretary required under paragraph (1).

“(c) METHOD TO MONITOR COMPLIANCE.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary shall establish or maintain a method or tool—

“(A) to enable monitoring of the compliance of the Department with the process and requirements established under subsection (a), including compliance with policies of the Department relating to the maximum number of days allowed to complete each step of such process; and

“(B) to ensure that each medical facility of the Department complies with such process and requirements.

“(2) USE THROUGHOUT DEPARTMENT.—

“(A) IN GENERAL.—The Secretary shall require each medical facility of the Department to use the method or tool described in paragraph (1).

“(B) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report indicating whether each medical facility of the Department is using the method or tool described in paragraph (1).

“(d) COMPTROLLER GENERAL REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the compliance of the Secretary with the requirements of this section.”

AUDITS REGARDING SCHEDULING OF APPOINTMENTS AND MANAGEMENT OF CONSULTATIONS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE

Pub. L. 116-315, title III, §3102, Jan. 5, 2021, 134 Stat. 5001, provided that:

“(a) IN GENERAL.—Not later than each of one year and two years after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs shall provide for the conduct of a facility-level audit of the scheduling of appointments and the management of consultations for health care under the laws administered by the Secretary.

“(b) APPLICATION.—

“(1) FIRST AUDIT.—The first audit required under subsection (a) shall apply to each medical facility of the Department of Veterans Affairs.

“(2) SECOND AUDIT.—The second audit required under subsection (a) shall apply to only those medical facilities of the Department that are in need of corrective action based on the first audit, as determined by the Secretary.

“(c) ELEMENTS.—Each audit conducted under subsection (a) shall include the following:

“(1) With respect to each medical center of the Department covered by the audit, an assessment of any scheduling or consultation management issues at that medical center, including the following:

“(A) An assessment of noncompliance with policies of the Veterans Health Administration relating to scheduling appointments and managing consultations.

“(B) An assessment of the extent to which appointments or consultations are not timely processed.

“(C) A description of any backlogs in appointments or consultations that are awaiting action.

“(D) An assessment of whether consultations are appropriately processed.

“(E) Data with respect to consultations as follows:

“(i) Consultations that were scheduled within the request window.

“(ii) Duplicate consultation requests.

“(iii) Consultations that were discontinued.

“(iv) Delays in consultations.

“(v) Consultations that were not properly closed or discontinued, including a description of remediation attempts.

“(F) A review for accuracy with respect to consultation management as follows:

“(i) A review of the accuracy of the type of service, either administrative or clinical, that is inputted in the electronic health record.

“(ii) A review of the accuracy of the type of consultation setting, either inpatient [sic] or outpatient, that is inputted in the electronic health record.

“(iii) A review of the appropriateness of the level of urgency of the consultation that is inputted in the electronic health record.

“(iv) A review of any delayed or unresolved consultations.

“(2) An identification of such recommendations for corrective action as the Secretary considers necessary, including additional training, increased personnel, and other resources.

“(3) A certification that the director of each medical center of the Department covered by the audit is in compliance with the process and requirements established under section 3101(a) and such other requirements relating to the scheduling of appointments and management of consultations as the Secretary considers appropriate.

“(4) With respect to referrals for health care between health care providers or facilities of the Department, a measurement of, for each medical facility of the Department covered by the audit—

“(A) the period of time between—

“(i) the date that a clinician of the Department determines that a veteran requires care from another health care provider or facility and the date that the referral for care is sent to the other health care provider or facility;

“(ii) the date that the referral for care is sent to the other health care provider or facility and the date that the other health care provider or facility accepts the referral;

“(iii) the date that the other health care provider or facility accepts the referral and the date that the appointment with the other health care provider or at the other facility is made; and

“(iv) the date that the appointment with the other health care provider or at the other facility is made and the date of the appointment with the other health care provider or at the other facility; and

“(B) any other period of time that the Secretary determines necessary to measure.

“(5) With respect to referrals for non-Department health care originating from medical facilities of the Department, a measurement of, for each such facility covered by the audit—

“(A) the period of time between—

“(i) the date that a clinician of the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date that the referral for care is sent to a non-Department health care provider;

“(ii) the date that the referral for care is sent to a non-Department health care provider and the date that a non-Department health care provider accepts the referral;

“(iii) the date that a non-Department health care provider accepts the referral and the date that the referral to a non-Department health care provider is completed;

“(iv) the date that the referral to a non-Department health care provider is completed and the date that an appointment with a non-Department health care provider is made; and

“(v) the date that an appointment with a non-Department health care provider is made and the

date that an appointment with a non-Department health care provider occurs; and

“(B) any other period of time that the Secretary determines necessary to measure.

“(d) CONDUCT OF AUDIT BY THIRD PARTY.—Each audit conducted under subsection (a) with respect to a medical facility of the Department shall be conducted by an individual or entity that is not affiliated with the facility.

“(e) TRANSMITTAL TO VHA.—Each audit conducted under subsection (a) shall be transmitted to the Under Secretary for Health of the Department so that the Under Secretary can—

“(1) strengthen oversight of the scheduling of appointments and management of consultations throughout the Department;

“(2) monitor national policy on such scheduling and management; and

“(3) develop a remediation plan to address issues uncovered by those audits.

“(f) ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than December 31 of each year in which an audit is conducted under subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the audit conducted during that year.

“(2) ELEMENTS.—The Secretary shall include in each report required by paragraph (1)—

“(A) the nationwide results of the audit conducted under subsection (a);

“(B) the results of such audit with respect to each medical facility of the Department covered by such audit;

“(C) an assessment of how the Department strengthened oversight of the scheduling of appointments and management of consultations at each such facility as a result of the audit;

“(D) an assessment of how the audit informed the national policy of the Department with respect to the scheduling of appointments and management of consultations; and

“(E) a description of any remediation plans to address issues raised by the audit that was completed.”

ESTABLISHMENT OF ENVIRONMENT OF CARE STANDARDS AND INSPECTIONS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS

Pub. L. 116-315, title V, § 5103, Jan. 5, 2021, 134 Stat. 5027, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a policy under which the environment of care standards and inspections at medical centers of the Department of Veterans Affairs include—

“(1) an alignment of the requirements for such standards and inspections with the women's health handbook of the Veterans Health Administration;

“(2) a requirement for the frequency of such inspections;

“(3) delineation of the roles and responsibilities of staff at each medical center who are responsible for compliance;

“(4) the requirement that each medical center submit to the Secretary and make publicly available a report on the compliance of the medical center with the standards; and

“(5) a remediation plan.

“(b) REPORT.—Not later than 180 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report certifying in writing that the policy required by subsection

(a) has been finalized and disseminated to all medical centers of the Department.”

STUDY ON STAFFING OF WOMEN VETERAN PROGRAM MANAGER PROGRAM AT MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS AND TRAINING OF STAFF

Pub. L. 116-315, title V, § 5204, Jan. 5, 2021, 134 Stat. 5035, provided that:

“(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study on the use of the Women Veteran Program Manager program of the Department of Veterans Affairs to determine—

“(1) if the program is appropriately staffed at each medical center of the Department;

“(2) whether each medical center of the Department is staffed with a Women Veteran Program Manager; and

“(3) whether it would be feasible and advisable to have a Women Veteran Program Ombudsman at each medical center of the Department.

“(b) REPORT.—Not later than 270 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the study conducted under subsection (a).

“(c) TRAINING.—The Secretary shall ensure that all Women Veteran Program Managers and Women Veteran Program Ombudsmen receive the proper training to carry out their duties.”

RECORDING OF OBLIGATIONS

Pub. L. 116-260, div. FF, title XVI, § 1601, Dec. 27, 2020, 134 Stat. 3290, provided that: “Hereafter, subject to the availability of appropriations, the Secretary of Veterans Affairs shall record as an obligation of the United States Government amounts owed for hospital care or medical services furnished at non-Department facilities under title 38, United States Code, or Acts making appropriations for the Department of Veterans Affairs, on the date on which the Secretary approves: (i) a claim by a health care provider for payment or (ii) a voucher, invoice, or request for payment from a vendor for services rendered under a contract: *Provided*, That for any fiscal year in which an appropriation for the payment of hospital care or medical services furnished at non-Department facilities has been exhausted or has yet to be enacted, this title shall not provide the Secretary of Veterans Affairs with the authority to issue any new authorizations or orders for such care or such services in advance of such appropriation: *Provided further*, That this title shall take effect as if enacted on October 1, 2018: *Provided further*, That not later than 30 days after the date of enactment of this Act [Dec. 27, 2020], the Department of Veterans Affairs, in consultation with the Office of Management and Budget, shall submit a report to the President and the Congress, similar to the report required pursuant to 31 U.S.C. 1351, detailing how, in the absence of the enactment of this title, the expenditures or obligations would have exceeded the amount available in fiscal year 2019 and fiscal year 2020 in the Medical Community Care appropriation: *Provided further*, That the report required in the preceding proviso shall also include an explanation as to how the Department plans to avoid incurring obligations for the Medical Community Care appropriation in excess of its available budgetary resources in fiscal year 2021 and future fiscal years pursuant to the recording of obligations required by this title.”

EXPANDED TELEHEALTH FROM DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116-171, title VII, § 701, Oct. 17, 2020, 134 Stat. 825, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall enter into agreements, and expand existing agreements, with organizations that represent or serve veterans, nonprofit organizations, private businesses, and

other interested parties for the expansion of telehealth capabilities and the provision of telehealth services to veterans through the award of grants under subsection (b).

“(b) AWARD OF GRANTS.—

“(1) IN GENERAL.—In carrying out agreements entered into or expanded under this section with entities described in subsection (a), the Secretary shall award grants to those entities.

“(2) LOCATIONS.—To the extent practicable, the Secretary shall ensure that grants are awarded to entities that serve veterans in rural and highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture) or areas determined to be medically underserved.

“(3) USE OF GRANTS.—

“(A) IN GENERAL.—Grants awarded to an entity under this subsection may be used for one or more of the following:

“(i) Purchasing, replacing or upgrading hardware or software necessary for the provision of secure and private telehealth services.

“(ii) Upgrading security protocols for consistency with the security requirements of the Department of Veterans Affairs.

“(iii) Training of site attendants, including payment of those attendants for completing that training, with respect to—

“(I) military and veteran cultural competence, if the entity is not an organization that represents veterans;

“(II) equipment required to provide telehealth services;

“(III) privacy, including the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191] privacy rule under part 160 and subparts A and E of part 164 of title 45, Code of Federal Regulations, or successor regulations, as it relates to health care for veterans;

“(IV) scheduling for telehealth services for veterans; or

“(V) any other unique training needs for the provision of telehealth services to veterans.

“(iv) Upgrading existing infrastructure owned or leased by the entity to make rooms more conducive to telehealth care, including—

“(I) additions or modifications to windows or walls in an existing room, or other alterations as needed to create a new, private room, including permits or inspections required in association with space modifications;

“(II) soundproofing of an existing room;

“(III) new electrical, telephone, or internet outlets in an existing room; or

“(IV) aesthetic enhancements to establish a more suitable therapeutic environment.

“(v) Upgrading existing infrastructure to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

“(vi) Upgrading internet infrastructure and sustainment of internet services.

“(vii) Sustainment of telephone services.

“(B) EXCLUSION.—Grants may not be used for the purchase of new property or for major construction projects, as determined by the Secretary.

“(c) AGREEMENT ON TELEHEALTH ACCESS POINTS.—

“(1) IN GENERAL.—An entity described in subsection (a) that seeks to establish a telehealth access point for veterans but does not require grant funding under this section to do so may enter into an agreement with the Department for the establishment of such an access point.

“(2) ADEQUACY OF FACILITIES.—An entity described in paragraph (1) shall be responsible for ensuring that any access point is adequately private, secure, clean, and accessible for veterans before the access point is established.

“(d) ASSESSMENT OF BARRIERS TO ACCESS.—

“(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act [Oct. 17, 2020],

the Secretary shall complete an assessment of barriers faced by veterans in accessing telehealth services.

“(2) ELEMENTS.—The assessment required by paragraph (1) shall include the following:

“(A) A description of the barriers veterans face in using telehealth while not on property of the Department.

“(B) A description of how the Department plans to address the barriers described in subparagraph (A).

“(C) Such other matters related to access by veterans to telehealth while not on property of the Department as the Secretary considers relevant.

“(3) REPORT.—Not later than 120 days after the completion of the assessment required by paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the assessment, including any recommendations for legislative or administrative action based on the results of the assessment.”

PARTNERSHIPS TO PROVIDE HYPERBARIC OXYGEN THERAPY TO VETERANS

Pub. L. 116-171, title VII, §702(a), Oct. 17, 2020, 134 Stat. 827, provided that:

“(1) USE OF PARTNERSHIPS.—The Secretary of Veterans Affairs, in consultation with the Center for Compassionate Innovation within the Office of Community Engagement of the Department of Veterans Affairs, may enter into partnerships with non-Federal Government entities to provide hyperbaric oxygen treatment to veterans to research the effectiveness of such therapy.

“(2) TYPES OF PARTNERSHIPS.—Partnerships entered into under paragraph (1) may include the following:

“(A) Partnerships to conduct research on hyperbaric oxygen therapy.

“(B) Partnerships to review research on hyperbaric oxygen therapy provided to nonveterans.

“(C) Partnerships to create industry working groups to determine standards for research on hyperbaric oxygen therapy.

“(D) Partnerships to provide to veterans hyperbaric oxygen therapy for the purposes of conducting research on the effectiveness of such therapy.

“(3) LIMITATION ON FEDERAL FUNDING.—Federal Government funding may be used to coordinate and administer the partnerships under this subsection but may not be used to carry out activities conducted under such partnerships.”

REVIEW OF EFFECTIVENESS OF HYPERBARIC OXYGEN THERAPY

Pub. L. 116-171, title VII, §702(b), Oct. 17, 2020, 134 Stat. 827, provided that: “Not later than 90 days after the date of the enactment of this Act [Oct. 17, 2020], the Secretary [of Veterans Affairs], in consultation with the Center for Compassionate Innovation, shall begin using an objective and quantifiable method to review the effectiveness and applicability of hyperbaric oxygen therapy, such as through the use of a device approved or cleared by the Food and Drug Administration that assesses traumatic brain injury by tracking eye movement.”

COVERAGE OF TESTING FOR COVID-19: APPLICATION WITH RESPECT TO VETERANS

Pub. L. 116-127, div. F, §6006(b), Mar. 18, 2020, 134 Stat. 207, provided that: “The Secretary of Veterans Affairs may not require any copayment or other cost sharing under chapter 17 of title 38, United States Code, for in vitro diagnostic products described in paragraph (1) of section 6001(a) [of Pub. L. 116-127, 42 U.S.C. 1320b-5 note] (or the administration of such products) or visits described in paragraph (2) of such section furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Secu-

Act (42 U.S.C. 1320b-5(g)) beginning on or after the date of the enactment of this Act [Mar. 18, 2020].”

PLANS TO IMPROVE MEDICAL FACILITIES OF THE
DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115-407, title VI, § 602, Dec. 31, 2018, 132 Stat. 5380, provided that:

“(a) PLANS REQUIRED.—

“(1) PLANS OF DIRECTORS OF MEDICAL FACILITIES.—Not later than 90 days after the date of the enactment of this Act [Dec. 31, 2018], the Secretary of Veterans Affairs shall require each director of a medical facility of the Department of Veterans Affairs to submit to the director of the Veterans Integrated Service Network that covers the facility a plan to improve such facility.

“(2) PLANS OF DIRECTORS OF VETERANS INTEGRATED SERVICE NETWORKS.—The Secretary shall require each director of a Veterans Integrated Service Network to submit to the Secretary, not later than 60 days after receiving all of the plans under paragraph (1), a plan, based on the plans received under paragraph (1), to improve the facilities within that Veterans Integrated Service Network in such a fashion that would improve the ability of all facilities within that network to provide the best and most efficient care to patients.

“(b) REGULAR REPORTS.—The Secretary shall ensure that each director of a Veterans Integrated Service Network submits to the Secretary, not later than two years after the date of the enactment of this Act and not less frequently than once every two years thereafter, a report on the actions taken by the director to improve the facilities within that Veterans Integrated Service Network and what further such actions might be necessary.

“(c) SENSE OF CONGRESS ON USE OF AUTHORITIES TO INVESTIGATE MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.—It is the sense of Congress that the Secretary of Veterans Affairs should make full use of the authorities provided by section 2 of the Enhancing Veteran Care Act (Public Law 115-95; 38 U.S.C. 1701 note).”

PREVENTION OF CERTAIN HEALTH CARE PROVIDERS
FROM PROVIDING NON-DEPARTMENT HEALTH CARE
SERVICES TO VETERANS

Pub. L. 115-182, title I, § 108, June 6, 2018, 132 Stat. 1416, provided that:

“(a) IN GENERAL.—On and after the date that is 1 year after the date of the enactment of this Act [June 6, 2018], the Secretary of Veterans Affairs shall deny or revoke the eligibility of a health care provider to provide non-Department health care services to veterans if the Secretary determines that the health care provider—

“(1) was removed from employment with the Department of Veterans Affairs due to conduct that violated a policy of the Department relating to the delivery of safe and appropriate health care; or

“(2) violated the requirements of a medical license of the health care provider that resulted in the loss of such medical license.

“(b) PERMISSIVE ACTION.—On and after the date that is 1 year after the date of the enactment of this Act, the Secretary may deny, revoke, or suspend the eligibility of a health care provider to provide non-Department health care services if the Secretary determines such action is necessary to immediately protect the health, safety, or welfare of veterans and the health care provider is under investigation by the medical licensing board of a State in which the health care provider is licensed or practices.

“(c) SUSPENSION.—The Secretary shall suspend the eligibility of a health care provider to provide non-Department health care services to veterans if the health care provider is suspended from serving as a health care provider of the Department.

“(d) COMPTROLLER GENERAL REPORT.—Not later than 2 years after the date of the enactment of this Act, the

Comptroller General of the United States shall submit to Congress a report on the implementation by the Secretary of this section, including the following:

“(1) The aggregate number of health care providers denied or suspended under this section from participation in providing non-Department health care services.

“(2) An evaluation of any impact on access to health care for patients or staffing shortages in programs of the Department providing non-Department health care services.

“(3) An explanation of the coordination of the Department with the medical licensing boards of States in implementing this section, the amount of involvement of such boards in such implementation, and efforts by the Department to address any concerns raised by such boards with respect to such implementation.

“(4) Such recommendations as the Comptroller General considers appropriate regarding harmonizing eligibility criteria between health care providers of the Department and health care providers eligible to provide non-Department health care services.

“(e) NON-DEPARTMENT HEALTH CARE SERVICES DEFINED.—In this section, the term ‘non-Department health care services’ means services—

“(1) provided under subchapter I of chapter 17 of title 38, United States Code, at non-Department facilities (as defined in section 1701 of such title);

“(2) provided under section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note);

“(3) purchased through the Medical Community Care account of the Department; or

“(4) purchased with amounts deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 [38 U.S.C. 1701 note].”

VETERANS' EDUCATION AND TRAINING PROGRAMS

Pub. L. 115-182, title I, § 121-123, June 6, 2018, 132 Stat. 1423, 1424, as amended by Pub. L. 115-251, title II, § 211(b)(1), Sept. 29, 2018, 132 Stat. 3176, provided that:

“SEC. 121. EDUCATION PROGRAM ON HEALTH CARE
OPTIONS.

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall develop and administer an education program that teaches veterans about their health care options through the Department of Veterans Affairs.

“(b) ELEMENTS.—The program under subsection (a) shall—

“(1) teach veterans about—

“(A) eligibility criteria for care from the Department set forth under sections 1703, as amended by section 101 of this title and 1710 of title 38, United States Code;

“(B) priority groups for enrollment in the system of annual patient enrollment under section 1705(a) of such title [38 U.S.C. 1705(a)];

“(C) the copayments and other financial obligations, if any, required of certain individuals for certain services; and

“(D) how to utilize the access standards and standards for quality established under sections 1703B and 1703C of such title;

“(2) teach veterans about the interaction between health insurance (including private insurance, Medicare, Medicaid, the TRICARE program, the Indian Health Service, tribal health programs, and other forms of insurance) and health care from the Department; and

“(3) provide veterans with information on what to do when they have a complaint about health care received from the Department (whether about the provider, the Department, or any other type of complaint).

“(c) ACCESSIBILITY.—In developing the education program under this section, the Secretary shall ensure that materials under such program are accessible—

“(1) to veterans who may not have access to the internet; and

“(2) to veterans in a manner that complies with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

“(d) ANNUAL EVALUATION AND REPORT.—

“(1) EVALUATION.—The Secretary shall develop a method to evaluate the effectiveness of the education program under this section and evaluate the program using the method not less frequently than once each year.

“(2) REPORT.—Not less frequently than once each year, the Secretary shall submit to Congress a report on the findings of the Secretary with respect to the most recent evaluation conducted by the Secretary under paragraph (1).

“(e) DEFINITIONS.—In this section:

“(1) MEDICAID.—The term ‘Medicaid’ means the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

“(2) MEDICARE.—The term ‘Medicare’ means the Medicare program under title XVIII of such Act (42 U.S.C. 1395 et seq.).

“(3) TRICARE PROGRAM.—The term ‘TRICARE program’ has the meaning given that term in section 1072 of title 10, United States Code.

“SEC. 122. TRAINING PROGRAM FOR ADMINISTRATION OF NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

“(a) ESTABLISHMENT OF PROGRAM.—The Secretary of Veterans Affairs shall develop and implement a training program to train employees and contractors of the Department of Veterans Affairs on how to administer non-Department health care programs, including the following:

“(1) Reimbursement for non-Department emergency room care.

“(2) The Veterans Community Care Program under section 1703 of title 38, United States Code, as amended by section 101.

“(3) Management of prescriptions pursuant to improvements under section 131.

“(b) ANNUAL EVALUATION AND REPORT.—The Secretary shall—

“(1) develop a method to evaluate the effectiveness of the training program developed and implemented under subsection (a);

“(2) evaluate such program not less frequently than once each year; and

“(3) not less frequently than once each year, submit to Congress the findings of the Secretary with respect to the most recent evaluation carried out under paragraph (2).

“SEC. 123. CONTINUING MEDICAL EDUCATION FOR NON-DEPARTMENT MEDICAL PROFESSIONALS.

“(a) ESTABLISHMENT OF PROGRAM.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a program to provide continuing medical education material to non-Department medical professionals.

“(2) EDUCATION PROVIDED.—The program established under paragraph (1) shall include education on the following:

“(A) Identifying and treating common mental and physical conditions of veterans and family members of veterans.

“(B) The health care system of the Department of Veterans Affairs.

“(C) Such other matters as the Secretary considers appropriate.

“(b) MATERIAL PROVIDED.—The continuing medical education material provided to non-Department medical professionals under the program established under subsection (a) shall be the same material provided to medical professionals of the Department to ensure that all medical professionals treating veterans have access to the same materials, which supports core competencies throughout the community.

“(c) ADMINISTRATION OF PROGRAM.—

“(1) IN GENERAL.—The Secretary shall administer the program established under subsection (a) to participating non-Department medical professionals through an internet website of the Department of Veterans Affairs.

“(2) CURRICULUM AND CREDIT PROVIDED.—The Secretary shall determine the curriculum of the program and the number of hours of credit to provide to participating non-Department medical professionals for continuing medical education.

“(3) ACCREDITATION.—The Secretary shall ensure that the program is accredited in as many States as practicable.

“(4) CONSISTENCY WITH EXISTING RULES.—The Secretary shall ensure that the program is consistent with the rules and regulations of the following:

“(A) The medical licensing agency of each State in which the program is accredited.

“(B) Such medical credentialing organizations as the Secretary considers appropriate.

“(5) USER COST.—The Secretary shall carry out the program at no cost to participating non-Department medical professionals.

“(6) MONITORING, EVALUATION, AND REPORT.—The Secretary shall monitor the utilization of the program established under subsection (a), evaluate its effectiveness, and report to Congress on utilization and effectiveness not less frequently than once each year.

“(d) NON-DEPARTMENT MEDICAL PROFESSIONAL DEFINED.—In this section, the term ‘non-Department medical professional’ means any individual who is licensed by an appropriate medical authority in the United States and is in good standing, is not an employee of the Department of Veterans Affairs, and provides care to veterans or family members of veterans under the laws administered by the Secretary of Veterans Affairs.”

ESTABLISHMENT OF PROCESSES TO ENSURE SAFE OPIOID PRESCRIBING PRACTICES BY NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS

Pub. L. 115-182, title I, §131, June 6, 2018, 132 Stat. 1425, as amended by Pub. L. 115-251, title II, §211(b)(2), Sept. 29, 2018, 132 Stat. 3176, provided that:

“(a) RECEIPT AND REVIEW OF GUIDELINES.—The Secretary of Veterans Affairs shall ensure that all covered health care providers are provided a copy of and certify that they have reviewed the evidence-based guidelines for prescribing opioids set forth by the Opioid Safety Initiative of the Department of Veterans Affairs.

“(b) INCLUSION OF MEDICAL HISTORY AND CURRENT MEDICATIONS.—The Secretary shall implement a process to ensure that, if care of a veteran by a covered health care provider is authorized under the laws administered by the Secretary, the document authorizing such care includes the available and relevant medical history of the veteran and a list of all medications prescribed to the veteran as known by the Department.

“(c) SUBMITTAL OF MEDICAL RECORDS AND PRESCRIPTIONS.—

“(1) IN GENERAL.—The Secretary shall, consistent with section 1703(a)(2)(A) of title 38, United States Code., [sic] as amended by section 101 of this Act, and section 1703A(e)(2)(F) of such title, as added by section 102 of this Act, require each covered health care provider to submit medical records of any care or services furnished, including records of any prescriptions for opioids, to the Department in the timeframe and format specified by the Secretary.

“(2) RESPONSIBILITY OF DEPARTMENT FOR RECORDING AND MONITORING.—In carrying out paragraph (1) and upon the receipt by the Department of the medical records described in paragraph (1), the Secretary shall—

“(A) ensure the Department is responsible for the recording of the prescription in the electronic health record of the veteran; and

“(B) enable other monitoring of the prescription as outlined in the Opioid Safety Initiative of the Department.

“(3) REPORT.—Not less frequently than annually, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report evaluating the compliance of covered health care providers with the requirements under this section.

“(d) USE OF OPIOID SAFETY INITIATIVE GUIDELINES.—

“(1) IN GENERAL.—If the Secretary determines that the opioid prescribing practices of a covered health care provider, when treating veterans, satisfy a condition described in paragraph (3), the Secretary shall take such action as the Secretary considers appropriate to ensure the safety of all veterans receiving care from that health care provider, including removing or directing the removal of any such health care provider from provider networks or otherwise refusing to authorize care of veterans by such health care provider in any program authorized under the laws administered by the Secretary.

“(2) INCLUSION IN CONTRACTS.—The Secretary shall ensure that any contracts, agreements, or other arrangements entered into by the Secretary with third parties involved in administering programs that provide care in the community to veterans under the laws administered by the Secretary specifically grant the authority set forth in paragraph (1) to such third parties and to the Secretary, as the case may be.

“(3) CONDITIONS FOR EXCLUSION OR LIMITATION.—The Secretary shall take such action as is considered appropriate under paragraph (1) when the opioid prescribing practices of a covered health care provider when treating veterans—

“(A) conflict with or are otherwise inconsistent with the standards of appropriate and safe care;

“(B) violate the requirements of a medical license of the health care provider; or

“(C) may place at risk the veterans receiving health care from the provider.

“(e) COVERED HEALTH CARE PROVIDER DEFINED.—In this section, the term ‘covered health care provider’ means a non-Department of Veterans Affairs health care provider who provides health care to veterans under the laws administered by the Secretary of Veterans Affairs, but does not include a health care provider employed by another agency of the Federal Government.”

COMPETENCY STANDARDS FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS

Pub. L. 115–182, title I, § 133, June 6, 2018, 132 Stat. 1427, provided that:

“(a) ESTABLISHMENT OF STANDARDS AND REQUIREMENTS.—The Secretary of Veterans Affairs shall establish standards and requirements for the provision of care by non-Department of Veterans Affairs health care providers in clinical areas for which the Department of Veterans Affairs has special expertise, including post-traumatic stress disorder, military sexual trauma-related conditions, and traumatic brain injuries.

“(b) CONDITION FOR ELIGIBILITY TO FURNISH CARE.—(1) Each non-Department of Veterans Affairs health care provider shall, to the extent practicable as determined by the Secretary or otherwise provided for in paragraph (2), meet the standards and requirements established pursuant to subsection (a) before furnishing care pursuant to a contract, agreement, or other arrangement with the Department of Veterans Affairs. Non-Department of Veterans Affairs health care providers furnishing care pursuant to a contract, agreement, or other arrangement shall, to the extent practicable as determined by the Secretary, fulfill training requirements established by the Secretary on how to deliver evidence-based treatments in the clinical areas for which the Department of Veterans Affairs has special expertise.

“(2) Each non-Department of Veterans Affairs health care provider who enters into a contract, agreement, or other arrangement after the effective date identified in subsection (c) shall, to the extent practicable, meet the

standards and requirements established pursuant to subsection (a) within 6 months of the contract, agreement, or other arrangement taking effect.

“(c) EFFECTIVE DATE.—This section shall take effect on the day that is 1 year after the date of the enactment of this Act [June 6, 2018].”

PROGRAM ON ESTABLISHMENT OF PEER SPECIALISTS IN PATIENT ALIGNED CARE TEAM SETTINGS WITHIN MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115–182, title V, § 506, June 6, 2018, 132 Stat. 1477, provided that:

“(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a program to establish not fewer than two peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs to promote the use and integration of services for mental health, substance use disorder, and behavioral health in a primary care setting.

“(b) TIMEFRAME FOR ESTABLISHMENT OF PROGRAM.—The Secretary shall carry out the program at medical centers of the Department as follows:

“(1) Not later than May 31, 2019, at not fewer than 15 medical centers of the Department.

“(2) Not later than May 31, 2020, at not fewer than 30 medical centers of the Department.

“(c) SELECTION OF LOCATIONS.—

“(1) IN GENERAL.—The Secretary shall select medical centers for the program as follows:

“(A) Not fewer than five shall be medical centers of the Department that are designated by the Secretary as polytrauma centers.

“(B) Not fewer than 10 shall be medical centers of the Department that are not designated by the Secretary as polytrauma centers.

“(2) CONSIDERATIONS.—In selecting medical centers for the program under paragraph (1), the Secretary shall consider the feasibility and advisability of selecting medical centers in the following areas:

“(A) Rural areas and other areas that are underserved by the Department.

“(B) Areas that are not in close proximity to an active duty military installation.

“(C) Areas representing different geographic locations, such as census tracts established by the Bureau of the Census.

“(d) GENDER-SPECIFIC SERVICES.—In carrying out the program at each location selected under subsection (c), the Secretary shall ensure that—

“(1) the needs of female veterans are specifically considered and addressed; and

“(2) female peer specialists are made available to female veterans who are treated at each location.

“(e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—At each location selected under subsection (c), the Secretary shall consider ways in which peer specialists can conduct outreach to health care providers in the community who are known to be serving veterans to engage with those providers and veterans served by those providers.

“(f) REPORTS.—

“(1) PERIODIC REPORTS.—

“(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [June 6, 2018], and not less frequently than once every 180 days thereafter until the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report on the program.

“(B) ELEMENTS.—Each report required by subparagraph (A) shall, with respect to the 180-day period preceding the submittal of the report, include the following:

“(i) The findings and conclusions of the Secretary with respect to the program.

“(ii) An assessment of the benefits of the program to veterans and family members of veterans.

“(iii) An assessment of the effectiveness of peer specialists in engaging under subsection (e) with

health care providers in the community and veterans served by those providers.

“(2) FINAL REPORT.—Not later than 180 days after the Secretary determines that the program is being carried out at the last location to be selected under subsection (c), the Secretary shall submit to Congress a report detailing the recommendations of the Secretary as to the feasibility and advisability of expanding the program to additional locations.”

DEPARTMENT OF VETERANS AFFAIRS MEDICAL SCRIBE PILOT PROGRAM.

Pub. L. 115-182, title V, §507, June 6, 2018, 132 Stat. 1479, as amended by Pub. L. 115-251, title II, §211(b)(10), Sept. 29, 2018, 132 Stat. 3177, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a 2-year pilot program under which the Secretary shall increase the use of medical scribes at Department of Veterans Affairs medical centers.

“(b) LOCATIONS.—The Secretary shall carry out the pilot program at the 10 medical centers of the Department as follows:

“(1) At least four such medical centers located in rural areas.

“(2) At least four such medical centers located in urban areas.

“(3) Two such medical centers located in areas with need for increased access or increased efficiency, as determined by the Secretary.

“(c) MEDICAL SCRIBES.—

“(1) HIRING.—Under the pilot program the Secretary shall—

“(A) hire 20 new Department of Veterans Affairs term employees as medical scribes; and

“(B) seek to enter into contracts with appropriate entities for the employment of 20 additional medical scribes.

“(2) DISTRIBUTION.—The Secretary shall assign four medical scribes to each of the 10 medical centers of the Department where the Secretary carries out the pilot program as follows:

“(A) Two scribes shall be assigned to each of two physicians.

“(B) Thirty percent of the scribes shall be employed in the provision of emergency care.

“(C) Seventy percent of the scribes shall be employed in the provision of specialty care in specialties with the longest patient wait times or lowest efficiency ratings, as determined by the Secretary.

“(d) REPORTS.—

“(1) REPORTS TO CONGRESS.—Not later than 180 days after the commencement of the pilot program required under this section, and every 180 days thereafter for the duration of the pilot program, the Secretary of Veterans Affairs shall submit to Congress a report on the pilot program. Each such report shall include each of the following:

“(A) A separate analysis of each [of] the following with respect to medical scribes employed by the Department of Veterans Affairs and medical scribes performing Department of Veterans Affairs functions under a contract:

“(i) Provider efficiency.

“(ii) Patient satisfaction.

“(iii) Average wait time.

“(iv) The number of patients seen per day by each physician or practitioner.

“(v) The amount of time required to hire and train an employee to perform medical scribe functions under the pilot program.

“(B) Metrics and data for analyzing the effects of the pilot program, including an evaluation of the each of the [sic] elements under clauses (i) through (iv) of subparagraph (A) at medical centers who employed scribes under the pilot program for an appropriate period preceding the hiring of such scribes.

“(2) COMPTROLLER GENERAL REPORT.—Not later than 90 days after the termination of the pilot program under this section, the Comptroller General of the

United States shall submit to Congress a report on the pilot program. Such report shall include a comparison of the pilot program with similar programs carried out in the private sector.

“(e) DEFINITIONS.—In this section:

“(1) The term ‘medical scribe’ means an unlicensed individual hired to enter information into the electronic health record or chart at the direction of a physician or licensed independent practitioner whose responsibilities include the following:

“(A) Assisting the physician or practitioner in navigating the electronic health record.

“(B) Responding to various messages as directed by the physician or practitioner.

“(C) Entering information into the electronic health record, as directed by the physician or practitioner.

“(2) The terms ‘urban’ and ‘rural’ have the meanings given such terms under the rural-urban commuting codes developed by the Secretary of Agriculture and the Secretary of Health and Human Services.

“(f) FUNDING.—The pilot program under this section shall be carried out using amounts otherwise authorized to be appropriated for the Department of Veterans Affairs. No additional amounts are authorized to be appropriated to carry out such program.”

PILOT PROGRAM FOR HEALTH AND WELLNESS CENTERS AND PROGRAMS

Pub. L. 115-141, div. J, title II, §252, Mar. 23, 2018, 132 Stat. 825, as amended by Pub. L. 116-94, div. F, title II, §254, Dec. 20, 2019, 133 Stat. 2808, provided that: “During the period preceding October 1, 2022, the Secretary of Veterans Affairs may carry out a 2-year pilot program making grants to nonprofit veterans services organizations recognized by the Secretary in accordance with section 5902 of title 38, United States Code, to upgrade, through construction and repair, VSO community facilities into health and wellness centers and to promote and expand complementary and integrative wellness programs: *Provided*, That no single grant may exceed a total of \$500,000: *Provided further*, That the Secretary may not provide more than 20 grants during the 2-year pilot program: *Provided further*, That the recipient of a grant under this section may not use the grant to purchase real estate or to carry out repair of facilities leased by the recipient or to construct facilities on property leased by the recipient: *Provided further*, That the Secretary ensures that the grant recipients use grant funds to construct or repair facilities located in at least 10 different geographic locations in economically depressed areas or areas designated as highly rural that are not in close proximity to Department of Veterans Affairs medical centers: *Provided further*, That the Secretary shall report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this Act [Mar. 23, 2018], on the grant program established under this section.”

INVESTIGATION OF MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115-95, §2, Dec. 20, 2017, 131 Stat. 2042, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs may contract with a nonprofit organization that accredits health care organizations and programs in the United States to investigate a medical center of the Department of Veterans Affairs to assess and report deficiencies of the facilities at such medical center.

“(b) AUTHORITY OF DIRECTORS.—

“(1) IN GENERAL.—Subject to coordination under paragraph (2), the Secretary shall delegate the authority under subsection (a) to contract for an investigation at a medical center of the Department to the Director of the Veterans Integrated Service Network in which the medical center is located or the director of such medical center.

“(2) COORDINATION.—Before entering into a contract under paragraph (1), the Director of a Veterans Inte-

grated Service Network or the director of a medical center, as the case may be, shall notify the Secretary of Veterans Affairs, the Inspector General of the Department of Veterans Affairs, and the Comptroller General of the United States for purposes of coordinating any investigation conducted pursuant to such contract with any other investigations that may be ongoing.

“(c) RULE OF CONSTRUCTION.—Nothing in this section may be construed—

“(1) to prevent the Office of the Inspector General of the Department of Veterans Affairs from conducting any review, audit, evaluation, or inspection regarding a topic for which an investigation is conducted under this section; or

“(2) to modify the requirement that employees of the Department assist with any review, audit, evaluation, or inspection conducted by the Office of the Inspector General of the Department.”

FASTER CARE FOR VETERANS

Pub. L. 114-286, Dec. 16, 2016, 130 Stat. 1459, provided that:

“SECTION 1. SHORT TITLE.

“This Act may be cited as the ‘Faster Care for Veterans Act of 2016’.

“SEC. 2. PILOT PROGRAM ESTABLISHING A PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

“(a) PILOT PROGRAM.—Not later than 120 days after the date of the enactment of this Act [Dec. 16, 2016], the Secretary of Veterans Affairs shall commence a pilot program under which veterans use an Internet website or mobile application to schedule and confirm medical appointments at medical facilities of the Department of Veterans Affairs.

“(b) SELECTION OF LOCATIONS.—The Secretary shall select not less than three Veterans Integrated Services Networks in which to carry out the pilot program under subsection (a).

“(c) CONTRACTS.—

“(1) AUTHORITY.—The Secretary shall seek to enter into a contract using competitive procedures with one or more contractors to provide the scheduling capability described in subsection (a).

“(2) NOTICE OF COMPETITION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals for the contract described in paragraph (1). Such request shall be full and open to any contractor that has an existing commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in section 3(a).

“(3) SELECTION.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall award a contract to one or more contractors pursuant to the request for proposals under paragraph (2).

“(d) DURATION OF PILOT PROGRAM.—

“(1) IN GENERAL.—Except as provided by paragraph (2), the Secretary shall carry out the pilot program under subsection (a) for an 18-month period.

“(2) EXTENSION.—The Secretary may extend the duration of the pilot program under subsection (a), and may expand the selection of Veterans Integrated Services Networks under subsection (b), if the Secretary determines that the pilot program is reducing the wait times of veterans seeking medical care and ensuring that more available appointment times are filled.

“(e) MOBILE APPLICATION DEFINED.—In this section, the term ‘mobile application’ means a software program that runs on the operating system of a cellular telephone, tablet computer, or similar portable computing device that transmits data over a wireless connection.

“SEC. 3. CAPABILITIES OF PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

“(a) MINIMUM CAPABILITIES.—The Secretary of Veterans Affairs shall ensure that the patient self-sched-

uling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes, at a minimum, the following capabilities:

“(1) Capability to schedule, modify, and cancel appointments for primary care, specialty care, and mental health.

“(2) Capability to support appointments for the provision of health care regardless of whether such care is provided in person or through telehealth services.

“(3) Capability to view appointment availability in real time.

“(4) Capability to make available, in real time, appointments that were previously filled but later cancelled by other patients.

“(5) Capability to provide prompts or reminders to veterans to schedule follow-up appointments.

“(6) Capability to be used 24 hours per day, 7 days per week.

“(7) Capability to integrate with the Veterans Health Information Systems and Technology Architecture of the Department, or such successor information technology system.

“(b) INDEPENDENT VALIDATION AND VERIFICATION.—

“(1) INDEPENDENT ENTITY.—

“(A) The Secretary shall seek to enter into an agreement with an appropriate non-governmental, not-for-profit entity with expertise in health information technology to independently validate and verify that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes the capabilities specified in subsection (a).

“(B) Each independent validation and verification conducted under subparagraph (A) shall be completed as follows:

“(i) With respect to the validation and verification of the patient self-scheduling appointment system used in the pilot program under section 2, by not later than 60 days after the date on which such pilot program commences.

“(ii) With respect to any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, by not later than 60 days after the date on which such system is deployed, regardless of whether such deployment is on a limited basis, but not including any deployments for testing purposes.

“(2) GAO EVALUATION.—

“(A) The Comptroller General of the United States shall evaluate each validation and verification conducted under paragraph (1).

“(B) Not later than 30 days after the date on which the Comptroller General completes an evaluation under paragraph (1), the Comptroller General shall submit to the appropriate congressional committees a report on such evaluation.

“(C) In this paragraph, the term ‘appropriate congressional committees’ means—

“(i) the Committees on Veterans’ Affairs of the House of Representatives and the Senate; and

“(ii) the Committees on Appropriations of the House of Representatives and the Senate.

“(c) CERTIFICATION.—

“(1) CAPABILITIES INCLUDED.—Not later than December 31, 2017, the Secretary shall certify to the Committees on Veterans’ Affairs of the House of Representatives and the Senate that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs as of the date of the certification, includes the capabilities specified in subsection (a).

“(2) NEW SYSTEMS.—If the Secretary develops or begins using a new patient self-scheduling appointment system that is not covered by a certification made

under paragraph (1), the Secretary shall certify to such committees that such new system includes the capabilities specified in subsection (a) by not later than 30 days after the date on which the Secretary determines to replace the previous patient self-scheduling appointment system.

“(3) EFFECT OF CAPABILITIES NOT INCLUDED.—If the Secretary does not make a timely certification under paragraph (1) or paragraph (2), the Secretary shall replace any patient self-scheduling appointment system developed by the Secretary that is in use with a commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in subsection (a).

“SEC. 4. PROHIBITION ON NEW APPROPRIATIONS.

“No additional funds are authorized to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized.”

INSPECTION PROGRAM FOR KITCHENS AND FOOD SERVICE AREAS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES

Pub. L. 114-223, div. A, title II, § 251, Sept. 29, 2016, 130 Stat. 893, provided that:

“(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act [Sept. 29, 2016], the Secretary of Veterans Affairs shall establish a program to conduct inspections of kitchens and food service areas at each medical facility of the Department of Veterans Affairs. Such inspections shall occur not less frequently than annually. The program’s goal is to ensure that the same standards for kitchens and food service areas at hospitals in the private sector are being met at kitchens and food service areas at medical facilities of the Department.

“(b) AGREEMENT.—

“(1) IN GENERAL.—The Secretary shall seek to enter into an agreement with the Joint Commission on Accreditation of Hospital Organizations under which the Joint Commission on Accreditation of Hospital Organizations conducts the inspections required under subsection (a).

“(2) ALTERNATE ORGANIZATION.—If the Secretary is unable to enter into an agreement described in paragraph (1) with the Joint Commission on Accreditation of Hospital Organizations on terms acceptable to the Secretary, the Secretary shall seek to enter into such an agreement with another appropriate organization that—

“(A) is not part of the Federal Government;

“(B) operates as a not-for-profit entity; and

“(C) has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations.

“(c) REMEDIATION PLAN.—

“(1) INITIAL FAILURE.—If a kitchen or food service area of a medical facility of the Department is determined pursuant to an inspection conducted under subsection (a) not to meet the standards for kitchens and food service areas in hospitals in the private sector, that medical facility fails the inspection and the Secretary shall—

“(A) implement a remediation plan for that medical facility within 72 hours; and

“(B) Conduct [sic] a second inspection under subsection (a) at that medical facility within 14 days of the failed inspection.

“(2) SECOND FAILURE.—If a medical facility of the Department fails the second inspection conducted under paragraph (1)(B), the Secretary shall close the kitchen or food service area at that medical facility that did not meet the standards for kitchens and food service areas in hospitals in the private sector until full remediation is completed and all kitchens and food service areas at that medical facility meet such standards.

“(3) PROVISION OF FOOD.—If a kitchen or food service area is closed at a medical facility of the Department pursuant to paragraph (2), the Director of the

Veterans Integrated Service Network in which the medical facility is located shall enter into a contract with a vendor approved by the General Services Administration to provide food at the medical facility.

“(d) QUARTERLY REPORTS.—Not less frequently than quarterly, the Under Secretary of Health shall submit to Congress a report on inspections conducted under this section, and their detailed findings and actions taken, during the preceding quarter at medical facilities of the Department.”

MOLD INSPECTION PROGRAM FOR DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES

Pub. L. 114-223, div. A, title II, § 252, Sept. 29, 2016, 130 Stat. 894, provided that:

“(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act [Sept. 29, 2016], the Secretary of Veterans Affairs shall establish a program to conduct risk-based inspections for mold and mold issues at each medical facility of the Department of Veterans Affairs. Such facilities will be rated high, medium, or low risk for mold. Such inspections at facilities rated high risk shall occur not less frequently than annually, and such inspections at facilities rated medium or low risk shall occur not less frequently than biennially.

“(b) AGREEMENT.—

“(1) IN GENERAL.—The Secretary shall seek to enter into an agreement with the Joint Commission on Accreditation of Hospital Organizations under which the Joint Commission on Accreditation of Hospital Organizations conducts the inspections required under subsection (a).

“(2) ALTERNATE ORGANIZATION.—If the Secretary is unable to enter into an agreement described in paragraph (1) with the Joint Commission on Accreditation of Hospital Organizations on terms acceptable to the Secretary, the Secretary shall seek to enter into such an agreement with another appropriate organization that—

“(A) is not part of the Federal Government;

“(B) operates as a not-for-profit entity; and

“(C) has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations.

“(c) REMEDIATION PLAN.—If a medical facility of the Department is determined pursuant to an inspection conducted under subsection (a) to have a mold issue, the Secretary shall—

“(1) implement a remediation plan for that medical facility within 7 days; and

“(2) Conduct [sic] a second inspection under subsection (a) at that medical facility within 90 days of the initial inspection.

“(d) QUARTERLY REPORTS.—Not less frequently than quarterly, the Under Secretary for Health shall submit to Congress a report on inspections conducted under this section, and their detailed findings and actions taken, during the preceding quarter at medical facilities of the Department.”

IMPROVEMENT OF HEALTH CARE RELATING TO USE OF OPIOIDS, PATIENT ADVOCACY, COMPLEMENTARY AND INTEGRATIVE HEALTH, AND FITNESS OF PROVIDERS

Pub. L. 114-198, title IX, July 22, 2016, 130 Stat. 755, as amended by Pub. L. 115-251, title II, § 208, Sept. 29, 2018, 132 Stat. 3173, provided that:

“SEC. 901. SHORT TITLE.

“This title may be cited as the ‘Jason Simcakoski Memorial and Promise Act’.

“SEC. 902. DEFINITIONS.

“In this title:

“(1) The term ‘controlled substance’ has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

“(2) The term ‘State’ means each of the several States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

“(3) The term ‘complementary and integrative health’ has the meaning given that term, or any successor term, by the National Institutes of Health.

“(4) The term ‘opioid receptor antagonist’ means a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) for emergency treatment of known or suspected opioid overdose.

“SUBTITLE A—OPIOID THERAPY AND PAIN MANAGEMENT

“SEC. 911. IMPROVEMENT OF OPIOID SAFETY MEASURES BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) EXPANSION OF OPIOID SAFETY INITIATIVE.—

“(1) INCLUSION OF ALL MEDICAL FACILITIES.—Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall expand the Opioid Safety Initiative of the Department of Veterans Affairs to include all medical facilities of the Department.

“(2) GUIDANCE.—The Secretary shall establish guidance that each health care provider of the Department of Veterans Affairs, before initiating opioid therapy to treat a patient as part of the comprehensive assessment conducted by the health care provider, use the Opioid Therapy Risk Report tool of the Department of Veterans Affairs (or any subsequent tool), which shall include information from the prescription drug monitoring program of each participating State as applicable, that includes the most recent information to date relating to the patient that accessed such program to assess the risk for adverse outcomes of opioid therapy for the patient, including the concurrent use of controlled substances such as benzodiazepines, as part of the comprehensive assessment conducted by the health care provider.

“(3) ENHANCED STANDARDS.—The Secretary shall establish enhanced standards with respect to the use of routine and random urine drug tests for all patients before and during opioid therapy to help prevent substance abuse, dependence, and diversion, including—

“(A) that such tests occur not less frequently than once each year or as otherwise determined according to treatment protocols; and

“(B) that health care providers appropriately order, interpret and respond to the results from such tests to tailor pain therapy, safeguards, and risk management strategies to each patient.

“(b) PAIN MANAGEMENT EDUCATION AND TRAINING.—

“(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the Secretary shall require all employees of the Department responsible for prescribing opioids to receive education and training described in paragraph (2).

“(2) EDUCATION AND TRAINING.—Education and training described in this paragraph is education and training on pain management and safe opioid prescribing practices for purposes of safely and effectively managing patients with chronic pain, including education and training on the following:

“(A) The implementation of and full compliance with the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any update to such guideline.

“(B) The use of evidence-based pain management therapies and complementary and integrative health services, including cognitive-behavioral therapy, non-opioid alternatives, and non-drug methods and procedures to managing pain and related health conditions including, to the extent practicable, medical devices approved or cleared by the Food and Drug Administration for the treatment of patients with chronic pain and related health conditions.

“(C) Screening and identification of patients with substance use disorder, including drug-seeking behavior, before prescribing opioids, assessment of risk potential for patients developing an addiction, and referral of patients to appropriate addiction

treatment professionals if addiction is identified or strongly suspected.

“(D) Communication with patients on the potential harm associated with the use of opioids and other controlled substances, including the need to safely store and dispose of supplies relating to the use of opioids and other controlled substances.

“(E) Such other education and training as the Secretary considers appropriate to ensure that veterans receive safe and high-quality pain management care from the Department.

“(3) USE OF EXISTING PROGRAM.—In providing education and training described in paragraph (2), the Secretary shall use the Interdisciplinary Chronic Pain Management Training Team Program of the Department (or successor program).

“(c) PAIN MANAGEMENT TEAMS.—

“(1) IN GENERAL.—In carrying out the Opioid Safety Initiative of the Department, the director of each medical facility of the Department shall identify and designate a pain management team of health care professionals, which may include board certified pain medicine specialists, responsible for coordinating and overseeing pain management therapy at such facility for patients experiencing acute and chronic pain that is non-cancer related.

“(2) ESTABLISHMENT OF PROTOCOLS.—

“(A) IN GENERAL.—In consultation with the Directors of each Veterans Integrated Service Network, the Secretary shall establish standard protocols for the designation of pain management teams at each medical facility within the Department.

“(B) CONSULTATION ON PRESCRIPTION OF OPIOIDS.—Each protocol established under subparagraph (A) shall ensure that any health care provider without expertise in prescribing analgesics or who has not completed the education and training under subsection (b), including a mental health care provider, does not prescribe opioids to a patient unless that health care provider—

“(i) consults with a health care provider with pain management expertise or who is on the pain management team of the medical facility; and

“(ii) refers the patient to the pain management team for any subsequent prescriptions and related therapy.

“(3) REPORT.—

“(A) IN GENERAL.—Not later than one year after the date of enactment of this Act [July 22, 2016], the director of each medical facility of the Department shall submit to the Under Secretary for Health and the director of the Veterans Integrated Service Network in which the medical facility is located a report identifying the health care professionals that have been designated as members of the pain management team at the medical facility pursuant to paragraph (1).

“(B) ELEMENTS.—Each report submitted under subparagraph (A) with respect to a medical facility of the Department shall include—

“(i) a certification as to whether all members of the pain management team at the medical facility have completed the education and training required under subsection (b);

“(ii) a plan for the management and referral of patients to such pain management team if health care providers without expertise in prescribing analgesics prescribe opioid medications to treat acute and chronic pain that is non-cancer related; and

“(iii) a certification as to whether the medical facility—

“(I) fully complies with the stepped-care model, or successor models, of pain management and other pain management policies of the Department; or

“(II) does not fully comply with such stepped-care model, or successor models, of pain management and other pain management policies but is carrying out a corrective plan of action to ensure such full compliance.

“(d) TRACKING AND MONITORING OF OPIOID USE.—

“(1) PRESCRIPTION DRUG MONITORING PROGRAMS OF STATES.—In carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the Secretary shall—

“(A) ensure access by health care providers of the Department to information on controlled substances, including opioids and benzodiazepines, prescribed to veterans who receive care outside the Department through the prescription drug monitoring program of each State with such a program, including by seeking to enter into memoranda of understanding with States to allow shared access of such information between States and the Department;

“(B) include such information in the Opioid Therapy Risk Report tool; and

“(C) require health care providers of the Department to submit to the prescription drug monitoring program of each State with such a program information on prescriptions of controlled substances received by veterans in that State under the laws administered by the Secretary.

“(2) REPORT ON TRACKING OF DATA ON OPIOID USE.—Not later than 18 months after the date of the enactment of this Act [July 22, 2016], the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of improving the Opioid Therapy Risk Report tool of the Department to allow for more advanced real-time tracking of and access to data on—

“(A) the key clinical indicators with respect to the totality of opioid use by veterans;

“(B) concurrent prescribing by health care providers of the Department of opioids in different health care settings, including data on concurrent prescribing of opioids to treat mental health disorders other than opioid use disorder; and

“(C) mail-order prescriptions of opioids prescribed to veterans under the laws administered by the Secretary.

“(e) AVAILABILITY OF OPIOID RECEPTOR ANTAGONISTS.—

“(1) INCREASED AVAILABILITY AND USE.—

“(A) IN GENERAL.—The Secretary shall maximize the availability of opioid receptor antagonists, including naloxone, to veterans.

“(B) AVAILABILITY, TRAINING, AND DISTRIBUTING.—In carrying out subparagraph (A), not later than 90 days after the date of the enactment of this Act [July 22, 2016], the Secretary shall—

“(i) equip each pharmacy of the Department with opioid receptor antagonists to be dispensed to outpatients as needed; and

“(ii) expand the Overdose Education and Naloxone Distribution program of the Department to ensure that all veterans in receipt of health care under laws administered by the Secretary who are at risk of opioid overdose may access such opioid receptor antagonists and training on the proper administration of such opioid receptor antagonists.

“(C) VETERANS WHO ARE AT RISK.—For purposes of subparagraph (B), veterans who are at risk of opioid overdose include—

“(i) veterans receiving long-term opioid therapy;

“(ii) veterans receiving opioid therapy who have a history of substance use disorder or prior instances of overdose; and

“(iii) veterans who are at risk as determined by a health care provider who is treating the veteran.

“(2) REPORT.—Not later than 120 days after the date of the enactment of this Act [July 22, 2016], and not later than one year after the date of the enactment of the Department of Veterans Affairs Expiring Authorities Act of 2018 [Sept. 29, 2018] the Secretary shall submit to the Committee on Veterans' Affairs

of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on carrying out paragraph (1), including an assessment of any remaining steps to be carried out by the Secretary to carry out such paragraph.

“(f) INCLUSION OF CERTAIN INFORMATION AND CAPABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF THE DEPARTMENT.—

“(1) INFORMATION.—The Secretary shall include in the Opioid Therapy Risk Report tool of the Department—

“(A) information on the most recent time the tool was accessed by a health care provider of the Department with respect to each veteran; and

“(B) information on the results of the most recent urine drug test for each veteran.

“(2) CAPABILITIES.—The Secretary shall include in the Opioid Therapy Risk Report tool the ability of the health care providers of the Department to determine whether a health care provider of the Department prescribed opioids to a veteran without checking the information in the tool with respect to the veteran.

“(g) NOTIFICATIONS OF RISK IN COMPUTERIZED HEALTH RECORD.—The Secretary shall modify the computerized patient record system of the Department to ensure that any health care provider that accesses the record of a veteran, regardless of the reason the veteran seeks care from the health care provider, will be immediately notified whether the veteran—

“(1) is receiving opioid therapy and has a history of substance use disorder or prior instances of overdose;

“(2) has a history of opioid abuse; or

“(3) is at risk of developing an opioid use disorder, as determined by a health care provider who is treating the veteran.

“SEC. 912. STRENGTHENING OF JOINT WORKING GROUP ON PAIN MANAGEMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

“(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the Pain Management Working Group of the Health Executive Committee of the Department of Veterans Affairs–Department of Defense Joint Executive Committee (Pain Management Working Group) established under section 320 of title 38, United States Code, includes a focus on the following:

“(1) The opioid prescribing practices of health care providers of each Department.

“(2) The ability of each Department to manage acute and chronic pain among individuals receiving health care from the Department, including training health care providers with respect to pain management.

“(3) The use by each Department of complementary and integrative health in treating such individuals.

“(4) The concurrent use and practice by health care providers of each Department of opioids and prescription drugs to treat mental health disorders, including benzodiazepines.

“(5) The use of care transition plans by health care providers of each Department to address case management issues for patients receiving opioid therapy who transition between inpatient and outpatient care.

“(6) The coordination in coverage of and consistent access to medications prescribed for patients transitioning from receiving health care from the Department of Defense to receiving health care from the Department of Veterans Affairs.

“(7) The ability of each Department to properly screen, identify, refer, and treat patients with substance use disorders who are seeking treatment for acute and chronic pain management conditions.

“(b) COORDINATION AND CONSULTATION.—The Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the working group described in subsection (a)—

“(1) coordinates the activities of the working group with other relevant working groups established under section 320 of title 38, United States Code;

“(2) consults with other relevant Federal agencies, including the Centers for Disease Control and Prevention, with respect to the activities of the working group; and

“(3) consults with the Department of Veterans Affairs and the Department of Defense with respect to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, or any successor guideline, and reviews and provides comments before any update to the guideline is released.

“(c) CLINICAL PRACTICE GUIDELINES.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs and the Secretary of Defense shall issue an update to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

“(2) MATTERS INCLUDED.—In conducting the update under paragraph (1), the Pain Management Working Group, in coordination with the Clinical Practice Guideline VA/DoD Management of Opioid Therapy for Chronic Pain Working Group, shall work to ensure that the Clinical Practical Guideline includes the following:

“(A) Enhanced guidance with respect to—

“(i) the co-administration of an opioid and other drugs, including benzodiazepines, that may result in life-limiting drug interactions;

“(ii) the treatment of patients with current acute psychiatric instability or substance use disorder or patients at risk of suicide; and

“(iii) the use of opioid therapy to treat mental health disorders other than opioid use disorder.

“(B) Enhanced guidance with respect to the treatment of patients with behaviors or comorbidities, such as post-traumatic stress disorder or other psychiatric disorders, or a history of substance abuse or addiction, that requires a consultation or co-management of opioid therapy with one or more specialists in pain management, mental health, or addictions.

“(C) Enhanced guidance with respect to health care providers—

“(i) conducting an effective assessment for patients beginning or continuing opioid therapy, including understanding and setting realistic goals with respect to achieving and maintaining an expected level of pain relief, improved function, or a clinically appropriate combination of both; and

“(ii) effectively assessing whether opioid therapy is achieving or maintaining the established treatment goals of the patient or whether the patient and health care provider should discuss adjusting, augmenting, or discontinuing the opioid therapy.

“(D) Guidelines to inform the methodologies used by health care providers of the Department of Veterans Affairs and the Department of Defense to safely taper opioid therapy when adjusting or discontinuing the use of opioid therapy, including—

“(i) prescription of the lowest effective dose based on patient need;

“(ii) use of opioids only for a limited time; and

“(iii) augmentation of opioid therapy with other pain management therapies and modalities.

“(E) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition between inpatient and outpatient health care settings, which may include the use of care transition plans.

“(F) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition from receiving care during active duty to post-military health care networks.

“(G) Guidelines with respect to providing options, before initiating opioid therapy, for pain management therapies without the use of opioids and op-

tions to augment opioid therapy with other clinical and complementary and integrative health services to minimize opioid dependence.

“(H) Guidelines with respect to the provision of evidence-based non-opioid treatments within the Department of Veterans Affairs and the Department of Defense, including medical devices and other therapies approved or cleared by the Food and Drug Administration for the treatment of chronic pain as an alternative to or to augment opioid therapy.

“(I) Guidelines developed by the Centers for Disease Control and Prevention for safely prescribing opioids for the treatment of chronic, non-cancer related pain in outpatient settings.

“(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in updating the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, as required under paragraph (1), or from ensuring that the final clinical practice guideline updated under such paragraph remains applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.

“SEC. 913. REVIEW, INVESTIGATION, AND REPORT ON USE OF OPIOIDS IN TREATMENT BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) COMPTROLLER GENERAL REPORT.—

“(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act [July 22, 2016], the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Opioid Safety Initiative of the Department of Veterans Affairs and the opioid prescribing practices of health care providers of the Department.

“(2) ELEMENTS.—The report submitted under paragraph (1) shall include the following:

“(A) An assessment of the implementation and monitoring by the Veterans Health Administration of the Opioid Safety Initiative of the Department, including examining, as appropriate, the following:

“(i) How the Department monitors the key clinical outcomes of such safety initiative (for example, the percentage of unique veterans visiting each medical center of the Department that are prescribed an opioid or an opioid and benzodiazepine concurrently) and how the Department uses that information—

“(I) to improve prescribing practices; and

“(II) to identify high prescribing or otherwise inappropriate prescribing practices by health care providers.

“(ii) How the Department monitors the use of the Opioid Therapy Risk Report tool of the Department (as developed through such safety initiative) and compliance with such tool by medical facilities and health care providers of the Department, including any findings by the Department of prescription rates or prescription practices by medical facilities or health care providers that are inappropriate.

“(iii) The implementation of academic detailing programs within the Veterans Integrated Service Networks of the Department and how such programs are being used to improve opioid prescribing practices.

“(iv) Recommendations on such improvements to the Opioid Safety Initiative of the Department as the Comptroller General considers appropriate.

“(B) Information made available under the Opioid Therapy Risk Report tool with respect to—

“(i) deaths resulting from sentinel events involving veterans prescribed opioids by a health care provider;

“(ii) overall prescription rates and, if applicable, indications used by health care providers for

prescribing chronic opioid therapy to treat non-cancer, non-palliative, and non-hospice care patients;

“(iii) the prescription rates and indications used by health care providers for prescribing benzodiazepines and opioids concomitantly;

“(iv) the practice by health care providers of prescribing opioids to treat patients without any pain, including to treat patients with mental health disorders other than opioid use disorder; and

“(v) the effectiveness of opioid therapy for patients receiving such therapy, including the effectiveness of long-term opioid therapy.

“(C) An evaluation of processes of the Department in place to oversee opioid use among veterans, including procedures to identify and remedy potential over-prescribing of opioids by health care providers of the Department.

“(D) An assessment of the implementation of the Secretary of Veterans Affairs of the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any figures or approaches used by the Department to assess compliance with such guidelines by medical centers of the Department and identify any medical centers of the Department operating action plans to improve compliance with such guidelines.

“(E) An assessment of the data that the Department has developed to review the opioid prescribing practices of health care providers of the Department, as required by this subtitle, including a review of how the Department identifies the practices of individual health care providers that warrant further review based on prescribing levels, health conditions for which the health care provider is prescribing opioids or opioids and benzodiazepines concurrently, or other practices of the health care provider.

“(b) SEMI-ANNUAL PROGRESS REPORT ON IMPLEMENTATION OF COMPTROLLER GENERAL RECOMMENDATIONS.—Not later than 180 days after the date of the submittal of the report required under subsection (a), and not less frequently than annually thereafter until the Comptroller General of the United States determines that all recommended actions are closed, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a progress report detailing the actions by the Secretary to address any outstanding findings and recommendations by the Comptroller General of the United States under subsection (a) with respect to the Veterans Health Administration.

“(c) ANNUAL REPORT ON OPIOID THERAPY AND PRESCRIPTION RATES.—Not later than one year after the date of the enactment of this Act [July 22, 2016], and not less frequently than annually for the following five years, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on opioid therapy and prescription rates for the one-year period preceding the date of the submission of the report. Each such report shall include each of the following:

“(1) The number of patients and the percentage of the patient population of the Department who were prescribed benzodiazepines and opioids concurrently by a health care provider of the Department.

“(2) The number of patients and the percentage of the patient population of the Department without any pain who were prescribed opioids by a health care provider of the Department, including those who were prescribed benzodiazepines and opioids concurrently.

“(3) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were treated with opioids by a health care provider of the Department on an inpatient-basis and who also received prescription opioids by mail from the Department while being treated on an inpatient-basis.

“(4) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were prescribed opioids concurrently by a health care provider of the Department and a health care provider that is not a health care provider of the Department.

“(5) With respect to each medical facility of the Department, the collected and reviewed information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients, including—

“(A) the prescription rate at which each health care provider at the facility prescribed benzodiazepines and opioids concurrently to such patients and the aggregate of such prescription rate for all health care providers at the facility;

“(B) the prescription rate at which each health care provider at the facility prescribed benzodiazepines or opioids to such patients to treat conditions for which benzodiazepines or opioids are not approved treatment and the aggregate of such prescription rate for all health care providers at the facility;

“(C) the prescription rate at which each health care provider at the facility prescribed or dispensed mail-order prescriptions of opioids to such patients while such patients were being treated with opioids on an inpatient-basis and the aggregate of such prescription rate for all health care providers at the facility; and

“(D) the prescription rate at which each health care provider at the facility prescribed opioids to such patients who were also concurrently prescribed opioids by a health care provider that is not a health care provider of the Department and the aggregate of such prescription rates for all health care providers at the facility.

“(6) With respect to each medical facility of the Department, the number of times a pharmacist at the facility overrode a critical drug interaction warning with respect to an interaction between opioids and another medication before dispensing such medication to a veteran.

“(d) INVESTIGATION OF PRESCRIPTION RATES.—If the Secretary determines that a prescription rate with respect to a health care provider or medical facility of the Department conflicts with or is otherwise inconsistent with the standards of appropriate and safe care, the Secretary shall—

“(1) immediately notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such determination, including information relating to such determination, prescription rate, and health care provider or medical facility, as the case may be; and

“(2) through the Office of the Medical Inspector of the Veterans Health Administration, conduct a full investigation of the health care provider or medical facility, as the case may be.

“(e) PRESCRIPTION RATE DEFINED.—In this section, the term ‘prescription rate’ means, with respect to a health care provider or medical facility of the Department, each of the following:

“(1) The number of patients treated with opioids by the health care provider or at the medical facility, as the case may be, divided by the total number of pharmacy users of that health care provider or medical facility.

“(2) The average number of morphine equivalents per day prescribed by the health care provider or at the medical facility, as the case may be, to patients being treated with opioids.

“(3) Of the patients being treated with opioids by the health care provider or at the medical facility, as the case may be, the average number of prescriptions of opioids per patient.

“SEC. 914. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

[Amended section 5701 of this title.]

“SEC. 915. ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS.

“(a) COPAYMENT FOR OPIOID ANTAGONISTS.—[Amended section 1722A of this title.]

“(b) COPAYMENT FOR EDUCATION ON USE OF OPIOID ANTAGONISTS.—[Amended section 1710 of this title.]

“SUBTITLE B—PATIENT ADVOCACY

“SEC. 921. COMMUNITY MEETINGS ON IMPROVING CARE FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) COMMUNITY MEETINGS.—

“(1) MEDICAL CENTERS.—Not later than 90 days after the date of the enactment of this Act [July 22, 2016], and not less frequently than once every 90 days thereafter, the Secretary shall ensure that each medical facility of the Department of Veterans Affairs hosts a community meeting open to the public on improving health care furnished by the Secretary.

“(2) COMMUNITY-BASED OUTPATIENT CLINICS.—Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter, the Secretary shall ensure that each community-based outpatient clinic of the Department hosts a community meeting open to the public on improving health care furnished by the Secretary.

“(b) ATTENDANCE BY DIRECTOR OF VETERANS INTEGRATED SERVICE NETWORK OR DESIGNEE.—

“(1) IN GENERAL.—Each community meeting hosted by a medical facility or community-based outpatient clinic under subsection (a) shall be attended by the Director of the Veterans Integrated Service Network in which the medical facility or community-based outpatient clinic, as the case may be, is located. Subject to paragraph (2), the Director may delegate such attendance only to an employee who works in the Office of the Director.

“(2) ATTENDANCE BY DIRECTOR.—Each Director of a Veterans Integrated Service Network shall personally attend not less than one community meeting under subsection (a) hosted by each medical facility located in the Veterans Integrated Service Network each year.

“(c) NOTICE.—The Secretary shall notify the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and each Member of Congress (as defined in section 902) [sic] who represents the area in which the medical facility is located of a community meeting under subsection (a) by not later than 10 days before such community meeting occurs.

“SEC. 922. IMPROVEMENT OF AWARENESS OF PATIENT ADVOCACY PROGRAM AND PATIENT BILL OF RIGHTS OF DEPARTMENT OF VETERANS AFFAIRS.

“Not later than 90 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall, in as many prominent locations as the Secretary determines appropriate to be seen by the largest percentage of patients and family members of patients at each medical facility of the Department of Veterans Affairs—

“(1) display the purposes of the Patient Advocacy Program of the Department and the contact information for the patient advocate at such medical facility; and

“(2) display the rights and responsibilities of—

“(A) patients and family members of patients at such medical facility; and

“(B) with respect to community living centers and other residential facilities of the Department, residents and family members of residents at such medical facility.

“SEC. 923. COMPTROLLER GENERAL REPORT ON PATIENT ADVOCACY PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

“(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [July 22, 2016], the

Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Patient Advocacy Program of the Department of Veterans Affairs (in this section referred to as the ‘Program’).

“(b) ELEMENTS.—The report required by subsection (a) shall include the following:

“(1) A description of the Program, including—

“(A) the purpose of the Program;

“(B) the activities carried out under the Program; and

“(C) the sufficiency of the Program in achieving the purpose of the Program.

“(2) An assessment of the sufficiency of staffing of employees of the Department responsible for carrying out the Program.

“(3) An assessment of the sufficiency of the training of such employees.

“(4) An assessment of—

“(A) the awareness of the Program among veterans and family members of veterans; and

“(B) the use of the Program by veterans and family members of veterans.

“(5) Such recommendations and proposals for improving or modifying the Program as the Comptroller General considers appropriate.

“(6) Such other information with respect to the Program as the Comptroller General considers appropriate.

“SEC. 924. ESTABLISHMENT OF OFFICE OF PATIENT ADVOCACY OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) IN GENERAL.—[Enacted section 7309A of this title.]

“(b) CLERICAL AMENDMENT.—[Amended analysis of chapter 73 of this title.]

“(c) DATE FULLY OPERATIONAL.—[Enacted provisions set out as a note under section 7309A of this title.]

“SUBTITLE C—COMPLEMENTARY AND INTEGRATIVE HEALTH

“SEC. 931. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

“(a) ESTABLISHMENT.—There is established a commission to be known as the ‘Creating Options for Veterans' Expedited Recovery’ or the ‘COVER Commission’ (in this section referred to as the ‘Commission’). The Commission shall examine the evidence-based therapy treatment model used by the Secretary of Veterans Affairs for treating mental health conditions of veterans and the potential benefits of incorporating complementary and integrative health treatments available in non-Department facilities (as defined in section 1701 of title 38, United States Code).

“(b) DUTIES.—The Commission shall perform the following duties:

“(1) Examine the efficacy of the evidence-based therapy model used by the Secretary for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes.

“(2) Conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine—

“(A) the experience of veterans with the Department of Veterans Affairs when seeking medical assistance for mental health issues through the health care system of the Department;

“(B) the experience of veterans with non-Department facilities and health professionals for treating mental health issues;

“(C) the preference of veterans regarding available treatment for mental health issues and which methods the veterans believe to be most effective;

“(D) the experience, if any, of veterans with respect to the complementary and integrative health treatment therapies described in paragraph (3);

“(E) the prevalence of prescribing prescription medication among veterans seeking treatment through the health care system of the Department as remedies for addressing mental health issues; and

“(F) the outreach efforts of the Secretary regarding the availability of benefits and treatments for veterans for addressing mental health issues, including by identifying ways to reduce barriers to gaps in such benefits and treatments.

“(3) Examine available research on complementary and integrative health treatment therapies for mental health issues and identify what benefits could be made with the inclusion of such treatments for veterans, including with respect to—

- “(A) music therapy;
- “(B) equine therapy;
- “(C) training and caring for service dogs;
- “(D) yoga therapy;
- “(E) acupuncture therapy;
- “(F) meditation therapy;
- “(G) outdoor sports therapy;
- “(H) hyperbaric oxygen therapy;
- “(I) accelerated resolution therapy;
- “(J) art therapy;
- “(K) magnetic resonance therapy; and
- “(L) other therapies the Commission determines appropriate.

“(4) Study the sufficiency of the resources of the Department to ensure the delivery of quality health care for mental health issues among veterans seeking treatment within the Department.

“(5) Study the current treatments and resources available within the Department and assess—

- “(A) the effectiveness of such treatments and resources in decreasing the number of suicides per day by veterans;
- “(B) the number of veterans who have been diagnosed with mental health issues;
- “(C) the percentage of veterans using the resources of the Department who have been diagnosed with mental health issues;
- “(D) the percentage of veterans who have completed counseling sessions offered by the Department; and
- “(E) the efforts of the Department to expand complementary and integrative health treatments viable to the recovery of veterans with mental health issues as determined by the Secretary to improve the effectiveness of treatments offered by the Department.

“(c) MEMBERSHIP.—

“(1) IN GENERAL.—The Commission shall be composed of 10 members, appointed as follows:

- “(A) Two members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.
- “(B) Two members appointed by the minority leader of the House of Representatives, at least one of whom shall be a veteran.
- “(C) Two members appointed by the majority leader of the Senate, at least one of whom shall be a veteran.
- “(D) Two members appointed by the minority leader of the Senate, at least one of whom shall be a veteran.
- “(E) Two members appointed by the President, at least one of whom shall be a veteran.

“(2) QUALIFICATIONS.—Members of the Commission shall be individuals who—

- “(A) are of recognized standing and distinction within the medical community with a background in treating mental health;
- “(B) have experience working with the military and veteran population; and
- “(C) do not have a financial interest in any of the complementary and integrative health treatments reviewed by the Commission.

“(3) CHAIRMAN.—The President shall designate a member of the Commission to be the Chairman.

“(4) PERIOD OF APPOINTMENT.—Members of the Commission shall be appointed for the life of the Commission.

“(5) VACANCY.—A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

“(6) APPOINTMENT DEADLINE.—The appointment of members of the Commission in this section shall be made not later than 90 days after the date of the enactment of this Act [July 22, 2016].

“(d) POWERS OF COMMISSION.—

“(1) MEETINGS.—

“(A) INITIAL MEETING.—The Commission shall hold its first meeting not later than 30 days after a majority of members are appointed to the Commission.

“(B) MEETING.—The Commission shall regularly meet at the call of the Chairman. Such meetings may be carried out through the use of telephonic or other appropriate telecommunication technology if the Commission determines that such technology will allow the members to communicate simultaneously.

“(2) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive evidence as the Commission considers advisable to carry out the responsibilities of the Commission.

“(3) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any department or agency of the Federal Government such information as the Commission considers necessary to carry out the duties of the Commission.

“(4) INFORMATION FROM NONGOVERNMENTAL ORGANIZATIONS.—In carrying out its duties, the Commission may seek guidance through consultation with foundations, veteran service organizations, nonprofit groups, faith-based organizations, private and public institutions of higher education, and other organizations as the Commission determines appropriate.

“(5) COMMISSION RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such record.

“(6) PERSONNEL RECORDS.—The Commission shall keep an accurate and complete record of the actions and meetings of the Commission. Such record shall be made available for public inspection and the Comptroller General of the United States may audit and examine such records.

“(7) COMPENSATION OF MEMBERS; TRAVEL EXPENSES.—Each member shall serve without pay but shall receive travel expenses to perform the duties of the Commission, including per diem in lieu of substances [sic], at rates authorized under subchapter I of chapter 57 of title 5, United States Code.

“(8) STAFF.—The Chairman, in accordance with rules agreed upon the Commission, may appoint and fix the compensation of a staff director and such other personnel as may be necessary to enable the Commission to carry out its functions, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, without regard to the provision of chapter 51 and subchapter III of chapter 53 of such title relating to classification and General Schedule pay rates, except that no rate of pay fixed under this paragraph may exceed the equivalent of that payable for a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

“(9) PERSONNEL AS FEDERAL EMPLOYEES.—

“(A) IN GENERAL.—The executive director and any personnel of the Commission are employees under section 2105 of title 5, United States Code, for purpose of chapters 63, 81, 83, 84, 85, 87, 89, and 90 of such title.

“(B) MEMBERS OF THE COMMISSION.—Subparagraph (A) shall not be construed to apply to members of the Commission.

“(10) CONTRACTING.—The Commission may, to such extent and in such amounts as are provided in appropriations Acts, enter into contracts to enable the Commission to discharge the duties of the Commission under this Act.

“(11) EXPERT AND CONSULTANT SERVICE.—The Commission may procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, at rates not to exceed the daily rate paid to a person occupying a position at level IV of the Executive Schedule under section 5315 of title 5, United States Code.

“(12) POSTAL SERVICE.—The Commission may use the United States mails in the same manner and under the same conditions as departments and agencies of the United States.

“(13) PHYSICAL FACILITIES AND EQUIPMENT.—Upon the request of the Commission, the Administrator of General Services shall provide to the Commission, on a reimbursable basis, the administrative support services necessary for the Commission to carry out its responsibilities under this Act. These administrative services may include human resource management, budget, leasing accounting, and payroll services.

“(e) REPORT.—

“(1) INTERIM REPORTS.—

“(A) IN GENERAL.—Not later than 60 days after the date on which the Commission first meets, and each 30-day period thereafter ending on the date on which the Commission submits the final report under paragraph (2), the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and the President a report detailing the level of cooperation the Secretary of Veterans Affairs (and the heads of other departments or agencies of the Federal Government) has provided to the Commission.

“(B) OTHER REPORTS.—In carrying out its duties, at times that the Commission determines appropriate, the Commission shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate and any other appropriate entities an interim report with respect to the findings identified by the Commission.

“(2) FINAL REPORT.—Not later than 18 months after the first meeting of the Commission, the Commission shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Senate, the President, and the Secretary of Veterans Affairs a final report on the findings of the Commission. Such report shall include the following:

“(A) Recommendations to implement in a feasible, timely, and cost-efficient manner the solutions and remedies identified within the findings of the Commission pursuant to subsection (b).

“(B) An analysis of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating veterans with mental health care issues, and an examination of the prevalence and efficacy of prescription drugs as a means for treatment.

“(C) The findings of the patient-centered survey conducted within each of the Veterans Integrated Service Networks pursuant to subsection (b)(2).

“(D) An examination of complementary and integrative health treatments described in subsection (b)(3) and the potential benefits of incorporating such treatments in the therapy models used by the Secretary for treating veterans with mental health issues.

“(3) PLAN.—Not later than 90 days after the date on which the Commission submits the final report under paragraph (2), the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the following:

“(A) An action plan for implementing the recommendations established by the Commission on such solutions and remedies for improving wellness-based outcomes for veterans with mental health care issues.

“(B) A feasible timeframe on when the complementary and integrative health treatments described in subsection (b)(3) can be implemented Department-wide.

“(C) With respect to each recommendation established by the Commission, including any complementary and integrative health treatment, that the Secretary determines is not appropriate or feasible to implement, a justification for such determination and an alternative solution to improve the efficacy of the therapy models used by the Secretary for treating veterans with mental health issues.

“(f) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the Commission submits the final report under subsection (e)(2).

“SEC. 932. EXPANSION OF RESEARCH AND EDUCATION ON AND DELIVERY OF COMPLEMENTARY AND INTEGRATIVE HEALTH TO VETERANS.

“(a) DEVELOPMENT OF PLAN TO EXPAND RESEARCH, EDUCATION, AND DELIVERY.—Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall develop a plan to expand materially and substantially the scope of the effectiveness of research and education on, and delivery and integration of, complementary and integrative health services into the health care services provided to veterans.

“(b) ELEMENTS.—The plan required by subsection (a) shall provide for the following:

“(1) Research on the following:

“(A) The effectiveness of various complementary and integrative health services, including the effectiveness of such services integrated with clinical services.

“(B) Approaches to integrating complementary and integrative health services into other health care services provided by the Department of Veterans Affairs.

“(2) Education and training for health care professionals of the Department on the following:

“(A) Complementary and integrative health services selected by the Secretary for purposes of the plan.

“(B) Appropriate uses of such services.

“(C) Integration of such services into the delivery of health care to veterans.

“(3) Research, education, and clinical activities on complementary and integrative health at centers of innovation at medical centers of the Department.

“(4) Identification or development of metrics and outcome measures to evaluate the effectiveness of the provision and integration of complementary and integrative health services into the delivery of health care to veterans.

“(5) Integration and delivery of complementary and integrative health services with other health care services provided by the Department.

“(c) CONSULTATION.—

“(1) IN GENERAL.—In carrying out subsection (a), the Secretary shall consult with the following:

“(A) The Director of the National Center for Complementary and Integrative Health of the National Institutes of Health.

“(B) The Commissioner of Food and Drugs.

“(C) Institutions of higher education, private research institutes, and individual researchers with extensive experience in complementary and integrative health and the integration of complementary and integrative health practices into the delivery of health care.

“(D) Nationally recognized providers of complementary and integrative health.

“(E) Such other officials, entities, and individuals with expertise on complementary and integrative health as the Secretary considers appropriate.

“(2) SCOPE OF CONSULTATION.—The Secretary shall undertake consultation under paragraph (1) in carrying out subsection (a) with respect to the following:

“(A) To develop the plan.

“(B) To identify specific complementary and integrative health practices that, on the basis of research findings or promising clinical interventions, are appropriate to include as services to veterans.

“(C) To identify barriers to the effective provision and integration of complementary and integrative health services into the delivery of health care to veterans, and to identify mechanisms for overcoming such barriers.

“SEC. 933. PILOT PROGRAM ON INTEGRATION OF COMPLEMENTARY AND INTEGRATIVE HEALTH AND RELATED ISSUES FOR VETERANS AND FAMILY MEMBERS OF VETERANS.

“(a) PILOT PROGRAM.—

“(1) IN GENERAL.—Not later than 180 days after the date on which the Secretary of Veterans Affairs receives the final report under section 931(e)(2), the Secretary shall commence a pilot program to assess the feasibility and advisability of using complementary and integrative health and wellness-based programs (as defined by the Secretary) to complement the provision of pain management and related health care services, including mental health care services, to veterans.

“(2) MATTERS ADDRESSED.—In carrying out the pilot program, the Secretary shall assess the following:

“(A) Means of improving coordination between Federal, State, local, and community providers of health care in the provision of pain management and related health care services to veterans.

“(B) Means of enhancing outreach, and coordination of outreach, by and among providers of health care referred to in subparagraph (A) on the pain management and related health care services available to veterans.

“(C) Means of using complementary and integrative health and wellness-based programs of providers of health care referred to in subparagraph (A) as complements to the provision by the Department of Veterans Affairs of pain management and related health care services to veterans.

“(D) Whether complementary and integrative health and wellness-based programs described in subparagraph (C)—

“(i) are effective in enhancing the quality of life and well-being of veterans;

“(ii) are effective in increasing the adherence of veterans to the primary pain management and related health care services provided such veterans by the Department;

“(iii) have an effect on the sense of well-being of veterans who receive primary pain management and related health care services from the Department; and

“(iv) are effective in encouraging veterans receiving health care from the Department to adopt a more healthy lifestyle.

“(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a)(1) for a period of three years.

“(c) LOCATIONS.—

“(1) FACILITIES.—The Secretary shall carry out the pilot program under subsection (a)(1) at facilities of the Department providing pain management and related health care services, including mental health care services, to veterans. In selecting such facilities to carry out the pilot program, the Secretary shall select not fewer than 15 geographically diverse medical centers of the Department, of which not fewer than two shall be polytrauma rehabilitation centers of the Department.

“(2) MEDICAL CENTERS WITH PRESCRIPTION RATES OF OPIOIDS THAT CONFLICT WITH CARE STANDARDS.—In selecting the medical centers under paragraph (1), the Secretary shall give priority to medical centers of the Department at which there is a prescription rate of opioids that conflicts with or is otherwise inconsistent with the standards of appropriate and safe care.

“(d) PROVISION OF SERVICES.—Under the pilot program under subsection (a)(1), the Secretary shall provide covered services to covered veterans by integrating complementary and integrative health services with other services provided by the Department at the medical centers selected under subsection (c).

“(e) COVERED VETERANS.—For purposes of the pilot program under subsection (a)(1), a covered veteran is any veteran who—

“(1) has a mental health condition diagnosed by a clinician of the Department;

“(2) experiences chronic pain;

“(3) has a chronic condition being treated by a clinician of the Department; or

“(4) is not described in paragraph (1), (2), or (3) and requests to participate in the pilot program or is referred by a clinician of the Department who is treating the veteran.

“(f) COVERED SERVICES.—

“(1) IN GENERAL.—For purposes of the pilot program, covered services are services consisting of complementary and integrative health services as selected by the Secretary.

“(2) ADMINISTRATION OF SERVICES.—Covered services shall be administered under the pilot program as follows:

“(A) Covered services shall be administered by professionals or other instructors with appropriate training and expertise in complementary and integrative health services who are employees of the Department or with whom the Department enters into an agreement to provide such services.

“(B) Covered services shall be included as part of the Patient Aligned Care Teams initiative of the Office of Patient Care Services, Primary Care Program Office, in coordination with the Office of Patient Centered Care and Cultural Transformation.

“(C) Covered services shall be made available to—

“(i) covered veterans who have received conventional treatments from the Department for the conditions for which the covered veteran seeks complementary and integrative health services under the pilot program; and

“(ii) covered veterans who have not received conventional treatments from the Department for such conditions.

“(g) REPORTS.—

“(1) IN GENERAL.—Not later than 30 months after the date on which the Secretary commences the pilot program under subsection (a)(1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program.

“(2) ELEMENTS.—The report under paragraph (1) shall include the following:

“(A) The findings and conclusions of the Secretary with respect to the pilot program under subsection (a)(1), including with respect to—

“(i) the use and efficacy of the complementary and integrative health services established under the pilot program;

“(ii) the outreach conducted by the Secretary to inform veterans and community organizations about the pilot program; and

“(iii) an assessment of the benefit of the pilot program to covered veterans in mental health diagnoses, pain management, and treatment of chronic illness.

“(B) Identification of any unresolved barriers that impede the ability of the Secretary to incorporate complementary and integrative health services with other health care services provided by the Department.

“(C) Such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

“SUBTITLE D—FITNESS OF HEALTH CARE PROVIDERS

“SEC. 941. ADDITIONAL REQUIREMENTS FOR HIRING OF HEALTH CARE PROVIDERS BY DEPARTMENT OF VETERANS AFFAIRS.

“As part of the hiring process for each health care provider considered for a position at the Department of Veterans Affairs after the date of the enactment of the [this] Act [July 22, 2016], the Secretary of Veterans Affairs shall require from the medical board of each State in which the health care provider has or had a medical license—

“(1) information on any violation of the requirements of the medical license of the health care provider during the 20-year period preceding the consideration of the health care provider by the Department; and

“(2) information on whether the health care provider has entered into any settlement agreement for a disciplinary charge relating to the practice of medicine by the health care provider.

“SEC. 942. PROVISION OF INFORMATION ON HEALTH CARE PROVIDERS OF DEPARTMENT OF VETERANS AFFAIRS TO STATE MEDICAL BOARDS.

“Notwithstanding section 552a of title 5, United States Code, with respect to each health care provider of the Department of Veterans Affairs who has violated a requirement of the medical license of the health care provider, the Secretary of Veterans Affairs shall provide to the medical board of each State in which the health care provider is licensed detailed information with respect to such violation, regardless of whether such board has formally requested such information.

“SEC. 943. REPORT ON COMPLIANCE BY DEPARTMENT OF VETERANS AFFAIRS WITH REVIEWS OF HEALTH CARE PROVIDERS LEAVING THE DEPARTMENT OR TRANSFERRING TO OTHER FACILITIES.

“Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the compliance by the Department of Veterans Affairs with the policy of the Department—

“(1) to conduct a review of each health care provider of the Department who transfers to another medical facility of the Department, resigns, retires, or is terminated to determine whether there are any concerns, complaints, or allegations of violations relating to the medical practice of the health care provider; and

“(2) to take appropriate action with respect to any such concern, complaint, or allegation.

“SUBTITLE E—OTHER MATTERS

“SEC. 951. MODIFICATION TO LIMITATION ON AWARDS AND BONUSES.”

[Amended section 705 of Pub. L. 113-146, set out as a note under section 703 of this title.]

FUNDING ACCOUNT FOR NON-DEPARTMENT CARE

Pub. L. 114-41, title IV, § 4003, July 31, 2015, 129 Stat. 462, provided that: “Each budget of the President submitted to Congress under section 1105 of title 31, United States Code, for fiscal year 2017 and each fiscal year thereafter shall include an appropriations account for non-Department provider programs (as defined in section 2(d) [probably means section 4002(d) of Pub. L. 114-41, 129 Stat. 462]) to be comprised of—

“(1) discretionary medical services funding that is designated for hospital care and medical services furnished at non-Department facilities; and

“(2) any funds transferred for such purpose from the Veterans Choice Fund established by section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 128 Stat. 1802) [set out below].”

LIMITATION ON DIALYSIS PILOT PROGRAM

Pub. L. 114-41, title IV, § 4006, July 31, 2015, 129 Stat. 465, provided that:

“(a) LIMITATION.—None of the funds authorized to be appropriated or otherwise made available to the Secretary of Veterans Affairs may be used to expand the dialysis pilot program or to create any new dialysis capability provided by the Department in a facility that is not an initial facility under the dialysis pilot program until—

“(1) an independent analysis of the dialysis pilot program is conducted for each such initial facility;

“(2) the Secretary submits to the appropriate congressional committees the report under subsection (b); and

“(3) a period of 180 days has elapsed following the date on which the Secretary submits such report.

“(b) REPORT.—The Secretary shall submit to the appropriate congressional committees a report containing the following:

“(1) The independent analysis described in subsection (a)(1).

“(2) A five-year dialysis investment plan explaining all of the options of the Secretary for delivering dialysis care to veterans, including how and where such care will be delivered.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘appropriate congressional committees’ means—

“(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives; and

“(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate.

“(2) The term ‘dialysis pilot program’ means the pilot demonstration program approved by the Under Secretary of Veterans Affairs for Health in August 2010 and by the Secretary of Veterans Affairs in September 2010 to provide dialysis care to patients at certain outpatient facilities operated by the Department of Veterans Affairs.

“(3) The term ‘initial facility’ means one of the four outpatient facilities identified by the Secretary to participate in the dialysis pilot program prior to the date of the enactment of this Act [July 31, 2015].”

VETERANS ACCESS, CHOICE AND ACCOUNTABILITY IN HEALTH CARE

Pub. L. 113-146, § 2, titles I, II, VIII, Aug. 7, 2014, 128 Stat. 1755, 1769, 1801, as amended by Pub. L. 113-175, title IV, § 409(a)–(f), Sept. 26, 2014, 128 Stat. 1906, 1907; Pub. L. 113-235, div. I, title II, § 242, Dec. 16, 2014, 128 Stat. 2568; Pub. L. 114-19, § 3(a), May 22, 2015, 129 Stat. 215; Pub. L. 114-41, title IV, §§ 4004, 4005, July 31, 2015, 129 Stat. 463, 464; Pub. L. 114-131, § 1, Feb. 29, 2016, 130 Stat. 292; Pub. L. 115-26, §§ 1, 2, Apr. 19, 2017, 131 Stat. 129; Pub. L. 115-182, title I, §§ 142, 143, June 6, 2018, 132 Stat. 1429, provided that:

“SEC. 2. DEFINITIONS.

“In this Act [see Tables for classification]:

“(1) The term ‘facility of the Department’ has the meaning given the term ‘facilities of the Department’ in section 1701 of title 38, United States Code.

“(2) The terms ‘hospital care’ and ‘medical services’ have the meanings given such terms in section 1701 of title 38, United States Code.

“TITLE I—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

“SEC. 101. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF AGREEMENTS WITH NON-DEPARTMENT OF VETERANS AFFAIRS ENTITIES.

“(a) EXPANSION OF AVAILABLE CARE AND SERVICES.—

“(1) FURNISHING OF CARE.—

“(A) IN GENERAL.—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through agreements authorized under subsection (d), or any other law administered by the Secretary of Veterans Affairs, with entities specified in subparagraph (B) for the furnishing of such care and services to veterans.

“(B) ENTITIES SPECIFIED.—The entities specified in this subparagraph are the following:

“(i) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including any physician furnishing services under such program.

“(ii) Any Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

“(iii) The Department of Defense.

“(iv) The Indian Health Service.

“(v) Subject to subsection (d)(5), a health care provider not otherwise covered under any of clauses (i) through (iv).

“(2) CHOICE OF PROVIDER.—An eligible veteran who makes an election under subsection (c) to receive hospital care or medical services under this section may select a provider of such care or services from among the entities specified in paragraph (1)(B) that are accessible to the veteran.

“(3) COORDINATION OF CARE AND SERVICES.—The Secretary shall coordinate, through the Non-VA Care Coordination Program of the Department of Veterans Affairs, the furnishing of care and services under this section to eligible veterans, including by ensuring that an eligible veteran receives an appointment for such care and services within the wait-time goals of the Veterans Health Administration for the furnishing of hospital care and medical services.

“(b) ELIGIBLE VETERANS.—A veteran is an eligible veteran for purposes of this section if—

“(1) the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code, including any such veteran who has not received hospital care or medical services from the Department and has contacted the Department seeking an initial appointment from the Department for the receipt of such care or services; and

“(2) the veteran—

“(A) attempts, or has attempted, to schedule an appointment for the receipt of hospital care or medical services under chapter 17 of title 38, United States Code, but is unable to schedule an appointment within—

“(i) the wait-time goals of the Veterans Health Administration for the furnishing of such care or services; or

“(ii) with respect to such care or services that are clinically necessary, the period determined necessary for such care or services if such period is shorter than such wait-time goals;

“(B) resides more than 40 miles (as calculated based on distance traveled) from—

“(i) with respect to a veteran who is seeking primary care, a medical facility of the Department, including a community-based outpatient clinic, that is able to provide such primary care by a full-time primary care physician; or

“(ii) with respect to a veteran not covered under clause (i), the medical facility of the Department, including a community-based outpatient clinic, that is closest to the residence of the veteran;

“(C) resides—

“(i) in a State without a medical facility of the Department that provides—

“(I) hospital care;

“(II) emergency medical services; and

“(III) surgical care rated by the Secretary as having a surgical complexity of standard; and

“(ii) more than 20 miles from a medical facility of the Department described in clause (i); or

“(D)(i) resides in a location, other than a location in Guam, American Samoa, or the Republic of the Philippines, that is 40 miles or less from a medical facility of the Department, including a community-based outpatient clinic; and

“(ii)(I) is required to travel by air, boat, or ferry to reach each medical facility described in clause (i) that is 40 miles or less from the residence of the veteran; or

“(II) faces an unusual or excessive burden in traveling to such a medical facility of the Department based on—

“(aa) geographical challenges;

“(bb) environmental factors, such as roads that are not accessible to the general public, traffic, or hazardous weather;

“(cc) a medical condition that impacts the ability to travel; or

“(dd) other factors, as determined by the Secretary.

“(c) ELECTION AND AUTHORIZATION.—

“(1) IN GENERAL.—In the case of an eligible veteran described in subsection (b)(2)(A), the Secretary shall, at the election of the eligible veteran—

“(A) provide the veteran an appointment that exceeds the wait-time goals described in such subsection or place such eligible veteran on an electronic waiting list described in paragraph (2) for an appointment for hospital care or medical services the veteran has elected to receive under this section; or

“(B)(i) authorize that such care or services be furnished to the eligible veteran under this section for a period of time specified by the Secretary; and

“(ii) notify the eligible veteran by the most effective means available, including electronic communication or notification in writing, describing the care or services the eligible veteran is eligible to receive under this section.

“(2) ELECTRONIC WAITING LIST.—The electronic waiting list described in this paragraph shall be maintained by the Department and allow access by each eligible veteran via www.myhealth.va.gov or any successor website (or other digital channel) for the following purposes:

“(A) To determine the place of such eligible veteran on the waiting list.

“(B) To determine the average length of time an individual spends on the waiting list, disaggregated by medical facility of the Department and type of care or service needed, for purposes of allowing such eligible veteran to make an informed election under paragraph (1).

“(d) CARE AND SERVICES THROUGH AGREEMENTS.—

“(1) AGREEMENTS.—

“(A) IN GENERAL.—The Secretary shall enter into agreements for furnishing care and services to eligible veterans under this section with entities specified in subsection (a)(1)(B). An agreement entered into pursuant to this subparagraph may not be treated as a Federal contract for the acquisition of goods or services and is not subject to any provision of law governing Federal contracts for the acquisition of goods or services. Before entering into an agreement pursuant to this subparagraph, the Secretary shall, to the maximum extent practicable and consistent with the requirements of this section, furnish such care and services to such veterans under this section with such entities pursuant to sharing agreements, existing contracts entered into by the Secretary, or other processes available at medical facilities of the Department.

“(B) AGREEMENT DEFINED.—In this paragraph, the term ‘agreement’ includes contracts, intergovernmental agreements, and provider agreements, as appropriate.

“(2) RATES AND REIMBURSEMENT.—

“(A) IN GENERAL.—In entering into an agreement under paragraph (1) with an entity specified in subsection (a)(1)(B), the Secretary shall—

“(i) negotiate rates for the furnishing of care and services under this section; and

“(ii) reimburse the entity for such care and services at the rates negotiated pursuant to clause (i) as provided in such agreement.

“(B) LIMIT ON RATES.—

“(i) IN GENERAL.—Except as provided in clause (ii), rates negotiated under subparagraph (A)(i) shall not be more than the rates paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the same care or services.

“(ii) EXCEPTION.—

“(I) IN GENERAL.—The Secretary may negotiate a rate that is more than the rate paid by the United States as described in clause (i) with respect to the furnishing of care or services under this section to an eligible veteran who resides in a highly rural area.

“(II) HIGHLY RURAL AREA DEFINED.—In this clause, the term ‘highly rural area’ means an area located in a county that has fewer than seven individuals residing in that county per square mile.

“(III) OTHER EXCEPTIONS.—With respect to furnishing care or services under this section in Alaska, the Alaska Fee Schedule of the Department of Veterans Affairs will be followed, except for when another payment agreement, including a contract or provider agreement, is in place. With respect to care or services furnished under this section in a State with an All-Payer Model Agreement under the Social Security Act [42 U.S.C. 301 et seq.] that became effective on January 1, 2014, the Medicare payment rates under clause (i) shall be calculated based on the payment rates under such agreement.

“(C) LIMIT ON COLLECTION.—For the furnishing of care or services pursuant to an agreement under paragraph (1), an entity specified in subsection (a)(1)(B) may not collect any amount that is greater than the rate negotiated pursuant to subparagraph (A)(i).

“(3) CERTAIN PROCEDURES.—

“(A) IN GENERAL.—In entering into an agreement under paragraph (1) with an entity described in subparagraph (B), the Secretary may use the procedures, including those procedures relating to reimbursement, available for entering into provider agreements under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and participation agreements under section 1842(h) of such Act (42 U.S.C. 1395u(h)). During the period in which such entity furnishes care or services pursuant to this section, such entity may not be treated as a Federal contractor or subcontractor by the Office of Federal Contract Compliance Programs of the Department of Labor by virtue of furnishing such care or services.

“(B) ENTITIES DESCRIBED.—The entities described in this subparagraph are the following:

“(i) In the case of the Medicare program, any provider of services that has entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and any physician or other supplier who has entered into a participation agreement under section 1842(h) of such Act (42 U.S.C. 1395u(h)); and

“(ii) In the case of the Medicaid program, any provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.).

“(4) INFORMATION ON POLICIES AND PROCEDURES.—The Secretary shall provide to any entity with which the Secretary has entered into an agreement under paragraph (1) the following:

“(A) Information on applicable policies and procedures for submitting bills or claims for authorized

care or services furnished to eligible veterans under this section.

“(B) Access to a telephone hotline maintained by the Department that such entity may call for information on the following:

“(i) Procedures for furnishing care and services under this section.

“(ii) Procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed for furnishing such care and services.

“(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

“(5) AGREEMENTS WITH OTHER PROVIDERS.—In accordance with the rates determined pursuant to paragraph (2), the Secretary may enter into agreements under paragraph (1) for furnishing care and services to eligible veterans under this section with an entity specified in subsection (a)(1)(B)(v) if the entity meets criteria established by the Secretary for purposes of this section.

“(e) RESPONSIBILITY FOR COSTS OF CERTAIN CARE.—

“(1) SUBMITTAL OF INFORMATION ON HEALTH-CARE PLANS.—Before receiving hospital care or medical services under this section, an eligible veteran shall provide to the Secretary information on any health-care plan described in paragraph (2) under which the eligible veteran is covered.

“(2) HEALTH-CARE PLAN.—A health-care plan described in this paragraph—

“(A) is an insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement not administered by the Secretary of Veterans Affairs, under which health services for individuals are provided or the expenses of such services are paid; and

“(B) does not include any such policy, contract, agreement, or similar arrangement pursuant to title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.) or chapter 55 of title 10, United States Code.

“(3) RECOVERY OF COSTS FOR CERTAIN CARE.—

“(A) IN GENERAL.—In any case in which an eligible veteran is furnished hospital care or medical services under this section for a non-service-connected disability described in subsection (a)(2) of section 1729 of title 38, United States Code, or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under Public Law 87-693, commonly known as the ‘Federal Medical Care Recovery Act’ (42 U.S.C. 2651 et seq.), the Secretary shall recover or collect from a third party (as defined in subsection (i) of such section 1729) reasonable charges for such care or services to the extent that the veteran (or the provider of the care or services) would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished by a department or agency of the United States.

“(B) USE OF AMOUNTS.—Amounts collected by the Secretary under subparagraph (A) shall be deposited in the Medical Community Care account of the Department. Amounts so deposited shall remain available until expended.

“(f) VETERANS CHOICE CARD.—

“(1) IN GENERAL.—For purposes of receiving care and services under this section, the Secretary shall, not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], issue to each veteran described in subsection (b)(1) a card that may be presented to a health care provider to facilitate the receipt of care or services under this section.

“(2) NAME OF CARD.—Each card issued under paragraph (1) shall be known as a ‘Veterans Choice Card’.

“(3) DETAILS OF CARD.—Each Veterans Choice Card issued to a veteran under paragraph (1) shall include the following:

“(A) The name of the veteran.

“(B) An identification number for the veteran that is not the social security number of the veteran.

“(C) The contact information of an appropriate office of the Department for health care providers to confirm that care or services under this section are authorized for the veteran.

“(D) Contact information and other relevant information for the submittal of claims or bills for the furnishing of care or services under this section.

“(E) The following statement: ‘This card is for qualifying medical care outside the Department of Veterans Affairs. Please call the Department of Veterans Affairs phone number specified on this card to ensure that treatment has been authorized.’

“(4) INFORMATION ON USE OF CARD.—Upon issuing a Veterans Choice Card to a veteran, the Secretary shall provide the veteran with information clearly stating the circumstances under which the veteran may be eligible for care or services under this section.

“(g) INFORMATION ON AVAILABILITY OF CARE.—The Secretary shall provide information to a veteran about the availability of care and services under this section in the following circumstances:

“(1) When the veteran enrolls in the patient enrollment system of the Department under section 1705 of title 38, United States Code.

“(2) When the veteran attempts to schedule an appointment for the receipt of hospital care or medical services from the Department but is unable to schedule an appointment within the wait-time goals of the Veterans Health Administration for the furnishing of such care or services.

“(3) When the veteran becomes eligible for hospital care or medical services under this section under subparagraph (B), (C), or (D) of subsection (b)(2).

“(h) FOLLOW-UP CARE.—In carrying out this section, the Secretary shall ensure that, at the election of an eligible veteran who receives hospital care or medical services from a health care provider in an episode of care under this section, the veteran receives such hospital care and medical services from such health care provider through the completion of the episode of care, including all specialty and ancillary services deemed necessary as part of the treatment recommended in the course of such hospital care or medical services.

“(i) PROVIDERS.—To be eligible to furnish care or services under this section, a health care provider must—

“(1) maintain at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for purposes of this section; and

“(2) submit, not less frequently than once each year during the period in which the Secretary is authorized to carry out this section pursuant to subsection (p), verification of such licenses and credentials maintained by such health care provider.

“(j) COST-SHARING.—

“(1) IN GENERAL.—The Secretary shall require an eligible veteran to pay a copayment for the receipt of care or services under this section only if such eligible veteran would be required to pay a copayment for the receipt of such care or services at a medical facility of the Department or from a health care provider of the Department pursuant to chapter 17 of title 38, United States Code.

“(2) LIMITATION.—The amount of a copayment charged under paragraph (1) may not exceed the amount of the copayment that would be payable by such eligible veteran for the receipt of such care or services at a medical facility of the Department or from a health care provider of the Department pursuant to chapter 17 of title 38, United States Code.

“(3) COLLECTION OF COPAYMENT.—A health care provider that furnishes care or services to an eligible

veteran under this section shall collect the copayment required under paragraph (1) from such eligible veteran at the time of furnishing such care or services.

“(k) CLAIMS PROCESSING SYSTEM.—

“(1) IN GENERAL.—The Secretary shall provide for an efficient nationwide system for processing and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

“(2) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of such system.

“(3) OVERSIGHT.—The Chief Business Office of the Veterans Health Administration shall oversee the implementation and maintenance of such system.

“(4) ACCURACY OF PAYMENT.—

“(A) IN GENERAL.—The Secretary shall ensure that such system meets such goals for accuracy of payment as the Secretary shall specify for purposes of this section.

“(B) QUARTERLY REPORT.—

“(i) IN GENERAL.—The Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a quarterly report on the accuracy of such system.

“(ii) ELEMENTS.—Each report required by clause (i) shall include the following:

“(I) A description of the goals for accuracy for such system specified by the Secretary under subparagraph (A).

“(II) An assessment of the success of the Department in meeting such goals during the quarter covered by the report.

“(iii) DEADLINE.—The Secretary shall submit each report required by clause (i) not later than 20 days after the end of the quarter covered by the report.

“(l) MEDICAL RECORDS.—

“(1) IN GENERAL.—The Secretary shall ensure that any health care provider that furnishes care or services under this section to an eligible veteran submits to the Department a copy of any medical record related to the care or services provided to such eligible veteran by such health care provider for inclusion in the electronic medical record of such eligible veteran maintained by the Department upon the completion of the provision of such care or services to such eligible veteran.

“(2) ELECTRONIC FORMAT.—Any medical record submitted to the Department under paragraph (1) shall, to the extent possible, be in an electronic format.

“(m) TRACKING OF MISSED APPOINTMENTS.—The Secretary shall implement a mechanism to track any missed appointments for care or services under this section by eligible veterans to ensure that the Department does not pay for such care or services that were not furnished to an eligible veteran.

“(n) IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall prescribe interim final regulations on the implementation of this section and publish such regulations in the Federal Register.

“(o) INSPECTOR GENERAL REPORT.—Not later than 30 days after the date on which the Secretary determines that 75 percent of the amounts deposited in the Veterans Choice Fund established by section 802 have been exhausted, the Inspector General of the Department shall submit to the Secretary a report on the results of an audit of the care and services furnished under this section to ensure the accuracy and timeliness of payments by the Department for the cost of such care and services, including any findings and recommendations of the Inspector General.

“(p) AUTHORITY TO FURNISH CARE AND SERVICES.—The Secretary may not use the authority under this section to furnish care and services after the date that is 1 year after the date of the enactment of the Caring for Our Veterans Act of 2018 [June 6, 2018].

“(q) REPORTS.—

“(1) INITIAL REPORT.—Not later than 90 days after the publication of the interim final regulations under subsection (n), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

“(A) The number of eligible veterans who have received care or services under this section.

“(B) A description of the types of care and services furnished to eligible veterans under this section.

“(2) FINAL REPORT.—Not later than 30 days after the date on which the Secretary determines that 75 percent of the amounts deposited in the Veterans Choice Fund established by section 802 have been exhausted, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

“(A) The total number of eligible veterans who have received care or services under this section, disaggregated by—

“(i) eligible veterans described in subsection

(b)(2)(A);

“(ii) eligible veterans described in subsection

(b)(2)(B);

“(iii) eligible veterans described in subsection

(b)(2)(C); and

“(iv) eligible veterans described in subsection

(b)(2)(D).

“(B) A description of the types of care and services furnished to eligible veterans under this section.

“(C) An accounting of the total cost of furnishing care and services to eligible veterans under this section.

“(D) The results of a survey of eligible veterans who have received care or services under this section on the satisfaction of such eligible veterans with the care or services received by such eligible veterans under this section.

“(E) An assessment of the effect of furnishing care and services under this section on wait times for appointments for the receipt of hospital care and medical services from the Department.

“(F) An assessment of the feasibility and advisability of continuing furnishing care and services under this section after the termination date specified in subsection (p).

“(r) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to alter the process of the Department for filling and paying for prescription medications.

“(s) WAIT-TIME GOALS OF THE VETERANS HEALTH ADMINISTRATION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), in this section, the term ‘wait-time goals of the Veterans Health Administration’ means not more than 30 days from the date on which a veteran requests an appointment for hospital care or medical services from the Department.

“(2) ALTERNATE GOALS.—If the Secretary submits to Congress, not later than 60 days after the date of the enactment of this Act, a report stating that the actual wait-time goals of the Veterans Health Administration are different from the wait-time goals specified in paragraph (1)—

“(A) for purposes of this section, the wait-time goals of the Veterans Health Administration shall be the wait-time goals submitted by the Secretary under this paragraph; and

“(B) the Secretary shall publish such wait-time goals in the Federal Register and on an Internet website of the Department available to the public.

“(t) WAIVER OF CERTAIN PRINTING REQUIREMENTS.—Section 501 of title 44, United States Code, shall not apply in carrying out this section.

“SEC. 102. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND INDIAN HEALTH SERVICE.

“(a) OUTREACH TO TRIBAL-RUN MEDICAL FACILITIES.—The Secretary of Veterans Affairs shall, in consultation with the Director of the Indian Health Service, conduct outreach to each medical facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.] to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the Department of Veterans Affairs under which the Secretary reimburses such facilities, Indian tribes, or tribal organizations, as the case may be, for health care provided to veterans who are—

“(1) eligible for health care at such facilities; and

“(2)(A) enrolled in the patient enrollment system of the Department established and operated under section 1705 of title 38, United States Code; or

“(B) eligible for hospital care and medical services pursuant to subsection (c)(2) of such section.

“(b) PERFORMANCE METRICS FOR MEMORANDUM OF UNDERSTANDING.—The Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly establish and implement performance metrics for assessing the performance by the Department of Veterans Affairs and the Indian Health Service under the memorandum of understanding entitled ‘Memorandum of Understanding between the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)’ in increasing access to health care, improving quality and coordination of health care, promoting effective patient-centered collaboration and partnerships between the Department and the Service, and ensuring health-promotion and disease-prevention services are appropriately funded and available for beneficiaries under both health care systems.

“(c) REPORT.—Not later than 180 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly submit to Congress a report on the feasibility and advisability of the following:

“(1) Entering into agreements for the reimbursement by the Secretary of the costs of direct care services provided through organizations receiving amounts pursuant to grants made or contracts entered into under section 503 of the Indian Health Care Improvement Act (25 U.S.C. 1653) to veterans who are otherwise eligible to receive health care from such organizations.

“(2) Including the reimbursement of the costs of direct care services provided to veterans who are not Indians in agreements between the Department and the following:

“(A) The Indian Health Service.

“(B) An Indian tribe or tribal organization operating a medical facility through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.].

“(C) A medical facility of the Indian Health Service.

“(3) Entering into an agreement between the Department and the Indian Health Service described in paragraph (2)(A) with respect to the effect of such agreement on the priority access of any Indian to health care services provided through the Indian Health Service, the eligibility of any Indian to receive health services through the Indian Health Service, and the quality of health care services provided to any Indian through the Indian Health Service.

“SEC. 103. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NATIVE HAWAIIAN HEALTH CARE SYSTEMS.

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with Papa Ola Lokahi and such

other organizations involved in the delivery of health care to Native Hawaiians as the Secretary considers appropriate, enter into contracts or agreements with Native Hawaiian health care systems that are in receipt of funds from the Secretary of Health and Human Services pursuant to grants awarded or contracts entered into under section 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11705(a)) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

“(b) DEFINITIONS.—In this section, the terms ‘Native Hawaiian’, ‘Native Hawaiian health care system’, and ‘Papa Ola Lokahi’ have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

“SEC. 104. REAUTHORIZATION AND MODIFICATION OF PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS.

[Amended section 403 of Pub. L. 110—387, set out as a note under section 1703 of this title.]

“SEC. 105. PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT.—It is the sense of Congress that the Secretary of Veterans Affairs shall comply with part 1315 of title 5, Code of Federal Regulations (commonly known as the ‘prompt payment rule’), or any corresponding similar regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

“(b) ESTABLISHMENT OF CLAIMS PROCESSING SYSTEM.—

“(1) CLAIMS PROCESSING SYSTEM.—The Secretary of Veterans Affairs shall establish and implement a system to process and pay claims for payment for hospital care, medical services, and other health care furnished by non-Department of Veterans Affairs health care providers under the laws administered by the Secretary.

“(2) COMPLIANCE WITH PROMPT PAYMENT ACT.—The system established and implemented under paragraph (1) shall comply with all requirements of chapter 39 of title 31, United States Code (commonly referred to as the ‘Prompt Payment Act’).

“(c) REPORT.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Comptroller General of the United States shall submit to Congress a report on the timeliness of payments by the Secretary for hospital care, medical services, and other health care furnished by non-Department of Veterans Affairs health care providers under the laws administered by the Secretary.

“(d) ELEMENTS.—The report required by subsection (c) shall include the following:

“(1) The results of a survey of non-Department health care providers who have submitted claims to the Department for hospital care, medical services, or other health care furnished to veterans for which payment is authorized under the laws administered by the Secretary during the one-year period preceding the submittal of the report, which survey shall include the following:

“(A) The amount of time it took for such health care providers, after submitting such claims, to receive payment from the Department for such care or services.

“(B) A comparison of the amount of time under subparagraph (A) and the amount of time it takes such health care providers to receive payments from the United States for similar care or services provided to the following, if applicable:

“(i) Beneficiaries under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

“(ii) Covered beneficiaries under the TRICARE program under chapter 55 of title 10, United States Code.

“(2) Such recommendations for legislative or administrative action as the Comptroller General considers appropriate.

“(e) SURVEY ELEMENTS.—In carrying out the survey, the Comptroller General shall seek responses from non-Department health care providers in a manner that ensures that the survey reflects the responses of such providers that—

“(1) are located in different geographic areas;

“(2) furnish a variety of different hospital care, medical services, and other health care; and

“(3) furnish such care and services in a variety of different types of medical facilities.

“SEC. 106. TRANSFER OF AUTHORITY FOR PAYMENTS FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS TO THE CHIEF BUSINESS OFFICE OF THE VETERANS HEALTH ADMINISTRATION.

“(a) TRANSFER OF AUTHORITY.—

“(1) IN GENERAL.—Effective as of October 1, 2014, the Secretary of Veterans Affairs shall transfer the authority to pay for hospital care, medical services, and other health care furnished through non-Department of Veterans Affairs providers from—

“(A) the Veterans Integrated Service Networks and medical centers of the Department of Veterans Affairs, to

“(B) the Chief Business Office of the Veterans Health Administration of the Department of Veterans Affairs.

“(2) MANNER OF CARE.—The Chief Business Office shall work in consultation with the Office of Clinical Operations and Management of the Department to ensure that care and services described in paragraph (1) are provided in a manner that is clinically appropriate and in the best interest of the veterans receiving such care and services.

“(3) NO DELAY IN PAYMENT.—The transfer of authority under paragraph (1) shall be carried out in a manner that does not delay or impede any payment by the Department for hospital care, medical services, or other health care furnished through a non-Department provider under the laws administered by the Secretary.

“(b) BUDGET MATTERS.—The budget of the Department of Veterans Affairs for any fiscal year beginning after the date of the enactment of this Act [Aug. 7, 2014] (as submitted to Congress pursuant to section 1105(a) of title 31, United States Code) shall specify funds for the payment for hospital care, medical services, and other health care furnished through non-Department of Veterans Affairs providers, including any administrative costs associated with such payment, as funds for the Chief Business Office of the Veterans Health Administration rather than as funds for the Veterans Integrated Service Networks or medical centers of the Department.

“TITLE II—HEALTH CARE ADMINISTRATIVE MATTERS

“SEC. 201. INDEPENDENT ASSESSMENT OF THE HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) INDEPENDENT ASSESSMENT.—

“(1) ASSESSMENT.—Not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity or entities described in subsection (b) to conduct an independent assessment of the hospital care, medical services, and other health care furnished in medical facilities of the Department. Such assessment shall address each of the following:

“(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

“(B) Current and projected health care capabilities and resources of the Department, including hospital care, medical services, and other health care furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to veterans.

“(C) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at non-Department facilities, including whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

“(D) The appropriate system-wide access standard applicable to hospital care, medical services, and other health care furnished by and through the Department, including an identification of appropriate access standards for each individual specialty and post-care rehabilitation.

“(E) The workflow process at each medical facility of the Department for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

“(F) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services.

“(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at such medical facility, compared with health care industry performance metrics, which may include an assessment of any of the following:

“(i) The case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

“(ii) The time spent by such health care provider on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

“(I) At a medical facility that is affiliated with the Department.

“(II) Conducting research.

“(III) Training or supervising other health care professionals of the Department.

“(H) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses and opportunities with respect to the technology used by the Department, especially those strategies with respect to clinical documentation of episodes of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in Department or non-Department facilities.

“(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

“(i) To avoid the payment of penalties to vendors.

“(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

“(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, and other health care and to ensure that such amounts collected are accurate.

“(iv) To increase the accuracy and timeliness of Department payments to vendors and providers.

“(J) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies,

medical devices, and health care related services by the Department, including the following:

“(i) The prices paid for, standardization of, and use by the Department of the following:

“(I) Pharmaceuticals.

“(II) Medical and surgical supplies.

“(III) Medical devices.

“(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

“(iii) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care related services to Veterans Integrated Service Networks and medical facilities of the Department.

“(K) The process of the Department for carrying out construction and maintenance projects at medical facilities of the Department and the medical facility leasing program of the Department.

“(L) The competency of leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

“(2) PARTICULAR ELEMENTS OF CERTAIN ASSESSMENTS.—

“(A) SCHEDULING ASSESSMENT.—In carrying out the assessment required by paragraph (1)(E), the private sector entity or entities shall do the following:

“(i) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

“(ii) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

“(iii) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

“(iv) Assess whether health care providers of the Department are making changes to their schedules that hinder the ability of employees conducting such tasks to perform such tasks.

“(v) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

“(vi) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

“(vii) Assess any interim technology changes or attempts by Department to internally develop a long-term scheduling solutions with respect to the feasibility and cost effectiveness of such internally developed solutions compared to commercially available solutions.

“(viii) Recommend actions, if any, to be taken by the Department to improve the process for scheduling such appointments, including the following:

“(I) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

“(II) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

“(III) Changes in the system used to schedule such appointments, including changes to improve how the Department—

“(aa) measures wait times of veterans for such appointments;

“(bb) monitors the availability of health care providers of the Department; and

“(cc) provides veterans the ability to schedule such appointments.

“(IV) Such other actions as the private sector entity or entities considers appropriate.

“(B) MEDICAL CONSTRUCTION AND MAINTENANCE PROJECT AND LEASING PROGRAM ASSESSMENT.—In carrying out the assessment required by paragraph (1)(K), the private sector entity or entities shall do the following:

“(i) Review the process of the Department for identifying and designing proposals for construction and maintenance projects at medical facilities of the Department and leases for medical facilities of the Department.

“(ii) Assess the process through which the Department determines the following:

“(I) That a construction or maintenance project or lease is necessary with respect to a medical facility or proposed medical facility of the Department.

“(II) The proper size of such medical facility or proposed medical facility with respect to treating veterans in the catchment area of such medical facility or proposed medical facility.

“(iii) Assess the management processes of the Department with respect to the capital management programs of the Department, including processes relating to the methodology for construction and design of medical facilities of the Department, the management of projects relating to the construction and design of such facilities, and the activation of such facilities.

“(iv) Assess the medical facility leasing program of the Department.

“(3) TIMING.—The private sector entity or entities carrying out the assessment required by paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such paragraph.

“(b) PRIVATE SECTOR ENTITIES DESCRIBED.—A private entity described in this subsection is a private entity that—

“(1) has experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health Administration and the private sector and in health care management; and

“(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems.

“(c) PROGRAM INTEGRATOR.—

“(1) IN GENERAL.—If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity that is predominately a health care organization as the program integrator.

“(2) RESPONSIBILITIES.—The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

“(d) REPORT ON ASSESSMENT.—

“(1) IN GENERAL.—Not later than 60 days after completing the assessment required by subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Commission on Care established under section 202 a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

“(2) PUBLICATION.—Not later than 30 days after receiving the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department of Veterans Affairs that is accessible to the public.

“(e) NON-DEPARTMENT FACILITIES DEFINED.—In this section, the term ‘non-Department facilities’ has the meaning given that term in section 1701 of title 38, United States Code.

“SEC. 202. COMMISSION ON CARE.

“(a) ESTABLISHMENT OF COMMISSION.—

“(1) IN GENERAL.—There is established a commission, to be known as the ‘Commission on Care’ (in this section referred to as the ‘Commission’), to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 20-year period beginning on the date of the enactment of this Act [Aug. 7, 2014].

“(2) MEMBERSHIP.—

“(A) VOTING MEMBERS.—The Commission shall be composed of 15 voting members who are appointed as follows:

“(i) Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

“(ii) Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.

“(iii) Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.

“(iv) Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.

“(v) Three members appointed by the President, at least two of whom shall be veterans.

“(B) QUALIFICATIONS.—Of the members appointed under subparagraph (A)—

“(i) at least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code;

“(ii) at least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000;

“(iii) at least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)));

“(iv) at least one member shall be familiar with the Veterans Health Administration but shall not be currently employed by the Veterans Health Administration; and

“(v) at least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.

“(C) DATE.—The appointments of members of the Commission shall be made not later than 1 year after the date of the enactment of this Act.

“(3) PERIOD OF APPOINTMENT.—

“(A) IN GENERAL.—Members shall be appointed for the life of the Commission.

“(B) VACANCIES.—Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

“(4) INITIAL MEETING.—Not later than 15 days after the date on which eight voting members of the Commission have been appointed, the Commission shall hold its first meeting.

“(5) MEETINGS.—The Commission shall meet at the call of the Chairperson.

“(6) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

“(7) CHAIRPERSON AND VICE CHAIRPERSON.—The President shall designate a member of the commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.

“(b) DUTIES OF COMMISSION.—

“(1) EVALUATION AND ASSESSMENT.—The Commission shall undertake a comprehensive evaluation and

assessment of access to health care at the Department of Veterans Affairs.

“(2) MATTERS EVALUATED AND ASSESSED.—In undertaking the comprehensive evaluation and assessment required by paragraph (1), the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201, including any findings, data, or recommendations included in such assessment.

“(3) REPORTS.—The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

“(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

“(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

“(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

“(B) Not later than June 30, 2016, a final report on—

“(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

“(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

“(c) POWERS OF THE COMMISSION.—

“(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

“(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

“(d) COMMISSION PERSONNEL MATTERS.—

“(1) COMPENSATION OF MEMBERS.—

“(A) IN GENERAL.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission.

“(B) OFFICERS OR EMPLOYEES OF THE UNITED STATES.—All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

“(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

“(3) STAFF.—

“(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

“(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard

to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

“(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

“(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

“(e) TERMINATION OF THE COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits the report under subsection (b)(3)(B).

“(f) FUNDING.—The Secretary of Veterans Affairs shall make available to the Commission from amounts appropriated or otherwise made available to the Secretary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

“(g) EXECUTIVE ACTION.—

“(1) ACTION ON RECOMMENDATIONS.—The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to implement each recommendation set forth in a report submitted under subsection (b)(3) that the President—

“(A) considers feasible and advisable; and

“(B) determines can be implemented without further legislative action.

“(2) REPORTS.—Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President considers appropriate a report setting forth the following:

“(A) An assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

“(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

“(i) Whether such recommendation requires legislative action.

“(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

“(iii) A description of any administrative action already taken to carry out such recommendation.

“(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

“SEC. 203. TECHNOLOGY TASK FORCE ON REVIEW OF SCHEDULING SYSTEM AND SOFTWARE OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) TASK FORCE REVIEW.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall, through the use of a technology task force, conduct a review of the needs of the Department of Veterans Affairs with respect to the scheduling system and scheduling software of the Department of Veterans Affairs that is used by the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department.

“(2) AGREEMENT.—

“(A) IN GENERAL.—The Secretary shall seek to enter into an agreement with a technology organization or technology organizations to carry out the review required by paragraph (1).

“(B) PROHIBITION ON USE OF FUNDS.—Notwithstanding any other provision of law, no Federal funds may be used to assist the technology organization or technology organizations under subparagraph (A) in carrying out the review required by paragraph (1).

“(b) REPORT.—

“(1) IN GENERAL.—Not later than 45 days after the date of the enactment of this Act [Aug. 7, 2014], the technology task force required under subsection (a)(1) shall submit to the Secretary, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report setting forth the findings and recommendations of the technology task force regarding the needs of the Department with respect to the scheduling system and scheduling software of the Department described in such subsection.

“(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

“(A) Proposals for specific actions to be taken by the Department to improve the scheduling system and scheduling software of the Department described in subsection (a)(1).

“(B) A determination as to whether one or more existing off-the-shelf systems would—

“(i) meet the needs of the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department; and

“(ii) improve the access of veterans to such care and services.

“(3) PUBLICATION.—Not later than 30 days after the receipt of the report required by paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

“(c) IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS.—Not later than 1 year after the receipt of the report required by subsection (b)(1), the Secretary shall implement the recommendations set forth in such report that the Secretary considers are feasible, advisable, and cost effective.

“SEC. 204. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS AND MOBILE MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) IMPROVEMENT OF ACCESS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine and other health care and readjustment counseling services through the use of mobile vet centers and mobile medical centers of the Department of Veterans Affairs by providing standardized requirements for the operation of such centers.

“(2) REQUIREMENTS.—The standardized requirements required by paragraph (1) shall include the following:

“(A) The number of days each mobile vet center and mobile medical center of the Department is expected to travel per year.

“(B) The number of locations and events each center is expected to visit per year.

“(C) The number of appointments and outreach contacts each center is expected to conduct per year.

“(D) The method and timing of notifications given by each center to individuals in the area to which the center is traveling, including notifications informing veterans of the availability to schedule appointments at the center.

“(3) USE OF TELEMEDICINE.—The Secretary shall ensure that each mobile vet center and mobile medical center of the Department has the capability to provide telemedicine services.

“(b) REPORTS.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], and not later than September 30 each year thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on access to health care through the use of mobile vet centers and mobile medical centers of the Department that includes statistics on each of the requirements set forth in subsection (a)(2) for the year covered by the report.

“(2) ELEMENTS.—Each report required by paragraph (1) shall include the following:

“(A) A description of the use of mobile vet centers and mobile medical centers to provide telemedicine services and readjustment counseling to veterans during the year preceding the submittal of the report, including the following:

“(i) The number of days each mobile vet center and mobile medical center was open to provide such services.

“(ii) The number of days each center traveled to a location other than the headquarters of the center to provide such services.

“(iii) The number of appointments and outreach contacts each center conducted to provide such services on average per month and in total during such year.

“(B) An analysis of the effectiveness of using mobile vet centers and mobile medical centers to provide health care services and readjustment counseling to veterans through the use of telemedicine.

“(C) Any recommendations for an increase in the number of mobile vet centers and mobile medical centers of the Department.

“(D) Any recommendations for an increase in the telemedicine capabilities of each mobile vet center and mobile medical center.

“(E) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to veterans at mobile medical centers.

“(F) Such other recommendations on improvement of the use of mobile vet centers and mobile medical centers by the Department as the Secretary considers appropriate.

“SEC. 205. IMPROVED PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) PROHIBITION ON USE OF SCHEDULING AND WAIT-TIME METRICS IN DETERMINATION OF PERFORMANCE AWARDS.—The Secretary of Veterans Affairs shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of the following employees for purposes of determining whether to pay performance awards to such employees:

“(1) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department of Veterans Affairs.

“(2) Directors, assistant directors, and quality management officers of Veterans Integrated Service Networks of the Department of Veterans Affairs.

“(b) MODIFICATION OF PERFORMANCE PLANS.—

“(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary shall modify the performance plans of the directors of the medical centers of the Department and the directors of the Veterans Integrated Service Networks to ensure that such plans are based on the quality of care received by veterans at the health care facilities under the jurisdictions of such directors.

“(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director described in paragraph (1) includes consideration of the following:

“(A) Recent reviews by the Joint Commission (formerly known as the ‘Joint Commission on Accreditation of Healthcare Organizations’) of such facilities.

“(B) The number and nature of recommendations concerning such facilities by the Inspector General of the Department in reviews conducted through the Combined Assessment Program, in the reviews by the Inspector General of community-based outpatient clinics and primary care clinics, and in reviews conducted through the Office of Healthcare Inspections during the two most recently completed fiscal years.

“(C) The number of recommendations described in subparagraph (B) that the Inspector General of the Department determines have not been carried out satisfactorily with respect to such facilities.

“(D) Reviews of such facilities by the Commission on Accreditation of Rehabilitation Facilities.

“(E) The number and outcomes of administrative investigation boards, root cause analyses, and peer reviews conducted at such facilities during the fiscal year for which the assessment is being conducted.

“(F) The effectiveness of any remedial actions or plans resulting from any Inspector General recommendations in the reviews and analyses described in subparagraphs (A) through (E).

“(3) ADDITIONAL LEADERSHIP POSITIONS.—To the degree practicable, the Secretary shall assess the performance of other employees of the Department in leadership positions at Department medical centers, including associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads, and in Veterans Integrated Service Networks, including assistant directors and quality management officers, using factors and criteria similar to those used in the performance plans modified under paragraph (1).

“(c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall not include in the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department any performance goal that might disincentivize the payment of Department amounts to provide hospital care, medical services, or other health care through a non-Department provider.

“SEC. 206. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) PUBLICATION OF WAIT TIMES.—Not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall publish in the Federal Register, and on a publicly accessible Internet website of each medical center of the Department of Veterans Affairs, the wait-times for the scheduling of an appointment in each Department facility by a veteran for the receipt of primary care, specialty care, and hospital care and medical services based on the general severity of the condition of the veteran. Whenever the wait-times for the scheduling of such an appointment changes, the Secretary shall publish the revised wait-times—

“(1) on a publicly accessible Internet website of each medical center of the Department by not later than 30 days after such change; and

“(2) in the Federal Register by not later than 90 days after such change.

“(b) PUBLICLY AVAILABLE DATABASE OF PATIENT SAFETY, QUALITY OF CARE, AND OUTCOME MEASURES.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall develop and make available to the public a comprehensive, machine-readable data set containing all applicable patient safety, quality of care, and outcome measures for health care provided by the Department that are tracked by the Secretary.

“(2) UPDATE FREQUENCY.—The Secretary shall update the data required by paragraph (1) not less frequently than once each year.

“(3) UNAVAILABLE MEASURES.—For all measures that the Secretary would otherwise publish in the data required by paragraph (1) but has not done so because such measures are not available, the Secretary shall publish notice of the reason for such unavailability and a timeline for making such measures available in the data.

“(4) ACCESSIBILITY.—The Secretary shall ensure that the data required by paragraph (1) is accessible to the public through the primary Internet website of the Department and through each primary Internet website of a Department medical center.

“(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES.—

“(1) AGREEMENT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Secretary of Health and Human Services for the provision by the Secretary of Veterans Affairs of such information as the Secretary of Health and Human Services may require to report and make publicly available patient quality and outcome information concerning Department of Veterans Affairs medical centers through the Hospital Compare Internet website of the Department of Health and Human Services or any successor Internet website.

“(2) INFORMATION PROVIDED.—The information provided by the Secretary of Veterans Affairs to the Secretary of Health and Human Services under paragraph (1) shall include the following:

“(A) Measures of timely and effective health care.

“(B) Measures of readmissions, complications of death, including with respect to 30-day mortality rates and 30-day readmission rates, surgical complication measures, and health care related infection measures.

“(C) Survey data of patient experiences, including the Hospital Consumer Assessment of Healthcare Providers and Systems or any similar successor survey developed by the Department of Health and Human Services.

“(D) Any other measures required of or reported with respect to hospitals participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

“(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under paragraph (2) and withheld from or unavailable in the Hospital Compare Internet website or any successor Internet website, the Secretary of Veterans Affairs shall publish a notice on such Internet website stating the reason why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

“(d) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than 3 years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs under this section to assess the degree to which the Secretary is complying with the provisions of this section.

“SEC. 207. INFORMATION FOR VETERANS ON THE CREDENTIALS OF DEPARTMENT OF VETERANS AFFAIRS PHYSICIANS.

“(a) IMPROVEMENT OF ‘OUR DOCTORS’ INTERNET WEBSITE LINKS.—

“(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOMEPAGE.—A link to the ‘Our Doctors’ health care providers database of the Department of Veterans Affairs, or any successor data set, shall be available on and through the homepage of the Internet website of the Department that is accessible to the public.

“(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The Internet website of the Department that is

accessible to the public shall include under the link to the 'Our Doctors' health care providers database of the Department, or any successor data set, the name of the facility at which each licensed physician of the Department underwent residency training.

“(3) INFORMATION ON PHYSICIANS AT PARTICULAR FACILITIES.—The 'Our Doctors' health care providers database of the Department, or any successor data set, shall identify whether each licensed physician of the Department is a physician in residency.

“(b) INFORMATION ON CREDENTIALS OF PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

“(1) IN GENERAL.—Each veteran who is undergoing a surgical procedure by or through the Department shall be provided information described in paragraph (2) with respect to the surgeon to be performing such procedure at such time in advance of the procedure as is appropriate to permit such veteran to evaluate such information.

“(2) INFORMATION DESCRIBED.—The information described in this paragraph with respect to a surgeon described in paragraph (1) is as follows:

“(A) The education and training of the surgeon.

“(B) The licensure, registration, and certification of the surgeon by the State or national entity responsible for such licensure, registration, or certification.

“(3) OTHER INDIVIDUALS.—If a veteran is unable to evaluate the information provided under paragraph (1) due to the health or mental competence of the veteran, such information shall be provided to an individual acting on behalf of the veteran.

“(c) COMPTROLLER GENERAL REPORT AND PLAN.—

“(1) REPORT.—Not later than 2 years after the date of the enactment of this Act [Aug. 7, 2014], the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth an assessment by the Comptroller General of the following:

“(A) The manner in which contractors under the Patient-Centered Community Care initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

“(B) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.

“(C) The verification by the Department of the credentials and licenses of health care providers furnishing hospital care and medical services under section 101.

“(2) PLAN.—

“(A) IN GENERAL.—Not later than 30 days after the submittal of the report under paragraph (1), the Secretary shall submit to the Comptroller General, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report.

“(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

“SEC. 208. INFORMATION IN ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.

“The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

“(1) The number of veterans who received hospital care and medical services under section 101 during the fiscal year preceding the fiscal year in which such budget is submitted.

“(2) The amount expended by the Department on furnishing care and services under such section dur-

ing the fiscal year preceding the fiscal year in which such budget is submitted.

“(3) The amount requested in such budget for the costs of furnishing care and services under such section during the fiscal year covered by such budget, set forth in aggregate and by amounts for each account for which amounts are so requested.

“(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

“(5) The number of employees of the Department on paid administrative leave at any point during the fiscal year preceding the fiscal year in which such budget is submitted.

“SEC. 209. PROHIBITION ON FALSIFICATION OF DATA CONCERNING WAIT TIMES AND QUALITY MEASURES AT DEPARTMENT OF VETERANS AFFAIRS.

“Not later than 60 days after the date of the enactment of this Act [Aug. 7, 2014], and in accordance with title 5, United States Code, the Secretary of Veterans Affairs shall establish policies whereby any employee of the Department of Veterans Affairs who knowingly submits false data concerning wait times for health care or quality measures with respect to health care to another employee of the Department or knowingly requires another employee of the Department to submit false data concerning such wait times or quality measures to another employee of the Department is subject to a penalty the Secretary considers appropriate after notice and an opportunity for a hearing, including civil penalties, unpaid suspensions, or termination.

“TITLE VIII—OTHER MATTERS

“SEC. 801. APPROPRIATION OF AMOUNTS.

“(a) IN GENERAL.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated \$5,000,000,000 to carry out subsection (b). Such funds shall be available for obligation or expenditure without fiscal year limitation.

“(b) USE OF AMOUNTS.—The amount appropriated under subsection (a) shall be used by the Secretary as follows:

“(1) To increase the access of veterans to care as follows:

“(A) To hire primary care and specialty care physicians for employment in the Department of Veterans Affairs.

“(B) To hire other medical staff, including the following:

“(i) Physicians.

“(ii) Nurses.

“(iii) Social workers.

“(iv) Mental health professionals.

“(v) Other health care professionals as the Secretary considers appropriate.

“(C) To carry out sections 301 [enacting section 7412 of this title, amending sections 7302 and 7612 of this title, and enacting provisions set out as notes under sections 7302 and 7412 of this title] and 302 [amending sections 7619 and 7683 of this title], including the amendments made by such sections.

“(D) To pay for expenses, equipment, and other costs associated with the hiring of primary care, specialty care physicians, and other medical staff under subparagraphs (A), (B), and (C).

“(2) To improve the physical infrastructure of the Department as follows:

“(A) To maintain and operate hospitals, nursing homes, domiciliary facilities, and other facilities of the Veterans Health Administration.

“(B) To enter into contracts or hire temporary employees to repair, alter, or improve facilities under the jurisdiction of the Department that are not otherwise provided for under this paragraph.

“(C) To carry out leases for facilities of the Department.

“(D) To carry out minor construction projects of the Department.

“(c) AVAILABILITY.—The amount appropriated under subsection (a) shall remain available until expended.

“(d) REPORT.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on how the Secretary has obligated the amounts appropriated under subsection (a) as of the date of the submittal of the report.

“(2) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term ‘appropriate committees of Congress’ means—

“(A) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate; and

“(B) the Committee on Veterans’ Affairs and the Committee on Appropriations of the House of Representatives.

“(e) FUNDING PLAN.—The Secretary shall submit to Congress a funding plan describing how the Secretary intends to use the amounts provided under subsection (a).

“SEC. 802. VETERANS CHOICE FUND.

“(a) IN GENERAL.—There is established in the Treasury of the United States a fund to be known as the Veterans Choice Fund.

“(b) ADMINISTRATION OF FUND.—The Secretary of Veterans Affairs shall administer the Veterans Choice Fund established by subsection (a).

“(c) USE OF AMOUNTS.—

“(1) IN GENERAL.—Except as provided in paragraphs (3) and (4), any amounts deposited in the Veteran Choice Fund shall be used by the Secretary of Veterans Affairs to carry out section 101, including, subject to paragraph (2), any administrative requirements of such section.

“(2) AMOUNT FOR ADMINISTRATIVE REQUIREMENTS.—

“(A) LIMITATION.—Except as provided by subparagraph (B), of the amounts deposited in the Veterans Choice Fund, not more than \$300,000,000 may be used for administrative requirements to carry out section 101.

“(B) INCREASE.—The Secretary may increase the amount set forth in subparagraph (A) with respect to the amounts used for administrative requirements if—

“(i) the Secretary determines that the amount of such increase is necessary to carry out section 101;

“(ii) the Secretary submits to the Committees on Veterans’ Affairs and Appropriations of the House of Representatives and the Committees on Veterans’ Affairs and Appropriations of the Senate a report described in subparagraph (C); and

“(iii) a period of 60 days has elapsed following the date on which the Secretary submits the report under clause (ii).

“(C) REPORT.—A report described in this subparagraph is a report that contains the following:

“(i) A notification of the amount of the increase that the Secretary determines necessary under subparagraph (B)(i).

“(ii) The justifications for such increased amount.

“(iii) The administrative requirements that the Secretary will carry out using such increased amount.

“(3) TEMPORARY AUTHORITY FOR OTHER USES.—

“(A) OTHER NON-DEPARTMENT CARE.—In addition to the use of amounts described in paragraph (1), of the amounts deposited in the Veterans Choice Fund, not more than \$3,348,500,000 may be used by the Secretary during the period described in subparagraph (C) for amounts obligated by the Secretary on or after May 1, 2015, to furnish health care to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facili-

ties, including pursuant to non-Department provider programs other than the program established by section 101.

“(B) HEPATITIS C.—Of the amount specified in subparagraph (A), not more than \$500,000,000 may be used by the Secretary during the period described in subparagraph (C) for pharmaceutical expenses relating to the treatment of Hepatitis C.

“(C) PERIOD DESCRIBED.—The period described in this subparagraph is the period beginning on the date of the enactment of the VA Budget and Choice Improvement Act [July 31, 2015] and ending on October 1, 2015.

“(D) REPORTS.—Not later than 14 days after the date of the enactment of the VA Budget and Choice Improvement Act, and not less frequently than once every 14-day period thereafter during the period described in subparagraph (C), the Secretary shall submit to the appropriate congressional committees a report detailing—

“(i) the amounts used by the Secretary pursuant to subparagraphs (A) and (B); and

“(ii) an identification of such amounts listed by the non-Department provider program for which the amounts were used.

“(E) DEFINITIONS.—In this paragraph:

“(i) The term ‘appropriate congressional committees’ means—

“(I) the Committee on Veterans’ Affairs and the Committee on Appropriations of the House of Representatives; and

“(II) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate.

“(ii) The term ‘non-Department facilities’ has the meaning given that term in section 1701 of title 38, United States Code.

“(iii) The term ‘non-Department provider program’ has the meaning given that term in section 4002(d) of the VA Budget and Choice Improvement Act [Pub. L. 114–41, 129 Stat. 462].

“(4) PERMANENT AUTHORITY FOR OTHER USES.—Beginning on March 1, 2019, amounts remaining in the Veterans Choice Fund may be used to furnish hospital care, medical services, and extended care services to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities, including pursuant to non-Department provider programs other than the program established by section 101. Such amounts shall be available in addition to amounts available in other appropriations accounts for such purposes.

“(d) APPROPRIATION AND DEPOSIT OF AMOUNTS.—

“(1) IN GENERAL.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated \$10,000,000,000 to be deposited in the Veterans Choice Fund established by subsection (a). Such funds shall be available for obligation or expenditure without fiscal year limitation, and only for the program created under section 101 (or for hospital care and medical services pursuant to paragraphs (3) and (4) of subsection (c) of this section).

“(2) AVAILABILITY.—The amount appropriated under paragraph (1) shall remain available until expended.

“(e) SENSE OF CONGRESS.—It is the sense of Congress that the Veterans Choice Fund is a supplement to but distinct from the Department of Veterans Affairs’ current and expected level of non-Department care currently part of Department’s medical care budget. Congress expects that the Department will maintain at least its existing obligations of non-Department care programs in addition to but distinct from the Veterans Choice Fund for each of fiscal years 2015 through 2017.

“SEC. 803. EMERGENCY DESIGNATIONS.

“(a) IN GENERAL.—This Act [see Tables for classification] is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

“(b) DESIGNATION IN SENATE.—In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.”

[Pub. L. 114–19, §3(b), May 22, 2015, 129 Stat. 216, provided that: “The amendments made by subsection (a) [amending section 101(b)(2) of Pub. L. 113–146, set out above] shall take effect on the date of the enactment of this Act [May 22, 2015] and apply with respect to care or services provided on or after such date.”]

LOCATION OF SERVICES

Pub. L. 110–387, title III, §301(b), Oct. 10, 2008, 122 Stat. 4120, provided that: “Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly referred to as ‘Vet Centers’), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.”

GUIDELINES RELATING TO FURNISHING OF SENSORI-NEURAL AIDS

Pub. L. 104–262, title I, §103(b), Oct. 9, 1996, 110 Stat. 3182, provided that: “Not later than 30 days after the date of the enactment of this Act [Oct. 9, 1996], the Secretary of Veterans Affairs shall prescribe the guidelines required by the amendments made by subsection (a) [amending this section] and shall furnish a copy of those guidelines to the Committees on Veterans’ Affairs of the Senate and House of Representatives.”

STUDY OF FEASIBILITY AND ADVISABILITY OF ALTERNATIVE ORGANIZATIONAL STRUCTURES FOR EFFECTIVE PROVISION OF HEALTH CARE SERVICES TO VETERANS

Pub. L. 103–446, title XI, §1104, Nov. 2, 1994, 108 Stat. 4682, directed Secretary of Veterans Affairs to submit to Congress, not later than one year after Nov. 2, 1994, report and study on feasibility and advisability of alternative organizational structures, such as the establishment of a wholly-owned Government corporation or a Government-sponsored enterprise, for the effective provision of health care services to veterans.

CONTRACT HEALTH CARE; RATIFICATION OF ACTION OF ADMINISTRATOR OF VETERANS’ AFFAIRS

Pub. L. 98–528, title I, §103(b), Oct. 19, 1984, 98 Stat. 2688, ratified actions by Administrator of Veterans’ Affairs in entering into contracts applicable to the period beginning Oct. 1, 1984, and ending Oct. 19, 1984, for care described in par. (4)(C)(v) of this section and in making waivers described in that provision.

ADMINISTRATION CAPABILITY TO PROVIDE APPROPRIATE CARE FOR GENDER-SPECIFIC DISABILITIES OF WOMEN VETERANS

Pub. L. 98–160, title III, §302, Nov. 21, 1983, 97 Stat. 1004, as amended by Pub. L. 102–40, title IV, §402(d)(2), May 7, 1991, 105 Stat. 239; Pub. L. 102–83, §§5(c)(2), 6(f), Aug. 6, 1991, 105 Stat. 406, 407, provided that: “The Secretary of Veterans Affairs shall ensure that each health-care facility under the direct jurisdiction of the Secretary is able, through services made available either by individuals appointed to positions in the Veterans Health Administration or under contracts or other agreements made under section 4117 [see 7409], 8111, or 8153 of title 38, United States Code, to provide appropriate care, in a timely fashion, for any gender-specific disability (as defined in section 1701(1) of such title) of a woman veteran eligible for such care under chapter 17 or chapter 31 of such title.”

ANNUAL REPORT TO CONGRESS COVERING CONTRACT-CARE PROGRAMS

Pub. L. 96–22, title II, §201(b), June 13, 1979, 93 Stat. 54, which directed Chief Medical Director of the Vet-

erans’ Administration to report to appropriate committees of Congress, not later than Feb. 1, 1980, and annually thereafter, on implementation of former par. (4)(C)(v) of this section and amendments made to this section by section 201 of Pub. L. 96–22, and on numbers of veterans provided contract treatment (and average cost and duration thereof) in each State in certain enumerated categories, was repealed by Pub. L. 100–322, title I, §112(b), May 20, 1988, 102 Stat. 499.

HOSPITAL CARE AND MEDICAL SERVICES FURNISHED BY VETERANS’ ADMINISTRATION IN PUERTO RICO AND VIRGIN ISLANDS; REPORT TO PRESIDENT AND CONGRESS

Pub. L. 95–520, §8, Oct. 26, 1978, 92 Stat. 1822, as amended by Pub. L. 96–330, title IV, §407, Aug. 26, 1980, 94 Stat. 1053, directed Administrator of Veterans’ Affairs, not later than Feb. 1, 1981, to submit a report to President and Congress on furnishing by Administration of hospital care and medical services in Puerto Rico and Virgin Islands, and set forth applicable criteria and considerations for the report.

§ 1702. Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War

(a) PSYCHOSIS.—For the purposes of this chapter, any veteran of World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War who developed an active psychosis (1) within two years after discharge or release from the active military, naval, or air service, and (2) before July 26, 1949, in the case of a veteran of World War II, before February 1, 1957, in the case of a veteran of the Korean conflict, before May 8, 1977, in the case of a Vietnam era veteran, or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War, shall be deemed to have incurred such disability in the active military, naval, or air service.

(b) MENTAL ILLNESS.—For purposes of this chapter, any veteran of the Persian Gulf War who develops an active mental illness (other than psychosis) shall be deemed to have incurred such disability in the active military, naval, or air service if such veteran develops such disability—

(1) within two years after discharge or release from the active military, naval, or air service; and

(2) before the end of the two-year period beginning on the last day of the Persian Gulf War.

(Pub. L. 85–857, Sept. 2, 1958, 72 Stat. 1141, §602; Pub. L. 90–77, title II, §203(a), Aug. 31, 1967, 81 Stat. 183; Pub. L. 97–295, §4(16), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 99–576, title VII, §701(20), Oct. 28, 1986, 100 Stat. 3292; Pub. L. 102–25, title III, §334(b), Apr. 6, 1991, 105 Stat. 88; renumbered §1702, Pub. L. 102–83, §5(a), Aug. 6, 1991, 105 Stat. 406; Pub. L. 110–181, div. A, title XVII, §1708(a)(1), (2), Jan. 28, 2008, 122 Stat. 493, 494.)

Editorial Notes

AMENDMENTS

2008—Pub. L. 110–181, §1708(a)(2), substituted “Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War” for “Presumption relating to psychosis” in section catchline.

Subsecs. (a), (b). Pub. L. 110-181, § 1708(a)(1), designated existing text as subsec. (a), inserted heading, and added subsec. (b).

1991—Pub. L. 102-83 renumbered section 602 of this title as this section.

Pub. L. 102-25 substituted “the Vietnam era, or the Persian Gulf War” for “or the Vietnam era”, struck out “or” before “before May 8, 1977”, and inserted “or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War,” after “Vietnam era veterans.”.

1986—Pub. L. 99-576 struck out “his” before “discharge”.

1982—Pub. L. 97-295 substituted “before February 1, 1957, in the case of a veteran of the Korean conflict, or before May 8, 1977,” for “or February 1, 1957, in the case of a veteran of the Korean conflict, or before the expiration of two years following termination of the Vietnam era”.

1967—Pub. L. 90-77 made the presumption relating to psychosis applicable to any veteran of the Vietnam era who developed an active psychosis within two years after his discharge from active service and before the expiration of two years following termination of the Vietnam era.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1967 AMENDMENT

Amendment by Pub. L. 90-77 effective first day of first calendar month which begins more than ten days after Aug. 31, 1967, see section 405 of Pub. L. 90-77, set out as a note under section 101 of this title.

§ 1703. Veterans Community Care Program

(a) IN GENERAL.—(1) There is established a program to furnish hospital care, medical services, and extended care services to covered veterans through health care providers specified in subsection (c).

(2) The Secretary shall coordinate the furnishing of hospital care, medical services, and extended care services under this section to covered veterans, including coordination of, at a minimum, the following:

(A) Ensuring the scheduling of medical appointments in a timely manner and the establishment of a mechanism to receive medical records from non-Department providers.

(B) Ensuring continuity of care and services.

(C) Ensuring coordination among regional networks if the covered veteran accesses care and services in a different network than the regional network in which the covered veteran resides.

(D) Ensuring that covered veterans do not experience a lapse in care resulting from errors or delays by the Department or its contractors or an unusual or excessive burden in accessing hospital care, medical services, or extended care services.

(3) A covered veteran may only receive care or services under this section upon the authorization of such care or services by the Secretary.

(b) COVERED VETERANS.—For purposes of this section, a covered veteran is any veteran who—

(1) is enrolled in the system of annual patient enrollment established and operated under section 1705 of this title; or

(2) is not enrolled in such system but is otherwise entitled to hospital care, medical services, or extended care services under subsection (c)(2) of such section.

(c) HEALTH CARE PROVIDERS SPECIFIED.—Health care providers specified in this subsection are the following:

(1) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including any physician furnishing services under such a program.

(2) The Department of Defense.

(3) The Indian Health Service.

(4) Any Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(5) Any health care provider not otherwise covered under any of paragraphs (1) through (4) that meets criteria established by the Secretary for purposes of this section.

(d) CONDITIONS UNDER WHICH CARE IS REQUIRED TO BE FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—(1) The Secretary shall, subject to the availability of appropriations, furnish hospital care, medical services, and extended care services to a covered veteran through health care providers specified in subsection (c) if—

(A) the Department does not offer the care or services the veteran requires;

(B) the Department does not operate a full-service medical facility in the State in which the covered veteran resides;

(C)(i) the covered veteran was an eligible veteran under section 101(b)(2)(B) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) as of the day before the date of the enactment of the Caring for Our Veterans Act of 2018;

(ii) continues to reside in a location that would qualify the veteran for eligibility under such section; and

(iii) either—

(I) resides in one of the five States with the lowest population density as determined by data from the 2010 decennial census; or

(II) resides in a State not described in subclause (I) and—

(aa) received care or services under this title in the year preceding the enactment of the Caring for Our Veterans Act of 2018; and

(bb) is seeking care or services within 2 years of the date of the enactment of the Caring for Our Veterans Act of 2018;

(D) the covered veteran has contacted the Department to request care or services and the Department is not able to furnish such care or services in a manner that complies with designated access standards developed by the Secretary under section 1703B of this title; or

(E) the covered veteran and the covered veteran's referring clinician agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the covered veteran based upon criteria developed by the Secretary.

(2) The Secretary shall ensure that the criteria developed under paragraph (1)(E) include consideration of the following:

(A) The distance between the covered veteran and the facility that provides the hospital care, medical services, or extended care services the veteran needs.

(B) The nature of the hospital care, medical services, or extended care services required.

(C) The frequency that the hospital care, medical services, or extended care services needs to be furnished.

(D) The timeliness of available appointments for the hospital care, medical services, or extended care services the veteran needs.

(E) Whether the covered veteran faces an unusual or excessive burden to access hospital care, medical services, or extended care services from the Department medical facility where a covered veteran seeks hospital care, medical services, or extended care services, which shall include consideration of the following:

(i) Whether the covered veteran faces an excessive driving distance, geographical challenge, or environmental factor that impedes the access of the covered veteran.

(ii) Whether the hospital care, medical services, or extended care services sought by the veteran is provided by a medical facility of the Department that is reasonably accessible to a covered veteran.

(iii) Whether a medical condition of the covered veteran affects the ability of the covered veteran to travel.

(iv) Whether there is a compelling reason, as determined by the Secretary, that the veteran needs to receive hospital care, medical services, or extended care services from a medical facility other than a medical facility of the Department.

(v) Such other considerations as the Secretary considers appropriate.

(3) If the Secretary has determined that the Department does not offer the care or services the covered veteran requires under subparagraph (A) of paragraph (1), that the Department does not operate a full-service medical facility in the State in which the covered veteran resides under subparagraph (B) of such paragraph, that the covered veteran is described under subparagraph (C) of such paragraph, or that the Department is not able to furnish care or services in a manner that complies with designated access standards developed by the Secretary under section 1703B of this title under subparagraph (D) of such paragraph, the decision to receive hospital care, medical services, or extended care services under such subparagraphs from a health care provider specified in subsection (c) shall be at the election of the veteran.

(e) CONDITIONS UNDER WHICH CARE IS AUTHORIZED TO BE FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—(1)(A) The Secretary may furnish hospital care, medical services, or extended care services through a health care provider specified in subsection (c) to a covered veteran served by a medical service line of the Department that the Secretary has determined is not providing care that complies with the standards for quality the Secretary shall establish under section 1703C.

(B) In carrying out subparagraph (A), the Secretary shall—

(i) measure timeliness of the medical service line at a facility of the Department when compared with the same medical service line at different Department facilities; and

(ii) measure quality at a medical service line of a facility of the Department by comparing it with two or more distinct and appropriate quality measures at non-Department medical service lines.

(C)(i) The Secretary may not concurrently furnish hospital care, medical services, or extended care services under subparagraph (A) with respect to more than three medical service lines described in such subparagraph at any one health care facility of the Department.

(ii) The Secretary may not concurrently furnish hospital care, medical services, or extended care services under subparagraph (A) with respect to more than 36 medical service lines nationally described in such subparagraph.

(2) The Secretary may limit the types of hospital care, medical services, or extended care services covered veterans may receive under paragraph (1) in terms of the length of time such care and services will be available, the location at which such care and services will be available, and the clinical care and services that will be available.

(3)(A) Except as provided for in subparagraph (B), the hospital care, medical services, and extended care services authorized under paragraph (1) with respect to a medical service line shall cease when the remediation described in section 1706A with respect to such medical service line is complete.

(B) The Secretary shall ensure continuity and coordination of care for any veteran who elects to receive care or services under paragraph (1) from a health care provider specified in subsection (c) through the completion of an episode of care.

(4) The Secretary shall publish in the Federal Register, and shall take all reasonable steps to provide direct notice to covered veterans affected under this subsection, at least once each year stating the time period during which such care and services will be available, the location or locations where such care and services will be available, and the clinical services available at each location under this subsection in accordance with regulations the Secretary shall prescribe.

(5) When the Secretary exercises the authority under paragraph (1), the decision to receive care or services under such paragraph from a health care provider specified in subsection (c) shall be at the election of the covered veteran.

(f) REVIEW OF DECISIONS.—The review of any decision under subsection (d) or (e) shall be subject to the Department's clinical appeals process, and such decisions may not be appealed to the Board of Veterans' Appeals.

(g) TIERED NETWORK.—(1) To promote the provision of high-quality and high-value hospital care, medical services, and extended care services under this section, the Secretary may develop a tiered provider network of eligible providers based on criteria established by the Secretary for purposes of this section.

(2) In developing a tiered provider network of eligible providers under paragraph (1), the Secretary shall not prioritize providers in a tier over providers in any other tier in a manner that limits the choice of a covered veteran in selecting a health care provider specified in sub-

section (c) for receipt of hospital care, medical services, or extended care services under this section.

(h) **CONTRACTS TO ESTABLISH NETWORKS OF HEALTH CARE PROVIDERS.**—(1)(A) The Secretary shall enter into consolidated, competitively bid contracts to establish networks of health care providers specified in paragraphs (1) and (5) of subsection (c) for purposes of providing sufficient access to hospital care, medical services, or extended care services under this section.

(B) For purposes of subparagraph (A), the requirement to enter into consolidated, competitively bid contracts shall not restrict the authority of the Secretary under other provisions of law when modifying such a contract after entering into the contract.

(2)(A) The Secretary shall, to the extent practicable, ensure that covered veterans are able to make their own appointments using advanced technology.

(B) To the extent practicable, the Secretary shall be responsible for the scheduling of appointments for hospital care, medical services, and extended care services under this section.

(3)(A) The Secretary may terminate a contract with an entity entered into under paragraph (1) at such time and upon such notice to the entity as the Secretary may specify for purposes of this section, if the Secretary notifies the appropriate committees of Congress that, at a minimum—

(i) the entity—

(I) failed to comply substantially with the provisions of the contract or with the provisions of this section and the regulations prescribed under this section;

(II) failed to comply with the access standards or the standards for quality established by the Secretary;

(III) is excluded from participation in a Federal health care program (as defined in section 1128B(f) of the Social Security Act (42 U.S.C. 1320a–7b(f))) under section 1128 or 1128A of the Social Security Act (42 U.S.C. 1320a–7 and 1320a–7a);

(IV) is identified as an excluded source on the list maintained in the System for Award Management, or any successor system; or

(V) has been convicted of a felony or other serious offense under Federal or State law and the continued participation of the entity would be detrimental to the best interests of veterans or the Department;

(ii) it is reasonable to terminate the contract based on the health care needs of veterans; or

(iii) it is reasonable to terminate the contract based on coverage provided by contracts or sharing agreements entered into under authorities other than this section.

(B) Nothing in subparagraph (A) may be construed to restrict the authority of the Secretary to terminate a contract entered into under paragraph (1) under any other provision of law.

(4) Whenever the Secretary provides notice to an entity that the entity is failing to meet contractual obligations entered into under paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the

House of Representatives a report on such failure. Such report shall include the following:

(A) An explanation of the reasons for providing such notice.

(B) A description of the effect of such failure, including with respect to cost, schedule, and requirements.

(C) A description of the actions taken by the Secretary to mitigate such failure.

(D) A description of the actions taken by the contractor to address such failure.

(E) A description of any effect on the community provider market for veterans in the affected area.

(5)(A) The Secretary shall instruct each entity awarded a contract under paragraph (1) to recognize and accept, on an interim basis, the credentials and qualifications of health care providers who are authorized to furnish hospital care and medical services to veterans under a community care program of the Department in effect as of the day before the effective date specified in section 101(b) of the Caring for Our Veterans Act of 2018, including under the Patient-Centered Community Care Program and the Veterans Choice Program under section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note), as qualified providers under the program established under this section.

(B) The interim acceptance period under subparagraph (A) shall be determined by the Secretary based on the following criteria:

(i) With respect to a health care provider, when the current certification agreement for the health care provider expires.

(ii) Whether the Department has enacted certification and eligibility criteria and regulatory procedures by which non-Department providers will be authorized under this section.

(6) The Secretary shall establish a system or systems for monitoring the quality of care provided to covered veterans through a network under this subsection and for assessing the quality of hospital care, medical services, and extended care services furnished through such network before the renewal of the contract for such network.

(i) **PAYMENT RATES FOR CARE AND SERVICES.**—(1) Except as provided in paragraph (2), and to the extent practicable, the rate paid for hospital care, medical services, or extended care services under any provision in this title may not exceed the rate paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XI or title XVIII of the Social Security Act (42 U.S.C. 1301 et seq.), including section 1834 of such Act (42 U.S.C. 1395m), for the same care or services.

(2)(A) A higher rate than the rate paid by the United States as described in paragraph (1) may be negotiated with respect to the furnishing of care or services to a covered veteran who resides in a highly rural area.

(B) In this paragraph, the term “highly rural area” means an area located in a county that

has fewer than seven individuals residing in that county per square mile.

(3) With respect to furnishing care or services under this section in Alaska, the Alaska Fee Schedule of the Department of Veterans Affairs shall be followed, except for when another payment agreement, including a contract or provider agreement, is in effect.

(4) With respect to furnishing hospital care, medical services, or extended care services under this section in a State with an All-Payer Model Agreement under section 1814(b)(3) of the Social Security Act (42 U.S.C. 1395f(b)(3)) that became effective on or after January 1, 2014, the Medicare payment rates under paragraph (2)(A) shall be calculated based on the payment rates under such agreement.

(5) Notwithstanding paragraph (1), the Secretary may incorporate, to the extent practicable, the use of value-based reimbursement models to promote the provision of high-quality care.

(6) With respect to hospital care, medical services, or extended care services for which there is not a rate paid under the Medicare program as described in paragraph (1), the rate paid for such care or services shall be determined by the Secretary.

(j) TREATMENT OF OTHER HEALTH PLAN CONTRACTS.—In any case in which a covered veteran is furnished hospital care, medical services, or extended care services under this section for a non-service-connected disability described in subsection (a)(2) of section 1729 of this title, the Secretary shall recover or collect reasonable charges for such care or services from a health plan contract described in section 1729 in accordance with such section.

(k) PAYMENT BY VETERAN.—A covered veteran shall not pay a greater amount for receiving care or services under this section than the amount the veteran would pay for receiving the same or comparable care or services at a medical facility of the Department or from a health care provider of the Department.

(l) TRANSPLANT AUTHORITY FOR IMPROVED ACCESS.—(1) In the case of a covered veteran described in paragraph (2), the Secretary shall determine whether to authorize an organ or bone marrow transplant for that covered veteran at a non-Department facility.

(2) A covered veteran described in this paragraph—

(A) requires an organ or bone marrow transplant; and

(B) has, in the opinion of the primary care provider of the veteran, a medically compelling reason to travel outside the region of the Organ Procurement and Transplantation Network, established under section 372 of the National Organ Transplantation Act¹ (Public Law 98-507; 42 U.S.C. 274), in which the veteran resides, to receive such transplant.

(m) MONITORING OF CARE PROVIDED.—(1)(A) Not later than 540 days after the date of the enactment of the Caring for Our Veterans Act of 2018, and not less frequently than annually thereafter, the Secretary shall submit to appro-

priate committees of Congress a review of the types and frequency of care sought under subsection (d).

(B) The review submitted under subparagraph (A) shall include an assessment of the following:

(i) The top 25 percent of types of care and services most frequently provided under subsection (d) due to the Department not offering such care and services.

(ii) The frequency such care and services were sought by covered veterans under this section.

(iii) An analysis of the reasons the Department was unable to provide such care and services.

(iv) Any steps the Department took to provide such care and services at a medical facility of the Department.

(v) The cost of such care and services.

(2) In monitoring the hospital care, medical services, and extended care services furnished under this section, the Secretary shall do the following:

(A) With respect to hospital care, medical services, and extended care services furnished through provider networks established under subsection (i)—

(i) compile data on the types of hospital care, medical services, and extended care services furnished through such networks and how many patients used each type of care and service;

(ii) identify gaps in hospital care, medical services, or extended care services furnished through such networks;

(iii) identify how such gaps may be fixed through new contracts within such networks or changes in the manner in which hospital care, medical services, or extended care services are furnished through such networks;

(iv) assess the total amounts spent by the Department on hospital care, medical services, and extended care services furnished through such networks;

(v) assess the timeliness of the Department in referring hospital care, medical services, and extended care services to such networks; and

(vi) assess the timeliness of such networks in—

(I) accepting referrals; and

(II) scheduling and completing appointments.

(B) Report the number of medical service lines the Secretary has determined under subsection (e)(1) not to be providing hospital care, medical services, or extended care services that comply with the standards for quality established by the Secretary.

(C) Assess the use of academic affiliates and centers of excellence of the Department to furnish hospital care, medical services, and extended care services to covered veterans under this section.

(D) Assess the hospital care, medical services, and extended care services furnished to covered veterans under this section by medical facilities operated by Federal agencies other than the Department.

(3) Not later than 540 days after the date of the enactment of the Caring for Our Veterans Act of

¹ See References in Text note below.

2018 and not less frequently than once each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the information gathered under paragraph (2).

(n) PROHIBITION ON CERTAIN LIMITATIONS.—(1) The Secretary shall not limit the types of hospital care, medical services, or extended care services covered veterans may receive under this section if it is in the best medical interest of the veteran to receive such hospital care, medical services, or extended care services, as determined by the veteran and the veteran's health care provider.

(2) No provision in this section may be construed to alter or modify any other provision of law establishing specific eligibility criteria for certain hospital care, medical services, or extended care services.

(o) DEFINITIONS.—In this section:

(1) The term “appropriate committees of Congress” means—

(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(2) The term “medical service line” means a clinic within a Department medical center.

(Added Pub. L. 99-272, title XIX, §19012(b)(1), Apr. 7, 1986, 100 Stat. 380, §603; amended Pub. L. 99-166, title I, §102(b)(1), Dec. 3, 1985, 99 Stat. 943; Pub. L. 99-272, title XIX, §19012(c)(5)(A), Apr. 7, 1986, 100 Stat. 382; Pub. L. 100-322, title I, §§101(e)(3), 104, 112(a), May 20, 1988, 102 Stat. 492, 493, 499; Pub. L. 100-687, div. B, title XV, §1503(a)(1), Nov. 18, 1988, 102 Stat. 4133; Pub. L. 102-54, §14(b)(9), June 13, 1991, 105 Stat. 283; renumbered §1703 and amended Pub. L. 102-83, §§4(a)(1), (3)-(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 403-406; Pub. L. 102-585, title V, §501, Nov. 4, 1992, 106 Stat. 4955; Pub. L. 104-262, title I, §104(b), Oct. 9, 1996, 110 Stat. 3184; Pub. L. 108-422, title VI, §601, Nov. 30, 2004, 118 Stat. 2396; Pub. L. 109-13, div. A, title VI, §6080, May 11, 2005, 119 Stat. 302; Pub. L. 110-387, title VIII, §802, Oct. 10, 2008, 122 Stat. 4141; Pub. L. 112-37, §10(a), Oct. 5, 2011, 125 Stat. 396; Pub. L. 115-182, title I, §101(a)(1), June 6, 2018, 132 Stat. 1395; Pub. L. 115-251, title II, §§201(a), 202, Sept. 29, 2018, 132 Stat. 3171, 3172.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (c)(1) and (i)(1), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XI and XVIII of the Act are classified generally to subchapters XI (§1301 et seq.) and XVIII (§1395 et seq.), respectively, of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsecs. (d)(1)(C) and (m)(1), (3), is the date of enactment of Pub. L. 115-182, which was approved June 6, 2018.

For the effective date specified in section 101(b) of the Caring for Our Veterans Act of 2018, referred to in subsec. (h)(5)(A), see section 101(b) of Pub. L. 115-182, which is set out as an Effective Date of 2018 Amendment note below.

Section 372 of the National Organ Transplantation Act, referred to in subsec. (i)(2)(B), probably means section 372 of the Public Health Service Act, act July 1, 1944, ch. 373, which was enacted by section 201 of the National Organ Transplant Act, Pub. L. 98-507, and is classified to section 274 of Title 42, The Public Health and Welfare.

AMENDMENTS

2018—Pub. L. 115-182 amended section generally. Prior to amendment, section related to contracts for hospital care and medical services in non-Department facilities.

Subsec. (h)(1). Pub. L. 115-251, §201(a), designated existing provisions as subpar. (A) and added subpar. (B).

Subsec. (h)(5)(A). Pub. L. 115-251, §202, substituted “the effective date specified in section 101(b)” for “the date of the enactment”.

2011—Subsec. (d)(4). Pub. L. 112-37 substituted “September 30, 2020” for “September 30, 2013”.

2008—Subsec. (d)(4). Pub. L. 110-387 substituted “September 30, 2013” for “September 30, 2008”.

2005—Subsec. (d)(2). Pub. L. 109-13 substituted “shall be available, without fiscal year limitation, for the purposes” for “shall be available for the purposes”.

2004—Subsec. (d). Pub. L. 108-422 added subsec. (d).

1996—Subsec. (a). Pub. L. 104-262, §104(b)(1), struck out “or 1712” after “, as authorized in section 1710” in introductory provisions.

Subsec. (a)(2)(A). Pub. L. 104-262, §104(b)(2)(A), substituted “1710(a)(1)(B)” for “1712(a)(1)(B)”.

Subsec. (a)(2)(B). Pub. L. 104-262, §104(b)(2)(B), added subpar. (B) and struck out former subpar. (B) which read as follows: “a veteran described in paragraph (2), (3), or (4) of section 1712(a) of this title, for a purpose described in section 1712(a)(5)(B) of this title”.

Subsec. (a)(2)(C). Pub. L. 104-262, §104(b)(2)(C), substituted “section 1710(a)(2)(E) of this title, or a veteran who is in receipt of increased pension, or additional compensation or allowances based on the need of regular aid and attendance or by reason of being permanently housebound (or who, but for the receipt of retired pay, would be in receipt of such pension, compensation, or allowance),” for “section 1712(a)(3) (other than a veteran who is a former prisoner of war) of this title”.

Subsec. (a)(7). Pub. L. 104-262, §104(b)(3), substituted “1712(a)(1)(F)” for “1712(b)(1)(F)”.

1992—Subsec. (a)(1)(C). Pub. L. 102-585 added subpar. (C).

1991—Pub. L. 102-83, §5(a), renumbered section 603 of this title as this section.

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans' Administration” in section catchline.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted “1710 or 1712” for “610 or 612” in introductory provisions, “1712(a)(1)(B)” for “612(a)(1)(B)” in par. (2)(A), “1712(a)” for “612(a)” and “1712(a)(5)(B)” for “612(a)(5)(B)” in par. (2)(B), “1712(a)(3)” for “612(a)(3)” in par. (2)(C), “1720” for “620” in par. (3), and “1712(b)(1)(F)” for “612(b)(1)(F)” in par. (7).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions and in par. (2)(C).

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans' Administration” in introductory provisions and in pars. (3) and (5).

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans' Administration” wherever appearing in introductory provisions and pars. (2), (3), (5), and (6).

Subsec. (a)(2)(B). Pub. L. 102-54, §14(b)(9)(A), struck out “section” before “paragraph”.

Subsec. (a)(7). Pub. L. 102-54, §14(b)(9)(B), substituted “section 612(b)(1)(F)” for “section 612(b)(1)(G)”.

Subsec. (a)(8). Pub. L. 102-83, §4(a)(1), substituted “administered by the Secretary” for “administered by the Veterans' Administration”.

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans' Administration”.

Subsec. (c). Pub. L. 102-83, §5(c)(1), substituted “1712A, 1720, 1720A, 1724, and 1732” for “612A, 620, 620A, 624, and 632”.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-54, §14(b)(9)(C), inserted before period at end “(Public Law 100-322; 102 Stat. 501)”.

1988—Subsec. (a). Pub. L. 100-322, §104(b)(1), substituted “furnish any of the following:” for “furnish—”.

Subsec. (a)(1). Pub. L. 100-322, §104(b)(2), (3), substituted “Hospital” for “hospital” and the period for semicolon at end.

Subsec. (a)(2). Pub. L. 100-322, §104(b)(2), (3), substituted “Medical” for “medical” and the period for semicolon at end.

Subsec. (a)(2)(B). Pub. L. 100-687 substituted “paragraph (2), (3), or (4) of section 612(a)” for “612(a)(4)”, and “612(a)(5)(B)” for “612(a)(5)”.

Pub. L. 100-322, §101(e)(3)(A), substituted “section 612(a)(4) of this title, for a purpose described in section 612(a)(5) of this title” for “section 612(f)(1)(A)(ii) of this title”.

Subsec. (a)(2)(C). Pub. L. 100-322, §101(e)(3)(B), substituted “section 612(a)(3) (other than a veteran who is a former prisoner of war)” for “section 612(g)”.

Subsec. (a)(3). Pub. L. 100-322, §104(a)(1), (b)(2), (3), substituted “Hospital” for “hospital”, inserted “or nursing home care under section 620 of this title”, and substituted the period for semicolon at end.

Subsec. (a)(4), (5). Pub. L. 100-322, §104(b)(2), (3), substituted “Hospital” for “hospital” and the period for semicolon at end.

Subsec. (a)(6). Pub. L. 100-322, §104(b)(2), (4), substituted “Diagnostic” for “diagnostic” and the period for “;” or “”.

Subsec. (a)(7). Pub. L. 100-322, §104(b)(2), substituted “Outpatient” for “outpatient”.

Subsec. (a)(8). Pub. L. 100-322, §104(a)(2), added par. (8).

Subsec. (c). Pub. L. 100-322, §112(a), added subsec. (c). 1986—Subsec. (a)(5). Pub. L. 99-272, §19012(c)(5)(A), made conforming amendment to Pub. L. 99-166, §102(b)(1). See 1985 Amendment note below.

1985—Subsec. (a)(5). Pub. L. 99-166, §102(b)(1), as amended by Pub. L. 99-272, §19012(c)(5)(A), inserted “(other than the Commonwealth of Puerto Rico)” after “in a State” and substituted “contiguous States and the Commonwealth of Puerto Rico” for “contiguous States, but the authority of the Administrator under this paragraph with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988, and until such date the Administrator may, if necessary to prevent hardship, waive the applicability to the Commonwealth of Puerto Rico of the restrictions in this paragraph with respect to hospital patient loads and the incidence of the furnishing of medical services”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2018 AMENDMENT

Pub. L. 115-251, title II, §201(b), Sept. 29, 2018, 132 Stat. 3172, provided that: “The amendments made by subsection (a) [amending this section] shall take effect on the effective date specified in section 101(b) of the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (Public Law 115-182) [set out below].”

Pub. L. 115-182, title I, §101(b), June 6, 2018, 132 Stat. 1403, provided that: “Section 1703 of title 38, United States Code, as amended by subsection (a), shall take effect on the later of—

“(1) the date that is 30 days after the date on which the Secretary of Veterans Affairs submits the report required under section 101(q)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) [June 29, 2017]; or

“(2) the date on which the Secretary promulgates regulations pursuant to subsection (c) [set out as a

Regulations note below] [regulations effective June 6, 2019, see 84 F.R. 26278].”

EFFECTIVE DATE OF 1988 AMENDMENT

Pub. L. 100-687, div. B, title XV, §1503(b), Nov. 18, 1988, 102 Stat. 4134, provided that: “The amendments made by subsection (a)(1) [amending this section] shall apply with respect to the furnishing of medical services by contract to veterans who apply to the Veterans’ Administration for medical services after June 30, 1988.”

Pub. L. 100-322, title I, §101(i), May 20, 1988, 102 Stat. 492, provided that: “The amendments made by this section [amending this section and sections 612 and 617 [now 1712 and 1717] of this title] shall apply with respect to the furnishing of medical services to veterans who apply for such services after June 30, 1988.”

EFFECTIVE DATE OF 1985 AMENDMENT

Pub. L. 99-166, title I, §102(b)(1), Dec. 3, 1985, 99 Stat. 943, as amended by Pub. L. 99-272, title XIX, §19012(c)(5)(A), Apr. 7, 1986, 100 Stat. 382, provided that the amendment made by that section is effective Oct. 1, 1988.

REGULATIONS

Pub. L. 115-182, title I, §101(c), June 6, 2018, 132 Stat. 1403, provided that:

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [June 6, 2018], the Secretary of Veterans Affairs shall promulgate regulations to carry out section 1703 of title 38, United States Code, as amended by subsection (a) of this section.

“(2) UPDATES.—

“(A) PERIODIC.—Before promulgating the regulations required under paragraph (1), the Secretary shall provide to the appropriate committees of Congress periodic updates to confirm the progress of the Secretary toward developing such regulations.

“(B) FIRST UPDATE.—The first update under subparagraph (A) shall occur no later than 120 days from the date of the enactment of this Act.

“(C) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this paragraph, the term ‘appropriate committees of Congress’ means—

“(i) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate; and

“(ii) the Committee on Veterans’ Affairs and the Committee on Appropriations of the House of Representatives.”

SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS OF MATERNITY CARE COORDINATION

Pub. L. 117-69, §§2, 3, Nov. 30, 2021, 135 Stat. 1495, 1496, provided that:

“SEC. 2. DEFINITIONS.

“In this Act [enacting this note, provisions set out as a note under section 101 of this title, and provisions not classified to the Code]:

“(1) MATERNAL MORTALITY.—The term ‘maternal mortality’ means a death occurring during pregnancy or within a one-year period after pregnancy that is caused by pregnancy-related or childbirth complications, including suicide, overdose, or other death resulting from a mental health or substance use disorder attributed to or aggravated by pregnancy-related or childbirth complications.

“(2) POSTPARTUM.—The term ‘postpartum’, with respect to an individual, means the one-year period beginning on the last day of the pregnancy of the individual.

“(3) PREGNANCY-ASSOCIATED DEATH.—The term ‘pregnancy-associated death’ means the death of a pregnant or postpartum individual, by any cause, that occurs during pregnancy or within one year following pregnancy, regardless of the outcome, duration, or site of the pregnancy.

“(4) PREGNANCY-RELATED DEATH.—The term ‘pregnancy-related death’ means the death of a pregnant

or postpartum individual that occurs during pregnancy or within one year following pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

“(5) RACIAL AND ETHNIC MINORITY GROUP.—The term ‘racial and ethnic minority group’ has the meaning given that term in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)).

“(6) SEVERE MATERNAL MORBIDITY.—The term ‘severe maternal morbidity’ means a health condition, including a mental health condition or substance use disorder, attributed to or aggravated by pregnancy or childbirth that results in significant short-term or long-term consequences to the health of the individual who was pregnant.

“SEC. 3. SUPPORT BY DEPARTMENT OF VETERANS AFFAIRS OF MATERNITY CARE COORDINATION.

“(a) PROGRAM ON MATERNITY CARE COORDINATION.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Directive 1330.03.

“(2) TRAINING AND SUPPORT.—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of those veterans in the Armed Forces.

“(b) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated to the Secretary \$15,000,000 for fiscal year 2022 for the program under subsection (a)(1).

“(2) SUPPLEMENT NOT SUPPLANT.—Amounts authorized under paragraph (1) are authorized in addition to any other amounts authorized for maternity health care and coordination for the Department of Veterans Affairs.

“(c) DEFINITIONS.—In this section:

“(1) COMMUNITY MATERNITY CARE PROVIDERS.—The term ‘community maternity care providers’ means maternity care providers located at non-Department facilities who provide maternity care to veterans under section 1703 of title 38, United States Code, or any other law administered by the Secretary of Veterans Affairs.

“(2) NON-DEPARTMENT FACILITIES.—The term ‘non-Department facilities’ has the meaning given that term in section 1701 of title 38, United States Code.”

ADMINISTRATION OF NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE

Pub. L. 116–315, title III, §3103, Jan. 5, 2021, 134 Stat. 5004, provided that:

“(a) CERTIFICATION OF PROPER ADMINISTRATION OF NON-DEPARTMENT CARE.—

“(1) REVIEW.—

“(A) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a review of the staffing, training, and other requirements necessary to administer section 1703 of title 38, United States Code.

“(B) ELEMENTS.—The review conducted under subparagraph (A) shall include, with respect to each medical facility of the Department of Veterans Affairs—

“(i) an assessment of the type of positions required to be staffed at the medical facility;

“(ii) the number of such positions authorized;

“(iii) the number of such positions funded;

“(iv) the number of such positions filled; and

“(v) the number of additional such positions required to be authorized.

“(2) SUBMITTAL TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act [Jan. 5, 2021], and every 180 days thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives—

“(A) the results of the review conducted under paragraph (1); and

“(B) a certification that the Secretary has established all staffing, training, and other requirements required to be reviewed under such paragraph.

“(b) SCHEDULING OF APPOINTMENTS.—

“(1) MEASUREMENT OF TIMELINESS FOR EACH FACILITY.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall measure, with respect to referrals for non-Department health care originating from medical facilities of the Department, for each such facility—

“(A) the period of time between—

“(i) the date that a clinician of the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date that the referral for care is sent to a non-Department health care provider;

“(ii) the date that the referral for care is sent to a non-Department health care provider and the date that a non-Department health care provider accepts the referral;

“(iii) the date that a non-Department health care provider accepts the referral and the date that the referral to a non-Department health care provider is completed;

“(iv) the date that the referral to a non-Department health care provider is completed and the date that an appointment with a non-Department health care provider is made; and

“(v) the date that an appointment with a non-Department health care provider is made and the date that an appointment with a non-Department health care provider occurs; and

“(B) any other period of time that the Secretary determines necessary to measure.

“(2) SUBMISSIONS TO CONGRESS.—

“(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the data measured under paragraph (1), disaggregated by medical facility.

“(B) UPDATE.—Not less frequently than biweekly, the Secretary shall update the data submitted under subparagraph (A).

“(c) COMPTROLLER GENERAL REPORT.—

“(1) REVIEW.—Beginning not later than one year after the date of the enactment of this Act [Jan. 5, 2021], the Comptroller General of the United States shall review compliance by the Secretary with the requirements of this section, including a review of the validity and reliability of data submitted by the Secretary under subsection (b)(2).

“(2) REPORT.—Not later than three years after the date of the enactment of this Act, the Comptroller General shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the results of the review conducted under paragraph (1).”

ESTABLISHMENT OF WOMEN VETERAN TRAINING MODULE FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS

Pub. L. 116–315, title V, §5203, Jan. 5, 2021, 134 Stat. 5034, provided that:

“(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs shall establish and make available to community providers a training module that is specific to women veterans.

“(b) TRAINING MATERIALS PROVIDED.—Under the training module established and made available to community providers under subsection (a), the Secretary shall provide to community providers the same training materials relating to treatment of women veterans that is provided to health care providers of the Department of Veterans Affairs to ensure that all health care providers treating women veterans have ac-

cess to the same materials to support competency throughout the community.

“(c) ADMINISTRATION OF TRAINING MODULE.—The Secretary shall administer the training module established under subsection (a) to community providers through an internet website of the Department.

“(d) ANNUAL REPORT.—Not later than one year after the establishment of the training module under subsection (a), and annually thereafter, the Secretary shall submit to Congress a report on—

“(1) the utilization by community providers of the training module; and

“(2) the effectiveness of the training module.

“(e) DEFINITIONS.—In this section:

“(1) COMMUNITY PROVIDER.—The term ‘community provider’ means a non-Department of Veterans Affairs health care provider who provides preauthorized health care to veterans under the laws administered by the Secretary of Veterans Affairs.

“(2) PREAUTHORIZED HEALTH CARE.—The term ‘preauthorized health care’ means health care provided to a veteran that is authorized by the Secretary before being provided.”

CONTINUITY OF EXISTING AGREEMENTS

Pub. L. 115-182, title I, § 101(d), June 6, 2018, 132 Stat. 1403, provided that:

“(1) IN GENERAL.—Notwithstanding section 1703 of title 38, United States Code, as amended by subsection (a), the Secretary of Veterans Affairs shall continue all contracts, memorandums of understanding, memorandums of agreements, and other arrangements that were in effect on the day before the date of the enactment of this Act [June 6, 2018] between the Department of Veterans Affairs and the American Indian and Alaska Native health care systems as established under the terms of the Department of Veterans Affairs and Indian Health Service Memorandum of Understanding, signed October 1, 2010, the National Reimbursement Agreement, signed December 5, 2012, arrangements under section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645), and agreements entered into under sections 102 and 103 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) [38 U.S.C. 1701 note].

“(2) MODIFICATIONS.—Paragraph (1) shall not be construed to prohibit the Secretary and the parties to the contracts, memorandums of understanding, memorandums of agreements, and other arrangements described in such paragraph from making such changes to such contracts, memorandums of understanding, memorandums of agreements, and other arrangements as may be otherwise authorized pursuant to other provisions of law or the terms of the contracts, memorandums of understanding, memorandums of agreements, and other arrangements.”

DEMONSTRATION PROJECTS ON ALTERNATIVES FOR EXPANDING CARE FOR VETERANS IN RURAL AREAS

Pub. L. 111-163, title III, § 303, May 5, 2010, 124 Stat. 1149, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs may, through the Director of the Office of Rural Health, carry out demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas, which may include the following:

“(1) Establishing a partnership between the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to coordinate care for veterans in rural areas at critical access hospitals (as designated or certified under section 1820 of the Social Security Act (42 U.S.C. 1395i-4)).

“(2) Establishing a partnership between the Department of Veterans Affairs and the Department of Health and Human Services to coordinate care for veterans in rural areas at community health centers.

“(3) Expanding coordination between the Department of Veterans Affairs and the Indian Health Service to expand care for Indian veterans.

“(b) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that the demonstration projects carried out under subsection (a) are located at facilities that are geographically distributed throughout the United States.

“(c) REPORT.—Not later than 2 years after the date of the enactment of this Act [May 5, 2010], the Secretary shall submit a report on the results of the demonstration projects carried out under subsection (a) to—

“(1) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

“(2) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for fiscal year 2010 and each fiscal year thereafter.”

PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS

Pub. L. 110-387, title IV, § 403, Oct. 10, 2008, 122 Stat. 4124, as amended by Pub. L. 111-163, title III, § 308, May 5, 2010, 124 Stat. 1155; Pub. L. 113-146, title I, § 104, Aug. 7, 2014, 128 Stat. 1766; Pub. L. 113-175, title IV, § 409(h), Sept. 26, 2014, 128 Stat. 1908; Pub. L. 114-223, div. A, title II, § 242, Sept. 29, 2016, 130 Stat. 884, provided that:

“(a) PILOT PROGRAM REQUIRED.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Veterans Affairs health care providers.

“(2) COMMENCEMENT.—The Secretary shall commence the conduct of the pilot program on the date that is 120 days after the date of the enactment of this Act [Oct. 10, 2008].

“(3) DURATION.—A veteran may receive health services under this section during the period beginning on the date specified in paragraph (2) and ending on September 30, 2017.

“(4) PROGRAM LOCATIONS.—The Secretary shall carry out the pilot program at locations in the following Veterans Integrated Service Networks (and such other locations as the Secretary considers appropriate):

“(A) Veterans Integrated Service Network 1.

“(B) Veterans Integrated Service Network 6.

“(C) Veterans Integrated Service Network 15.

“(D) Veterans Integrated Service Network 18.

“(E) Veterans Integrated Service Network 19.

“(b) COVERED VETERANS.—For purposes of the pilot program under this section, a covered veteran is any veteran who—

“(1) is—

“(A) enrolled in the system of patient enrollment established under section 1705(a) of title 38, United States Code, as of August 1, 2014; or

“(B) eligible for health care under section 1710(e)(3) of such title; and

“(2) resides in a location that is—

“(A) more than 60 minutes driving distance from the nearest Department health care facility providing primary care services, if the veteran is seeking such services;

“(B) more than 120 minutes driving distance from the nearest Department health care facility providing acute hospital care, if the veteran is seeking such care; or

“(C) more than 240 minutes driving distance from the nearest Department health care facility providing tertiary care, if the veteran is seeking such care.

“(c) COVERED HEALTH SERVICES.—For purposes of the pilot program under this section, a covered health service with respect to a covered veteran is any hospital care, medical service, rehabilitative service, or preventative health service that is authorized to be provided by the Secretary to the veteran under chapter 17

of title 38, United States Code, or any other provision of law.

“(d) **QUALIFYING NON-DEPARTMENT HEALTH CARE PROVIDERS.**—For purposes of the pilot program under this section, an entity or individual is a qualifying non-Department health care provider of a covered health service if the Secretary determines that the entity or individual is qualified to furnish such service to veterans under the pilot program.

“(e) **ELECTION.**—A covered veteran seeking to be provided covered health services under the pilot program under this section shall submit to the Secretary an application therefor in such form, and containing such information as the Secretary shall specify for purposes of the pilot program.

“(f) **PROVISION OF SERVICES THROUGH CONTRACT.**—The Secretary shall provide covered health services to veterans under the pilot program under this section through contracts with qualifying non-Department health care providers for the provision of such services.

“(g) **EXCHANGE OF MEDICAL INFORMATION.**—In conducting the pilot program under this section, the Secretary shall develop and utilize a functional capability to provide for the exchange of appropriate medical information between the Department and non-Department health care providers providing health services under the pilot program.

“(h) **APPOINTMENTS.**—In carrying out the pilot program under this section, the Secretary shall ensure that medical appointments for covered veterans—

“(1) are scheduled not later than 5 days after the date on which the appointment is requested; and

“(2) occur not later than 30 days after such date.

“(i) **OUTREACH.**—The Secretary shall ensure that covered veterans are informed about the pilot program under this section.

“(j) **USE OF EXISTING CONTRACTS.**—Notwithstanding any provision of law relating to the use of competitive procedures in entering into contracts, in carrying out the pilot program under this section after the date of the enactment of the Veterans Access, Choice, and Accountability Act of 2014 [Aug. 7, 2014], the Secretary shall make use of contracts entered into under this section before such date or may enter into new contracts.

“(k) **REPORTS.**—Not later than the 30 days after the end of each year in which the pilot program under this section is conducted, the Secretary shall submit to the Committee of Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report which includes—

“(1) the assessment of the Secretary of the pilot program during the preceding year, including its cost, volume, quality, patient satisfaction, benefit to veterans, and such other findings and conclusions with respect to pilot program as the Secretary considers appropriate; and

“(2) such recommendations as the Secretary considers appropriate regarding—

“(A) the continuation of the pilot program;

“(B) extension of the pilot program to other or all Veterans Integrated Service Networks of the Department; and

“(C) making the pilot program permanent.”

RATIFICATION OF MEDICAL SERVICES CONTRACTS

Section 1503(c) of Pub. L. 100-687 ratified actions of the Administrator in contracting with facilities other than Veterans' Administration facilities for furnishing medical services incident to treatment of certain veterans receiving hospital, nursing home, or domiciliary care, who applied for such services during the period beginning July 1, 1988, and ending Nov. 18, 1988.

PUERTO RICO CONTRACT CARE; LIMITATION ON INCURRING OF OBLIGATIONS

Pub. L. 99-166, title I, §102(b)(2)–(5), Dec. 3, 1985, 99 Stat. 943, as amended by Pub. L. 99-272, title XIX, §19012(c)(5)(B), Apr. 7, 1986, 100 Stat. 382, limited Administrator's authority to incur obligations for medical

services for veterans residing in Puerto Rico during fiscal years 1986 to 1988.

§ 1703A. Agreements with eligible entities or providers; certification processes

(a) **AGREEMENTS AUTHORIZED.**—(1)(A) When hospital care, a medical service, or an extended care service required by a covered individual who is entitled to such care or service under this chapter is not feasibly available to the covered individual from a facility of the Department or through a contract or sharing agreement entered into pursuant to another provision of law, the Secretary may furnish such care or service to such covered individual through an agreement under this section with an eligible entity or provider to provide such hospital care, medical service, or extended care service.

(B) An agreement entered into under this section to provide hospital care, a medical service, or an extended care service shall be known as a “Veterans Care Agreement”.

(C) For purposes of subparagraph (A), hospital care, a medical service, or an extended care service may be considered not feasibly available to a covered individual from a facility of the Department or through a contract or sharing agreement described in such subparagraph when the Secretary determines the covered individual's medical condition, the travel involved, the nature of the care or services required, or a combination of these factors make the use of a facility of the Department or a contract or sharing agreement described in such subparagraph impracticable or inadvisable.

(D) A Veterans Care Agreement may be entered into by the Secretary or any Department official authorized by the Secretary.

(2)(A) Subject to subparagraph (B), the Secretary shall review each Veterans Care Agreement of material size, as determined by the Secretary or set forth in paragraph (3), for hospital care, a medical service, or an extended care service to determine whether it is feasible and advisable to provide such care or service within a facility of the Department or by contract or sharing agreement entered into pursuant to another provision of law and, if so, take action to do so.

(B)(i) The Secretary shall review each Veterans Care Agreement of material size that has been in effect for at least 6 months within the first 2 years of its taking effect, and not less frequently than once every 4 years thereafter.

(ii) If a Veterans Care Agreement has not been in effect for at least 6 months by the date of the review required by subparagraph (A), the agreement shall be reviewed during the next cycle required by subparagraph (A), and such review shall serve as its review within the first 2 years of its taking effect for purposes of clause (i).

(3)(A) In fiscal year 2019 and in each fiscal year thereafter, in addition to such other Veterans Care Agreements as the Secretary may determine are of material size, a Veterans Care Agreement for the purchase of extended care services that exceeds \$5,000,000 annually shall be considered of material size.

(B) From time to time, the Secretary may publish a notice in the Federal Register to adjust the dollar amount specified in subparagraph

(A) to account for changes in the cost of health care based upon recognized health care market surveys and other available data.

(b) **ELIGIBLE ENTITIES AND PROVIDERS.**—For purposes of this section, an eligible entity or provider is—

(1) any provider of services that has enrolled and entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and any physician or other supplier who has enrolled and entered into a participation agreement under section 1842(h) of such Act (42 U.S.C. 1395u(h));

(2) any provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.);

(3) an Aging and Disability Resource Center, an area agency on aging, or a State agency (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002));

(4) a center for independent living (as defined in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a)); or

(5) any entity or provider not described in paragraph (1) or (2) of this subsection that the Secretary determines to be eligible pursuant to the certification process described in subsection (c).

(c) **ELIGIBLE ENTITY OR PROVIDER CERTIFICATION PROCESS.**—The Secretary shall establish by regulation a process for the certification of eligible entities or providers or recertification of eligible entities or providers under this section. Such a process shall, at a minimum—

(1) establish deadlines for actions on applications for certification;

(2) set forth standards for an approval or denial of certification, duration of certification, revocation of an eligible entity or provider's certification, and recertification of eligible entities or providers;

(3) require the denial of certification if the Secretary determines the eligible entity or provider is excluded from participation in a Federal health care program under section 1128 or section 1128A of the Social Security Act (42 U.S.C. 1320a-7 or 1320a-7a) or is currently identified as an excluded source on the System for Award Management Exclusions list described in part 9 of title 48, Code of Federal Regulations, and part 180 of title 2 of such Code, or successor regulations;

(4) establish procedures for screening eligible entities or providers according to the risk of fraud, waste, and abuse that are similar to the standards under section 1866(j)(2)(B) of the Social Security Act (42 U.S.C. 1395cc(j)(2)(B)) and section 9.104 of title 48, Code of Federal Regulations, or successor regulations; and

(5) incorporate and apply the restrictions and penalties set forth in chapter 21 of title 41 and treat this section as a procurement program only for purposes of applying such provisions.

(d) **RATES.**—To the extent practicable, the rates paid by the Secretary for hospital care, medical services, and extended care services provided under a Veterans Care Agreement shall be in accordance with the rates paid by the United States under section 1703(i) of this title.

(e) **TERMS OF VETERANS CARE AGREEMENTS.**—

(1) Pursuant to regulations promulgated under subsection (k), the Secretary may define the requirements for providers and entities entering into agreements under this section based upon such factors as the number of patients receiving care or services, the number of employees employed by the entity or provider furnishing such care or services, the amount paid by the Secretary to the provider or entity, or other factors as determined by the Secretary.

(2) To furnish hospital care, medical services, or extended care services under this section, an eligible entity or provider shall agree—

(A) to accept payment at the rates established in regulations prescribed under this section;

(B) that payment by the Secretary under this section on behalf of a covered individual to a provider of services or care shall, unless rejected and refunded by the provider within 30 days of receipt, constitute payment in full and extinguish any liability on the part of the covered individual for the treatment or care provided, and no provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate this requirement;

(C) to provide only the care and services authorized by the Department under this section and to obtain the prior written consent of the Department to furnish care or services outside the scope of such authorization;

(D) to bill the Department in accordance with the methodology outlined in regulations prescribed under this section;

(E) to not seek to recover or collect from a health plan contract or third party, as those terms are defined in section 1729 of this title, for any care or service that is furnished or paid for by the Department;

(F) to provide medical records to the Department in the time frame and format specified by the Department; and

(G) to meet such other terms and conditions, including quality of care assurance standards, as the Secretary may specify in regulation.

(f) **DISCONTINUATION OR NONRENEWAL OF A VETERANS CARE AGREEMENT.**—(1) An eligible entity or provider may discontinue a Veterans Care Agreement at such time and upon such notice to the Secretary as may be provided in regulations prescribed under this section.

(2) The Secretary may discontinue a Veterans Care Agreement with an eligible entity or provider at such time and upon such reasonable notice to the eligible entity or provider as may be specified in regulations prescribed under this section, if an official designated by the Secretary—

(A) has determined that the eligible entity or provider failed to comply substantially with the provisions of the Veterans Care Agreement, or with the provisions of this section or regulations prescribed under this section;

(B) has determined the eligible entity or provider is excluded from participation in a Federal health care program under section 1128 or section 1128A of the Social Security Act (42 U.S.C. 1320a-7 or 1320a-7a) or is identified on

the System for Award Management Exclusions list as provided in part 9 of title 48, Code of Federal Regulations, and part 180 of title 2 of such Code, or successor regulations;

(C) has ascertained that the eligible entity or provider has been convicted of a felony or other serious offense under Federal or State law and determines the eligible entity or provider's continued participation would be detrimental to the best interests of covered individuals or the Department; or

(D) has determined that it is reasonable to terminate the agreement based on the health care needs of a covered individual.

(g) **QUALITY OF CARE.**—The Secretary shall establish a system or systems for monitoring the quality of care provided to covered individuals through Veterans Care Agreements and for assessing the quality of hospital care, medical services, and extended care services furnished by eligible entities and providers before the renewal of Veterans Care Agreements.

(h) **DISPUTES.**—(1) The Secretary shall promulgate administrative procedures for eligible entities and providers to present all disputes arising under or related to Veterans Care Agreements.

(2) Such procedures constitute the eligible entities' and providers' exhaustive and exclusive administrative remedies.

(3) Eligible entities or providers must first exhaust such administrative procedures before seeking any judicial review under section 1346 of title 28 (known as the "Tucker Act").

(4) Disputes under this section must pertain to either the scope of authorization under the Veterans Care Agreement or claims for payment subject to the Veterans Care Agreement and are not claims for the purposes of such laws that would otherwise require application of sections 7101 through 7109 of title 41.

(i) **APPLICABILITY OF OTHER PROVISIONS OF LAW.**—(1) A Veterans Care Agreement may be authorized by the Secretary or any Department official authorized by the Secretary, and such action shall not be treated as—

(A) an award for the purposes of such laws that would otherwise require the use of competitive procedures for the furnishing of care and services; or

(B) a Federal contract for the acquisition of goods or services for purposes of any provision of Federal law governing Federal contracts for the acquisition of goods or services except section 4706(d) of title 41.

(2)(A) Except as provided in the agreement itself, in subparagraph (B), and unless otherwise provided in this section or regulations prescribed pursuant to this section, an eligible entity or provider that enters into an agreement under this section is not subject to, in the carrying out of the agreement, any law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(B) An eligible entity or provider that enters into an agreement under this section is subject to—

(i) all laws regarding integrity, ethics, or fraud, or that subject a person to civil or criminal penalties; and

(ii) all laws that protect against employment discrimination or that otherwise ensure equal employment opportunities.

(3) Notwithstanding paragraph (2)(B)(i), an eligible entity or provider that enters into an agreement under this section shall not be treated as a Federal contractor or subcontractor for purposes of chapter 67 of title 41 (commonly known as the "McNamara-O'Hara Service Contract Act of 1965").

(j) **PARITY OF TREATMENT.**—Eligibility for hospital care, medical services, and extended care services furnished to any covered individual pursuant to a Veterans Care Agreement shall be subject to the same terms as though provided in a facility of the Department, and provisions of this chapter applicable to covered individuals receiving such care and services in a facility of the Department shall apply to covered individuals treated under this section.

(k) **RULEMAKING.**—The Secretary shall promulgate regulations to carry out this section.

(l) **COVERED INDIVIDUAL DEFINED.**—In this section, the term "covered individual" means any individual eligible for hospital care, medical services, or extended care services under this title or any other law administered by the Secretary.

(Added Pub. L. 115-182, title I, §102(a), June 6, 2018, 132 Stat. 1404; amended Pub. L. 115-251, title II, §§203, 211(a)(2), Sept. 29, 2018, 132 Stat. 3172, 3174.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (b)(2) and (i)(2)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Titles XVIII and XIX of the Act are classified generally to subchapters XVIII (§1395 et seq.) and XIX (§1396 et seq.), respectively, of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

AMENDMENTS

2018—Subsec. (a)(1)(A). Pub. L. 115-251, §203(b)(1)(A), substituted "covered individual" for "veteran" wherever appearing.

Subsec. (a)(1)(C). Pub. L. 115-251, §203(b)(1)(B), substituted "covered individual" for "veteran" and "covered individual's" for "veteran's".

Subsec. (e)(2)(B). Pub. L. 115-251, §203(b)(2), substituted "covered individual" for "veteran" in two places.

Subsec. (f)(2)(C). Pub. L. 115-251, §203(b)(3)(A), substituted "covered individuals" for "veterans".

Subsec. (f)(2)(D). Pub. L. 115-251, §203(b)(3)(B), substituted "covered individual" for "veteran".

Subsec. (g). Pub. L. 115-251, §203(b)(4), substituted "to covered individuals" for "to veterans".

Subsec. (h)(4). Pub. L. 115-251, §211(a)(2), struck out "United States Code" after "of title 41".

Subsec. (j). Pub. L. 115-251, §203(b)(5), substituted "any covered individual" for "any veteran" and substituted "to covered individuals" for "to veterans" in two places.

Subsec. (l). Pub. L. 115-251, §203(a), added subsec. (l).

Statutory Notes and Related Subsidiaries

APPLICABILITY OF DIRECTIVE OF OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

Pub. L. 115-182, title I, §107, June 6, 2018, 132 Stat. 1416, provided that:

“(a) IN GENERAL.—Notwithstanding the treatment of certain laws under subsection (i) of section 1703A of title 38, United States Code, as added by section 102 of this title, Directive 2014-01 of the Office of Federal Contract Compliance Programs of the Department of Labor (effective as of May 7, 2014) shall apply to any entity entering into an agreement under such section 1703A or section 1745 of such title, as amended by section 103, in the same manner as such directive applies to subcontractors under the TRICARE program for the duration of the moratorium provided under such directive.

“(b) APPLICABILITY PERIOD.—The directive described in subsection (a), and the moratorium provided under such directive, shall not be altered or rescinded before May 7, 2019.

“(c) TRICARE PROGRAM DEFINED.—In this section, the term ‘TRICARE program’ has the meaning given that term in section 1072 of title 10, United States Code.”

§ 1703B. Access standards

(a)(1) The Secretary shall establish access standards for furnishing hospital care, medical services, or extended care services to covered veterans for the purposes of section 1703(d).

(2) The Secretary shall ensure that the access standards established under paragraph (1) define such categories of care to cover all care and services within the medical benefits package of the Department of Veterans Affairs.

(b) The Secretary shall ensure that the access standards provide covered veterans, employees of the Department, and health care providers in the network established under section 1703(h) with relevant comparative information that is clear, useful, and timely, so that covered veterans can make informed decisions regarding their health care.

(c) The Secretary shall consult with all pertinent Federal entities (including the Department of Defense, the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services), entities in the private sector, and other nongovernmental entities in establishing access standards.

(d)(1) Not later than 270 days after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall submit to the appropriate committees of Congress a report detailing the access standards.

(2)(A) Before submitting the report required under paragraph (1), the Secretary shall provide periodic updates to the appropriate committees of Congress to confirm the Department's progress towards developing the access standards required by this section.

(B) The first update under subparagraph (A) shall occur no later than 120 days from the date of the enactment of the Caring for Our Veterans Act of 2018.

(3) Not later than 540 days after the date on which the Secretary implements the access standards established under subsection (a), the Secretary shall submit to the appropriate committees of Congress a report detailing the implementation of and compliance with such access standards by Department and non-Department entities or providers.

(e) Not later than 3 years after the date on which the Secretary establishes access standards under subsection (a) and not less frequently than once every 3 years thereafter, the Secretary shall—

(1) conduct a review of such standards; and

(2) submit to the appropriate committees of Congress a report on the findings and any modification to the access standards with respect to the review conducted under paragraph (1).

(f) The Secretary shall ensure health care providers specified under section 1703(c) are able to comply with the applicable access standards established by the Secretary.

(g) The Secretary shall publish in the Federal Register and on an internet website of the Department the designated access standards established under this section for purposes of section 1703(d)(1)(D).

(h)(1) Consistent with paragraphs (1)(D) and (3) of section 1703(d), covered veterans may contact the Department at any time to request a determination regarding whether they are eligible to receive care and services from a non-Department entity or provider based on the Department being unable to furnish such care and services in a manner that complies with the designated access standards established under this section.

(2) The Secretary shall establish a process to review such requests from covered veterans to determine whether—

(A) the requested care is clinically necessary; and

(B) the Department is able to provide such care in a manner that complies with designated access standards established under this section.

(3) The Secretary shall promptly respond to any such request by a covered veteran.

(i) In this section:

(1) The term “appropriate committees of Congress” means—

(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(2) The term “covered veterans” means veterans described in section 1703(b) of this title.

(Added Pub. L. 115-182, title I, §104(a), June 6, 2018, 132 Stat. 1409; amended Pub. L. 115-251, title II, §211(a)(3), Sept. 29, 2018, 132 Stat. 3174.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsec. (d)(1), (2)(B), is the date of enactment of Pub. L. 115-182, which was approved June 6, 2018.

AMENDMENTS

2018—Subsec. (i). Pub. L. 115-251 inserted introductory provisions, substituted “means” for “refers to” in par. (2), and realigned margins.

§ 1703C. Standards for quality

(a) IN GENERAL.—(1) The Secretary shall establish standards for quality regarding hospital care, medical services, and extended care services furnished by the Department pursuant to this title, including through non-Department

health care providers pursuant to section 1703 of this title.

(2) In establishing standards for quality under paragraph (1), the Secretary shall consider existing health quality measures that are applied to public and privately sponsored health care systems with the purpose of providing covered veterans relevant comparative information to make informed decisions regarding their health care.

(3) The Secretary shall collect and consider data for purposes of establishing the standards under paragraph (1). Such data collection shall include—

(A) after consultation with veterans service organizations and other key stakeholders on survey development or modification of an existing survey, a survey of veterans who have used hospital care, medical services, or extended care services furnished by the Veterans Health Administration during the most recent 2-year period to assess the satisfaction of the veterans with service and quality of care; and

(B) datasets that include, at a minimum, elements relating to the following:

- (i) Timely care.
- (ii) Effective care.
- (iii) Safety, including, at a minimum, complications, readmissions, and deaths.
- (iv) Efficiency.

(4) The Secretary shall consult with all pertinent Federal entities (including the Department of Defense, the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services), entities in the private sector, and other nongovernmental entities in establishing standards for quality.

(5)(A) Not later than 270 days after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall submit to the appropriate committees of Congress a report detailing the standards for quality.

(B)(i) Before submitting the report required under subparagraph (A), the Secretary shall provide periodic updates to the appropriate committees of Congress to confirm the Department's progress towards developing the standards for quality required by this section.

(ii) The first update under clause (i) shall occur no later than 120 days from the date of the enactment of the Caring for Our Veterans Act of 2018.

(b) PUBLICATION AND CONSIDERATION OF PUBLIC COMMENTS.—(1) Not later than 1 year after the date on which the Secretary establishes standards for quality under subsection (a), the Secretary shall publish the quality rating of medical facilities of the Department in the publicly available Hospital Compare website through the Centers for Medicare & Medicaid Services for the purpose of providing veterans with information that allows them to compare performance measure information among Department and non-Department health care providers.

(2) Not later than 2 years after the date on which the Secretary establishes standards for quality under subsection (a), the Secretary shall consider and solicit public comment on potential changes to the measures used in such standards to ensure that they include the most up-to-date and applicable industry measures for veterans.

(c) DEFINITIONS.— In this section:

(1) The term “appropriate committees of Congress” means—

(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(2) The term “covered veterans” means veterans described in section 1703(b) of this title.

(Added Pub. L. 115-182, title I, §104(a), June 6, 2018, 132 Stat. 1410; amended Pub. L. 115-251, title II, §211(a)(4), Sept. 29, 2018, 132 Stat. 3174.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsec. (a)(5), is the date of enactment of Pub. L. 115-182, which was approved June 6, 2018.

AMENDMENTS

2018—Subsec. (c). Pub. L. 115-251 inserted heading and introductory provisions, substituted “means” for “refers to” in par. (2), and realigned margins.

§ 1703D. Prompt payment standard

(a) IN GENERAL.—(1) Notwithstanding any other provision of this title or of any other provision of law, the Secretary shall pay for hospital care, medical services, or extended care services furnished by health care entities or providers under this chapter within 45 calendar days upon receipt of a clean paper claim or 30 calendar days upon receipt of a clean electronic claim.

(2) If a claim is denied, the Secretary shall, within 45 calendar days of denial for a paper claim and 30 calendar days of denial for an electronic claim, notify the health care entity or provider of the reason for denying the claim and what, if any, additional information is required to process the claim.

(3) Upon the receipt of the additional information, the Secretary shall ensure that the claim is paid, denied, or otherwise adjudicated within 30 calendar days from the receipt of the requested information.

(4) This section shall only apply to payments made on an invoice basis and shall not apply to capitation or other forms of periodic payment to entities or providers.

(b) SUBMITTAL OF CLAIMS BY HEALTH CARE ENTITIES AND PROVIDERS.—A health care entity or provider that furnishes hospital care, a medical service, or an extended care service under this chapter shall submit to the Secretary a claim for payment for furnishing the hospital care, medical service, or extended care service not later than 180 days after the date on which the entity or provider furnished the hospital care, medical service, or extended care service.

(c) FRAUDULENT CLAIMS.—(1) Sections 3729 through 3733 of title 31 shall apply to fraudulent claims for payment submitted to the Secretary by a health care entity or provider under this chapter.

(2) Pursuant to regulations prescribed by the Secretary, the Secretary shall bar a health care

entity or provider from furnishing hospital care, medical services, and extended care services under this chapter when the Secretary determines the entity or provider has submitted to the Secretary fraudulent health care claims for payment by the Secretary.

(d) **OVERDUE CLAIMS.**—(1) Any claim that has not been denied with notice, made pending with notice, or paid to the health care entity or provider by the Secretary shall be overdue if the notice or payment is not received by the entity provider within the time periods specified in subsection (a).

(2)(A) If a claim is overdue under this subsection, the Secretary may, under the requirements established by subsection (a) and consistent with the provisions of chapter 39 of title 31 (commonly referred to as the “Prompt Payment Act”), require that interest be paid on clean claims.

(B) Interest paid under subparagraph (A) shall be computed at the rate of interest established by the Secretary of the Treasury under section 3902 of title 31 and published in the Federal Register.

(3) Not less frequently than annually, the Secretary shall submit to Congress a report on payment of overdue claims under this subsection, disaggregated by paper and electronic claims, that includes the following:

(A) The amount paid in overdue claims described in this subsection, disaggregated by the amount of the overdue claim and the amount of interest paid on such overdue claim.

(B) The number of such overdue claims and the average number of days late each claim was paid, disaggregated by facility of the Department and Veterans Integrated Service Network region.

(e) **OVERPAYMENT.**—(1) The Secretary may deduct the amount of any overpayment from payments due a health care entity or provider under this chapter and may use any other means authorized by another provision of law to correct or recover overpayments.

(2) Deductions may not be made under this subsection unless the Secretary has made reasonable efforts to notify a health care entity or provider of the right to dispute the existence or amount of such indebtedness and the right to request a compromise of such indebtedness.

(3) The Secretary shall make a determination with respect to any such dispute or request prior to deducting any overpayment unless the time required to make such a determination before making any deductions would jeopardize the Secretary's ability to recover the full amount of such indebtedness.

(f) **INFORMATION AND DOCUMENTATION REQUIRED.**—(1) The Secretary shall provide to all health care entities and providers participating in a program to furnish hospital care, medical services, or extended care services under this chapter a list of information and documentation that is required to establish a clean claim under this section.

(2) The Secretary shall consult with entities in the health care industry, in the public and private sector, to determine the information and documentation to include in the list under paragraph (1).

(3) If the Secretary modifies the information and documentation included in the list under paragraph (1), the Secretary shall notify all health care entities and providers described in paragraph (1) not later than 30 days before such modifications take effect.

(g) **PROCESSING OF CLAIMS.**—(1) In processing a claim for compensation for hospital care, medical services, or extended care services furnished by a non-Department health care entity or provider under this chapter, the Secretary may act through—

(A) a non-Department entity that is under contract or agreement for the program established under section 1703(a) of this title; or

(B) a non-Department entity that specializes in such processing for other Federal agency health care systems.

(2) The Secretary shall seek to contract with a third party to conduct a review of claims described in paragraph (3) that includes—

(A) a feasibility assessment to determine the capacity of the Department to process such claims in a timely manner; and

(B) a cost benefit analysis comparing the capacity of the Department to a third party entity capable of processing such claims.

(3) The review required under paragraph (2) shall apply to claims for hospital care, medical services, or extended care services furnished under section 1703 of this title that are processed by the Department.

(h) **REPORT ON ENCOUNTER DATA SYSTEM.**—(1) Not later than 90 days after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall submit to the appropriate committees of Congress a report on the feasibility and advisability of adopting a funding mechanism similar to what is utilized by other Federal agencies to allow a contracted entity to act as a fiscal intermediary for the Federal Government to distribute, or pass through, Federal Government funds for certain non-underwritten hospital care, medical services, or extended care services.

(2) The Secretary may coordinate with the Department of Defense, the Department of Health and Human Services, and the Department of the Treasury in developing the report required by paragraph (1).

(i) **DEFINITIONS.**—In this section:

(1) The term “appropriate committees of Congress” means—

(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

(2) The term “clean electronic claim” means the transmission of data for purposes of payment of covered health care expenses that is submitted to the Secretary which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the entity or provider that furnished the care or service, submitted in such format as prescribed by the Secretary in regulations for the purpose of paying claims for care or services.

(3) The term “clean paper claim” means a paper claim for payment of covered health care expenses that is submitted to the Secretary which contains substantially all of the required data elements necessary for accurate adjudication, without obtaining additional information from the entity or provider that furnished the care or service, submitted in such format as prescribed by the Secretary in regulations for the purpose of paying claims for care or services.

(4) The term “fraudulent claims” means the knowing misrepresentation of a material fact or facts by a health care entity or provider made to induce the Secretary to pay a claim that was not legally payable to that provider.

(5) The term “health care entity or provider” includes any non-Department health care entity or provider, but does not include any Federal health care entity or provider.

(Added Pub. L. 115–182, title I, §111(a), June 6, 2018, 132 Stat. 1418; amended Pub. L. 115–251, title II, §204, 211(a)(5), Sept. 29, 2018, 132 Stat. 3172, 3175.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsec. (h), is the date of enactment of Pub. L. 115–182, which was approved June 6, 2018.

AMENDMENTS

2018—Subsec. (e)(1). Pub. L. 115–251, §204, substituted “may deduct” for “shall deduct” and inserted before period at end “and may use any other means authorized by another provision of law to correct or recover overpayments”.

Subsec. (g)(3). Pub. L. 115–251, §211(a)(5), substituted “of this title” for “of this Act, as amended by the Caring for Our Veterans Act of 2018,”.

Statutory Notes and Related Subsidiaries

PROCESSING OF CLAIMS FOR REIMBURSEMENT THROUGH ELECTRONIC INTERFACE

Pub. L. 115–182, title I, §114, June 6, 2018, 132 Stat. 1423, provided that: “The Secretary of Veterans Affairs may enter into an agreement with a third-party entity to process, through the use of an electronic interface, claims for reimbursement for health care provided under the laws administered by the Secretary.”

§ 1703E. Center for Innovation for Care and Payment

(a) IN GENERAL.—(1) There is established within the Department a Center for Innovation for Care and Payment (in this section referred to as the “Center”).

(2) The Secretary, acting through the Center, may carry out such pilot programs the Secretary determines to be appropriate to develop innovative approaches to testing payment and service delivery models in order to reduce expenditures while preserving or enhancing the quality of care furnished by the Department.

(3) The Secretary, acting through the Center, shall test payment and service delivery models to determine whether such models—

(A) improve access to, and quality, timeliness, and patient satisfaction of care and services; and

(B) create cost savings for the Department.

(4)(A) The Secretary shall test a model in a location where the Secretary determines that the model will address¹ deficits in care (including poor clinical outcomes or potentially avoidable expenditures) for a defined population.

(B) The Secretary shall focus on models the Secretary expects to reduce program costs while preserving or enhancing the quality of care received by individuals receiving benefits under this chapter.

(C) The models selected may include those described in section 1115A(b)(2)(B) of the Social Security Act (42 U.S.C. 1315a(b)(2)(B)).

(5) In selecting a model for testing, the Secretary may consider, in addition to other factors identified in this subsection, the following factors:

(A) Whether the model includes a regular process for monitoring and updating patient care plans in a manner that is consistent with the needs and preferences of individuals receiving benefits under this chapter.

(B) Whether the model places the individual receiving benefits under this chapter (including family members and other caregivers of such individual) at the center of the care team of such individual.

(C) Whether the model uses technology or new systems to coordinate care over time and across settings.

(D) Whether the model demonstrates effective linkage with other public sector payers, private sector payers, or statewide payment models.

(6)(A) Models tested under this section may not be designed in such a way that would allow the United States to recover or collect reasonable charges from a Federal health care program for care or services furnished by the Secretary to a veteran under pilot programs carried out under this section.

(B) In this paragraph, the term “Federal health care program” means—

(i) an insurance program described in section 1811 of the Social Security Act (42 U.S.C. 1395c) or established by section 1831 of such Act (42 U.S.C. 1395j);

(ii) a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.); or

(iii) a TRICARE program operated under sections 1075, 1075a, 1076, 1076a, 1076c, 1076d, 1076e, or 1076f of title 10.

(b) DURATION.—Each pilot program carried out by the Secretary under this section shall terminate no later than 5 years after the date of the commencement of the pilot program.

(c) LOCATION.—The Secretary shall ensure that each pilot program carried out under this section occurs in an area or areas appropriate for the intended purposes of the pilot program. To the extent practicable, the Secretary shall ensure that the pilot programs are located in geographically diverse areas of the United States.

(d) BUDGET.—Funding for each pilot program carried out by the Secretary under this section shall come from appropriations—

¹ So in original.

(1) provided in advance in appropriations acts for the Veterans Health Administration; and

(2) provided for information technology systems.

(e) NOTICE.—The Secretary shall—

(1) publish information about each pilot program under this section in the Federal Register; and

(2) take reasonable actions to provide direct notice to veterans eligible to participate in such pilot programs.

(f) WAIVER OF AUTHORITIES.—(1) Subject to reporting under paragraph (2) and approval under paragraph (3), in implementing a pilot program under this section, the Secretary may waive such requirements in subchapters I, II, and III of this chapter as the Secretary determines necessary solely for the purposes of carrying out this section with respect to testing models described in subsection (a).

(2) Before waiving any authority under paragraph (1), the Secretary shall submit to the Speaker of the House of Representatives, the minority leader of the House of Representatives, the majority leader of the Senate, the minority leader of the Senate, and each standing committee with jurisdiction under the rules of the Senate and of the House of Representatives to report a bill to amend the provision or provisions of law that would be waived by the Department, a report on a request for waiver that describes in detail the following:

(A) The specific authorities to be waived under the pilot program.

(B) The standard or standards to be used in the pilot program in lieu of the waived authorities.

(C) The reasons for such waiver or waivers.

(D) A description of the metric or metrics the Secretary will use to determine the effect of the waiver or waivers upon the access to and quality, timeliness, or patient satisfaction of care and services furnished through the pilot program.

(E) The anticipated cost savings, if any, of the pilot program.

(F) The schedule for interim reports on the pilot program describing the results of the pilot program so far and the feasibility and advisability of continuing the pilot program.

(G) The schedule for the termination of the pilot program and the submission of a final report on the pilot program describing the result of the pilot program and the feasibility and advisability of making the pilot program permanent.

(H) The estimated budget of the pilot program.

(3)(A) Upon receipt of a report submitted under paragraph (2), each House of Congress shall provide copies of the report to the chairman and ranking member of each standing committee with jurisdiction under the rules of the House of Representatives or the Senate to report a bill to amend the provision or provisions of law that would be waived by the Department under this subsection.

(B) The waiver requested by the Secretary under paragraph (2) shall be considered approved

under this paragraph if there is enacted into law a joint resolution approving such request in its entirety.

(C) For purposes of this paragraph, the term “joint resolution” means only a joint resolution which is introduced within the period of five legislative days beginning on the date on which the Secretary transmits the report to the Congress under such paragraph (2), and—

(i) which does not have a preamble; and

(ii) the matter after the resolving clause of which is as follows: “that Congress approves the request for a waiver under section 1703E(f) of title 38, United States Code, as submitted by the Secretary on _____”, the blank space being filled with the appropriate date.

(D)(i) Any committee of the House of Representatives to which a joint resolution is referred shall report it to the House without amendment not later than 15 legislative days after the date of introduction thereof. If a committee fails to report the joint resolution within that period, the committee shall be discharged from further consideration of the joint resolution.

(ii) It shall be in order at any time after the third legislative day after each committee authorized to consider a joint resolution has reported or has been discharged from consideration of a joint resolution, to move to proceed to consider the joint resolution in the House. All points of order against the motion are waived. Such a motion shall not be in order after the House has disposed of a motion to proceed on a joint resolution addressing a particular submission. The previous question shall be considered as ordered on the motion to its adoption without intervening motion. The motion shall not be debatable. A motion to reconsider the vote by which the motion is disposed of shall not be in order.

(iii) The joint resolution shall be considered as read. All points of order against the joint resolution and against its consideration are waived. The previous question shall be considered as ordered on the joint resolution to its passage without intervening motion except two hours of debate equally divided and controlled by the proponent and an opponent. A motion to reconsider the vote on passage of the joint resolution shall not be in order.

(E)(i) A joint resolution introduced in the Senate shall be referred to the Committee on Veterans' Affairs.

(ii) Any committee of the Senate to which a joint resolution is referred shall report it to the Senate without amendment not later than 15 session days after the date of introduction of a joint resolution described in paragraph (C). If a committee fails to report the joint resolution within that period, the committee shall be discharged from further consideration of the joint resolution and the joint resolution shall be placed on the calendar.

(iii)(I) Notwithstanding Rule XXII of the Standing Rules of the Senate, it is in order at any time after the third session day on which the Committee on Veterans' Affairs has reported or has been discharged from consideration of a joint resolution described in paragraph (C) (even

though a previous motion to the same effect has been disagreed to) to move to proceed to the consideration of the joint resolution, and all points of order against the joint resolution (and against consideration of the joint resolution) are waived. The motion to proceed is not debatable. The motion is not subject to a motion to postpone. A motion to reconsider the vote by which the motion is agreed to or disagreed to shall not be in order. If a motion to proceed to the consideration of the resolution is agreed to, the joint resolution shall remain the unfinished business until disposed of.

(II) Consideration of the joint resolution, and on all debatable motions and appeals in connection therewith, shall be limited to not more than two hours, which shall be divided equally between the majority and minority leaders or their designees. A motion further to limit debate is in order and not debatable. An amendment to, or a motion to postpone, or a motion to proceed to the consideration of other business, or a motion to recommit the joint resolution is not in order.

(III) If the Senate has voted to proceed to a joint resolution, the vote on passage of the joint resolution shall occur immediately following the conclusion of consideration of the joint resolution, and a single quorum call at the conclusion of the debate if requested in accordance with the rules of the Senate.

(IV) Appeals from the decisions of the Chair relating to the application of the rules of the Senate, as the case may be, to the procedure relating to a joint resolution shall be decided without debate.

(F) A joint resolution considered pursuant to this paragraph shall not be subject to amendment in either the House of Representatives or the Senate.

(G)(i) If, before the passage by one House of the joint resolution of that House, that House receives the joint resolution from the other House, then the following procedures shall apply:

(I) The joint resolution of the other House shall not be referred to a committee.

(II) With respect to the joint resolution of the House receiving the joint resolution—

(aa) the procedure in that House shall be the same as if no joint resolution had been received from the other House; but

(bb) the vote on passage shall be on the joint resolution of the other House.

(ii) If the Senate fails to introduce or consider a joint resolution under this paragraph, the joint resolution of the House shall be entitled to expedited floor procedures under this subparagraph.

(iii) If, following passage of the joint resolution in the Senate, the Senate then receives the companion measure from the House of Representatives, the companion measure shall not be debatable.

(H) This subparagraph is enacted by Congress—

(i) as an exercise of the rulemaking power of the Senate and House of Representatives, respectively, and as such it is deemed a part of the rules of each House, respectively, but applicable only with respect to the procedure to

be followed in that House in the case of a joint resolution, and it supersedes other rules only to the extent that it is inconsistent with such rules; and

(ii) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedure of that House) at any time, in the same manner, and to the same extent as in the case of any other rule of that House.

(g) LIMITATIONS.—(1) The Secretary may not carry out more than 10 pilot programs concurrently.

(2)(A) Subject to subparagraph (B), the Secretary may not expend more than \$50,000,000 in any fiscal year from amounts under subsection (d).

(B) The Secretary may expend more than the amount in subparagraph (A) if—

(i) the Secretary determines that the additional expenditure is necessary to carry out pilot programs under this section;

(ii) the Secretary submits to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report setting forth the amount of the additional expenditure and a justification for the additional expenditure; and

(iii) the Chairmen of the Committees on Veterans' Affairs of the Senate and the House of Representatives transmit to the Secretary a letter approving of the additional expenditure.

(3) The waiver provisions in subsection (f) shall not apply unless the Secretary, in accordance with the requirements in subsection (f), submits the first proposal for a pilot program not later than 18 months after the date of the enactment of the Caring for Our Veterans Act of 2018.

(4) Notwithstanding section 502 of this title, decisions by the Secretary under this section shall, consistent with section 511 of this title, be final and conclusive and may not be reviewed by any other official or by any court, whether by an action in the nature of mandamus or otherwise.

(5)(A) If the Secretary determines that a pilot program is not improving the quality of care or producing cost savings, the Secretary shall—

(i) propose a modification to the pilot program in the interim report that shall also be considered a report under subsection (f)(2) and shall be subject to the terms and conditions of subsection (f)(2); or

(ii) terminate such pilot program not later than 30 days after submitting the interim report to Congress.

(B) If the Secretary terminates a pilot program under subparagraph (A)(ii), for purposes of subparagraphs (F) and (G) of subsection (f)(2), such interim report will also serve as the final report for that pilot program.

(h) EVALUATION AND REPORTING REQUIREMENTS.—(1) The Secretary shall conduct an evaluation of each model tested, which shall include, at a minimum, an analysis of—

(A) the quality of care furnished under the model, including the measurement of patient-level outcomes and patient-centeredness criteria determined appropriate by the Secretary; and

(B) the changes in spending by reason of that model.

(2) The Secretary shall make the results of each evaluation under this subsection available to the public in a timely fashion and may establish requirements for other entities participating in the testing of models under this section to collect and report information that the Secretary determines is necessary to monitor and evaluate such models.

(i) **COORDINATION AND ADVICE.**—(1) The Secretary shall obtain advice from the Under Secretary for Health and the Special Medical Advisory Group established pursuant to section 7312 of this title in the development and implementation of any pilot program operated under this section.

(2) In carrying out the duties under this section, the Secretary shall consult representatives of relevant Federal agencies, and clinical and analytical experts with expertise in medicine and health care management. The Secretary shall use appropriate mechanisms to seek input from interested parties.

(j) **EXPANSION OF SUCCESSFUL PILOT PROGRAMS.**—Taking into account the evaluation under subsection (f), the Secretary may, through rulemaking, expand (including implementation on a nationwide basis) the duration and the scope of a model that is being tested under subsection (a) to the extent determined appropriate by the Secretary, if—

(1) the Secretary determines that such expansion is expected to—

(A) reduce spending without reducing the quality of care; or

(B) improve the quality of patient care without increasing spending; and

(2) the Secretary determines that such expansion would not deny or limit the coverage or provision of benefits for individuals receiving benefits under this chapter.

(Added Pub. L. 115–182, title I, §152(a), June 6, 2018, 132 Stat. 1432.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (a)(6)(B)(ii), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsec. (g)(3), is the date of enactment of Pub. L. 115–182, which was approved June 6, 2018.

§ 1704. Preventive health services: annual report

Not later than October 31 each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on preventive health services. Each such report shall include the following:

(1) A description of the programs and activities of the Department with respect to preventive health services during the preceding fiscal year, including a description of the following:

(A) The programs conducted by the Department—

(i) to educate veterans with respect to health promotion and disease prevention;

(ii) to provide veterans with preventive health screenings and other clinical services, with such description setting forth the types of resources used by the Department to conduct such screenings and services and the number of veterans reached by such screenings and services; and

(iii) to provide veterans each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule.

(B) The means by which the Secretary addressed the specific preventive health services needs of particular groups of veterans (including veterans with service-connected disabilities, elderly veterans, low-income veterans, women veterans, institutionalized veterans, and veterans who are at risk for mental illness).

(C) The manner in which the provision of such services was coordinated with the activities of the Medical and Prosthetic Research Service of the Department and the National Center for Preventive Health.

(D) The manner in which the provision of such services was integrated into training programs of the Department, including initial and continuing medical training of medical students, residents, and Department staff.

(E) The manner in which the Department participated in cooperative preventive health efforts with other governmental and private entities (including State and local health promotion offices and not-for-profit organizations).

(F) The specific research carried out by the Department with respect to the long-term relationships among screening activities, treatment, and morbidity and mortality outcomes.

(G) The cost effectiveness of such programs and activities, including an explanation of the means by which the costs and benefits (including the quality of life of veterans who participate in such programs and activities) of such programs and activities are measured.

(2) A specific description of research activities on preventive health services carried out during that period using employees, funds, equipment, office space, or other support services of the Department, with such description setting forth—

(A) the source of funds for those activities;

(B) the articles or publications (including the authors of the articles and publications) in which those activities are described;

(C) the Federal, State, or local governmental entity or private entity, if any, with which such activities were carried out; and

(D) the clinical, research, or staff education projects for which funding applications were submitted (including the source of the funds applied for) and upon which a decision is pending or was denied.

(3) An accounting of the expenditure of funds during that period by the National Center for Preventive Health under section 7318 of this title.

(Added Pub. L. 102-585, title V, §512(a), Nov. 4, 1992, 106 Stat. 4957; amended Pub. L. 114-315, title VI, §602(b), Dec. 16, 2016, 130 Stat. 1569.)

Editorial Notes

AMENDMENTS

2016—Par. (1)(A)(iii). Pub. L. 114-315 added cl. (iii).

Statutory Notes and Related Subsidiaries

CONSTRUCTION OF 2016 AMENDMENT

Nothing in amendment by Pub. L. 114-315 to be construed to require a veteran to receive an immunization that the veteran does not want to receive, see section 602(d) of Pub. L. 114-315, set out as a note under section 1701 of this title.

§ 1705. Management of health care: patient enrollment system

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary, in accordance with regulations the Secretary shall prescribe, shall establish and operate a system of annual patient enrollment. The Secretary shall manage the enrollment of veterans in accordance with the following priorities, in the order listed:

(1) Veterans with service-connected disabilities rated 50 percent or greater and veterans who were awarded the medal of honor under section 7271, 8291, or 9271 of title 10 or section 491¹ of title 14.

(2) Veterans with service-connected disabilities rated 30 percent or 40 percent.

(3) Veterans who are former prisoners of war or who were awarded the Purple Heart, veterans with service-connected disabilities rated 10 percent or 20 percent, and veterans described in subparagraphs (B) and (C) of section 1710(a)(2) of this title.

(4) Veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason of being permanently housebound and other veterans who are catastrophically disabled.

(5) Veterans not covered by paragraphs (1) through (4) who are unable to defray the expenses of necessary care as determined under section 1722(a) of this title.

(6) All other veterans eligible for hospital care, medical services, and nursing home care under section 1710(a)(2) of this title.

(7) Veterans described in section 1710(a)(3) of this title who are eligible for treatment as a low-income family under section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)) for the area in which such veterans reside, regardless of whether such veterans are treated as single person families under paragraph (3)(A) of such section 3(b) or as families under paragraph (3)(B) of such section 3(b).

(8) Veterans described in section 1710(a)(3) of this title who are not covered by paragraph (7).

(b) In the design of an enrollment system under subsection (a), the Secretary—

(1) shall ensure that the system will be managed in a manner to ensure that the provision of care to enrollees is timely and acceptable in quality;

(2) may establish additional priorities within each priority group specified in subsection (a), as the Secretary determines necessary; and

(3) may provide for exceptions to the specified priorities where dictated by compelling medical reasons.

(c)(1) The Secretary may not provide hospital care or medical services to a veteran under paragraph (2) or (3) of section 1710(a) of this title unless the veteran enrolls in the system of patient enrollment established by the Secretary under subsection (a).

(2) The Secretary shall provide hospital care and medical services under section 1710(a)(1) of this title, and under subparagraph (B) of section 1710(a)(2) of this title, for the 12-month period following such veteran's discharge or release from service, to any veteran referred to in such sections for a disability specified in the applicable subparagraph of such section, notwithstanding the failure of the veteran to enroll in the system of patient enrollment referred to in subsection (a) of this section.

(Added Pub. L. 104-262, title I, §104(a)(1), Oct. 9, 1996, 110 Stat. 3182; amended Pub. L. 106-117, title I, §112(2), Nov. 30, 1999, 113 Stat. 1556; Pub. L. 107-135, title II, §202(a), Jan. 23, 2002, 115 Stat. 2457; Pub. L. 107-330, title III, §308(g)(4), Dec. 6, 2002, 116 Stat. 2828; Pub. L. 111-163, title V, §512, May 5, 2010, 124 Stat. 1164; Pub. L. 114-315, title VI, §603(a)(1), Dec. 16, 2016, 130 Stat. 1570; Pub. L. 115-232, div. A, title VIII, §809(n)(1)(A), Aug. 13, 2018, 132 Stat. 1843.)

Editorial Notes

REFERENCES IN TEXT

Section 491 of title 14, referred to in subsec. (a)(1), was redesignated section 2732 of title 14 by Pub. L. 115-282, title I, §116(b), Dec. 4, 2018, 132 Stat. 4226, and references to section 491 of title 14 deemed to refer to such redesignated section, see section 123(b)(1) of Pub. L. 115-282, set out as a References to Redesignated Sections of Title 14 note preceding section 101 of Title 14, Coast Guard.

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-232 substituted “section 7271, 8291, or 9271 of title 10” for “section 3741, 6241, or 8741 of title 10”.

2016—Subsec. (a)(1). Pub. L. 114-315, §603(a)(1)(A), inserted “and veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14” before period at end.

Subsec. (a)(3). Pub. L. 114-315, §603(a)(1)(B), struck out “veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “awarded the Purple Heart,”.

2010—Subsec. (a)(3). Pub. L. 111-163 inserted “veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “the Purple Heart,”.

2002—Subsec. (a)(7), (8). Pub. L. 107-135 added pars. (7) and (8) and struck out former par. (7) which read as follows: “Veterans described in section 1710(a)(3) of this title.”

Subsec. (c)(1). Pub. L. 107-330 substituted “The Secretary” for “Effective on October 1, 1998, the Secretary”.

¹ See References in Text note below.

1999—Subsec. (a)(3). Pub. L. 106-117 inserted “or who were awarded the Purple Heart” after “former prisoners of war”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2018 AMENDMENT

Amendment by Pub. L. 115-232 effective Feb. 1, 2019, with provision for the coordination of amendments and special rule for certain redesignations, see section 800 of Pub. L. 115-232, set out as a note preceding section 3001 of Title 10, Armed Forces.

EFFECTIVE DATE OF 2002 AMENDMENT

Pub. L. 107-135, title II, § 202(c), Jan. 23, 2002, 115 Stat. 2457, provided that: “The amendments made by this section [amending this section and section 1710 of this title] shall take effect on October 1, 2002.”

APPLICATION

Pub. L. 114-315, title VI, § 603(a)(2), Dec. 16, 2016, 130 Stat. 1570, provided that: “The priority of enrollment of medal of honor recipients in the system of annual patient enrollment established and operated under section 1705(a) of such title [38 U.S.C. 1705(a)], as amended by paragraph (1), shall apply to each such recipient, regardless of the date on which the medal is awarded.”

ASSESSMENT OF IMPLEMENTATION AND OPERATION OF AMENDMENTS BY PUB. L. 104-262

Pub. L. 104-262, title I, § 106, Oct. 9, 1996, 110 Stat. 3184, provided that:

“(a) ASSESSMENT SYSTEMS.—The Secretary of Veterans Affairs shall establish information systems to assess the experience of the Department of Veterans Affairs in implementing sections 101, 103, and 104 [enacting this section and section 1706 of this title, amending sections 1525, 1701, 1703, 1710, 1712, 1712A, 1717, 1718, 1720, 1722, 1729, 2104, 5317, 8110, and 8111A of this title, and enacting provisions set out as a note under section 1701 of this title], including the amendments made by those sections, during fiscal year 1997. The Secretary shall establish those information systems in time to include assessments under such systems in the report required under subsection (b).

“(b) REPORT.—Not later than March 1, 1998, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report reflecting the experience of the Department during fiscal year 1997 on—

“(1) the effect of implementation of, and provision and management of care under, sections 101, 103, and 104 (including the amendments made by those sections) on demand for health care services from the Department of Veterans Affairs by veterans described in paragraphs (1), (2), and (3) of section 1710(a) of title 38, United States Code, as amended by section 101;

“(2) any differing patterns of demand on the part of such veterans relating to such factors as relative distance from Department facilities and prior experience, or lack of experience, as recipients of care from the Department;

“(3) the extent to which the Department has met such demand for care; and

“(4) changes in health-care delivery patterns in Department facilities and the fiscal impact of such changes.

“(c) MATTERS TO BE INCLUDED.—The report under subsection (b) shall include detailed information with respect to fiscal year 1997 regarding the following:

“(1) The number of veterans enrolled for care at each Department medical facility and, of such veterans, the number enrolled at each such facility who had not received care from the Department during the preceding three fiscal years.

“(2) With respect to the veterans who had not received care from the Department during the three preceding fiscal years, the total cost of providing care to such veterans, shown in total and separately

(A) by level of care, and (B) by reference to whether care was furnished in Department facilities or under contract arrangements.

“(3) With respect to the number of veterans described in paragraphs (1), (2), and (3) of section 1710(a) of title 38, United States Code, as amended by section 101, who applied for health care from the Department during fiscal year 1997—

“(A) the number who applied for care (shown in total and separately by facility);

“(B) the number who were denied enrollment (shown in total and separately by facility); and

“(C) the number who were denied care which was considered to be medically necessary but not of an emergency nature (shown in total and separately by facility).

“(4) The numbers and characteristics of, and the type and extent of health care furnished to, veterans enrolled for care (shown in total and separately by facility).

“(5) The numbers and characteristics of, and the type and extent of health care furnished to, veterans not enrolled for care (shown separately by reference to each class of eligibility, both in total and separately by facility).

“(6) The specific fiscal impact (shown in total and by geographic health-care delivery areas) of changes in delivery patterns instituted under the amendments made by this title [enacting this section and section 1706 of this title and amending sections 1525, 1701, 1703, 1710, 1712, 1712A, 1717, 1718, 1720, 1722, 1729, 2104, 5317, 8110, and 8111A of this title].”

§ 1705A. Management of health care: information regarding health-plan contracts

(a) IN GENERAL.—(1) Any individual who seeks hospital care or medical services under this chapter shall provide to the Secretary such current information as the Secretary may require to identify any health-plan contract under which such individual is covered.

(2) The information required to be provided to the Secretary under paragraph (1) with respect to a health-plan contract shall include, as applicable, the following:

(A) The name of the entity providing coverage under the health-plan contract.

(B) If coverage under the health-plan contract is in the name of an individual other than the individual required to provide information under this section, the name of the policy holder of the health-plan contract.

(C) The identification number for the health-plan contract.

(D) The group code for the health-plan contract.

(b) ACTION TO COLLECT INFORMATION.—The Secretary may take such action as the Secretary considers appropriate to collect the information required under subsection (a).

(c) EFFECT ON SERVICES FROM DEPARTMENT.—The Secretary may not deny any services under this chapter to an individual solely due to the fact that the individual fails to provide information required under subsection (a).

(d) HEALTH-PLAN CONTRACT DEFINED.—In this section, the term “health-plan contract” has the meaning given that term in section 1725(f) of this title.

(Added Pub. L. 114-315, title VI, § 604(a), Dec. 16, 2016, 130 Stat. 1571.)

§ 1706. Management of health care: other requirements

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall, to the extent feasible, design, establish and manage health care programs in such a manner as to promote cost-effective delivery of health care services in the most clinically appropriate setting.

(b)(1) In managing the provision of hospital care and medical services under such section, the Secretary shall ensure that the Department (and each geographic service area of the Veterans Health Administration) maintains its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities of the Department that are dedicated to the specialized needs of those veterans in a manner that (A) affords those veterans reasonable access to care and services for those specialized needs, and (B) ensures that overall capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide such services is not reduced below the capacity of the Department, nationwide, to provide those services, as of October 9, 1996. The Secretary shall carry out this paragraph in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(2) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

(B) For opioid substitution programs, the number of patients treated annually and the amounts expended.

(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

(D) For substance-use disorder programs—

(i) the number of beds (whether hospital, nursing home, or other designated beds) employed and the average bed occupancy of such beds;

(ii) the percentage of unique patients admitted directly to outpatient care during the fiscal year who had two or more additional visits to specialized outpatient care within 30 days of their first visit, with a comparison from 1996 until the date of the report;

(iii) the percentage of unique inpatients with substance-use disorder diagnoses treat-

ed during the fiscal year who had one or more specialized clinic visits within three days of their index discharge, with a comparison from 1996 until the date of the report;

(iv) the percentage of unique outpatients seen in a facility or geographic service area during the fiscal year who had one or more specialized clinic visits, with a comparison from 1996 until the date of the report; and

(v) the rate of recidivism of patients at each specialized clinic in each geographic service area of the Veterans Health Administration.

(E) For mental health programs, the number and type of staff that are available at each facility to provide specialized mental health treatment, including satellite clinics, outpatient programs, and community-based outpatient clinics, with a comparison from 1996 to the date of the report.

(F) The number of such clinics providing mental health care, the number and type of mental health staff at each such clinic, and the type of mental health programs at each such clinic.

(G) The total amounts expended for mental health during the fiscal year.

(3) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities shall be measured for veterans with spinal cord dysfunction, traumatic brain injury, blindness, or prosthetics and sensory aids as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For spinal cord injury and dysfunction specialized centers and for blind rehabilitation specialized centers, the number of staffed beds and the number of full-time equivalent employees assigned to provide care at such centers.

(B) For prosthetics and sensory aids, the annual amount expended.

(C) For traumatic brain injury, the number of patients treated annually and the amounts expended.

(4) In carrying out paragraph (1), the Secretary may not use patient outcome data as a substitute for, or the equivalent of, compliance with the requirement under that paragraph for maintenance of capacity.

(5)(A) Not later than April 1 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's compliance, by facility and by service-network, with the requirements of this subsection. Each such report shall include information on recidivism rates associated with substance-use disorder treatment.

(B) In preparing each report under subparagraph (A), the Secretary shall use standardized data and data definitions.

(C) Each report under subparagraph (A) shall be audited by the Inspector General of the Department, who shall submit to Congress a certification as to the accuracy of each such report.

(6)(A) To ensure compliance with paragraph (1), the Under Secretary for Health shall prescribe objective standards of job performance for employees in positions described in subparagraph (B) with respect to the job performance of those employees in carrying out the requirements of paragraph (1). Those job performance standards shall include measures of workload, allocation of resources, and quality-of-care indicators.

(B) Positions described in this subparagraph are positions in the Veterans Health Administration that have responsibility for allocating and managing resources applicable to the requirements of paragraph (1).

(C) The Under Secretary shall develop the job performance standards under subparagraph (A) in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(c) The Secretary shall ensure that each primary care health care facility of the Department develops and carries out a plan to provide mental health services, either through referral or direct provision of services, to veterans who require such services.

(Added Pub. L. 104-262, title I, § 104(a)(1), Oct. 9, 1996, 110 Stat. 3183; amended Pub. L. 105-368, title IX, § 903(a), title X, § 1005(b)(2), Nov. 11, 1998, 112 Stat. 3360, 3365; Pub. L. 107-95, § 8(a), Dec. 21, 2001, 115 Stat. 919; Pub. L. 107-135, title II, § 203, Jan. 23, 2002, 115 Stat. 2458; Pub. L. 109-461, title II, § 208(a), Dec. 22, 2006, 120 Stat. 3413; Pub. L. 114-223, div. A, title II, § 253, Sept. 29, 2016, 130 Stat. 894.)

Editorial Notes

AMENDMENTS

2016—Subsec. (b)(5)(A). Pub. L. 114-223 struck out “through 2008” after “each year”.

2006—Subsec. (b)(5)(A). Pub. L. 109-461 substituted “2008” for “2004”.

2002—Subsec. (b)(1). Pub. L. 107-135, § 203(a)(1), inserted “(and each geographic service area of the Veterans Health Administration)” after “ensure that the Department” in introductory provisions and “(and each geographic service area of the Veterans Health Administration)” after “overall capacity of the Department” in cl. (B).

Subsec. (b)(2) to (4). Pub. L. 107-135, § 203(a)(3), added pars. (2) to (4). Former pars. (2) and (3) redesignated (5) and (6), respectively.

Subsec. (b)(5). Pub. L. 107-135, § 203(a)(2), (b), redesignated par. (2) as (5), inserted “(A)” before “Not later than”, substituted “April 1 of each year through 2004” for “April 1, 1999, April 1, 2000, and April 1, 2001”, inserted at end of subpar. (A) “Each such report shall include information on recidivism rates associated with substance-use disorder treatment.”, and added subpars. (B) and (C).

Subsec. (b)(6). Pub. L. 107-135, § 203(a)(2), redesignated par. (3) as (6).

2001—Subsec. (c). Pub. L. 107-95 added subsec. (c).

1998—Subsec. (b)(1). Pub. L. 105-368, § 1005(b)(2), substituted “October 9, 1996” for “the date of the enactment of this section”.

Subsec. (b)(2). Pub. L. 105-368, § 903(a)(1), substituted “April 1, 1999, April 1, 2000, and April 1, 2001” for “April 1, 1997, April 1, 1998, and April 1, 1999”.

Subsec. (b)(3). Pub. L. 105-368, § 903(a)(2), added par. (3).

Statutory Notes and Related Subsidiaries

DEADLINE FOR PRESCRIBING STANDARDS

Pub. L. 105-368, title IX, § 903(b), Nov. 11, 1998, 112 Stat. 3361, provided that: “The standards of job performance required by paragraph (3) of section 1706(b) of title 38, United States Code, as added by subsection (a), shall be prescribed not later than January 1, 1999.”

§ 1706A. Remediation of medical service lines

(a) IN GENERAL.—Not later than 30 days after determining under section 1703(e)(1) of this title that a medical service line of the Department is providing hospital care, medical services, or extended care services that does not comply with the standards for quality established by the Secretary, the Secretary shall submit to Congress an assessment of the factors that led the Secretary to make such determination and a plan with specific actions, and the time to complete them, to be taken to comply with such standards for quality, including the following:

(1) Increasing personnel or temporary personnel assistance, including mobile deployment teams.

(2) Special hiring incentives, including the Education Debt Reduction Program under subchapter VII of chapter 76 of this title and recruitment, relocation, and retention incentives.

(3) Utilizing direct hiring authority.

(4) Providing improved training opportunities for staff.

(5) Acquiring improved equipment.

(6) Making structural modifications to the facility used by the medical service line.

(7) Such other actions as the Secretary considers appropriate.

(b) RESPONSIBLE PARTIES.—In each assessment submitted under subsection (a) with respect to a medical service line, the Secretary shall identify the individuals at the Central Office of the Veterans Health Administration, the facility used by the medical service line, and the central office of the relevant Veterans Integrated Service Network who are responsible for overseeing the progress of that medical service line in complying with the standards for quality established by the Secretary.

(c) INTERIM REPORTS.—Not later than 180 days after submitting an assessment under subsection (a) with respect to a medical service line, the Secretary shall submit to Congress a report on the progress of that medical service line in complying with the standards for quality established by the Secretary and any other measures the Secretary will take to assist the medical service line in complying with such standards for quality.

(d) ANNUAL REPORTS.—Not less frequently than once each year, the Secretary shall—

(1) submit to Congress an analysis of the remediation actions and costs of such actions taken with respect to each medical service line with respect to which the Secretary submitted an assessment and plan under subsection (a) in the preceding year, including an update on the progress of each such medical service line in complying with the standards for quality and timeliness established by the Secretary and any other actions the Secretary

is undertaking to assist the medical service line in complying with standards for quality as established by the Secretary; and

(2) publish such analysis on the internet website of the Department.

(Added Pub. L. 115-182, title I, §109(a), June 6, 2018, 132 Stat. 1417; amended Pub. L. 115-251, title II, §211(a)(6), Sept. 29, 2018, 132 Stat. 3175.)

Editorial Notes

AMENDMENTS

2018—Subsec. (a). Pub. L. 115-251, §211(a)(6)(A), inserted “of this title” after “section 1703(e)(1)” in introductory provisions.

Subsec. (d)(1). Pub. L. 115-251, §211(a)(6)(B), substituted “subsection (a)” for “paragraph (1)”.

§ 1707. Limitations

(a) Funds appropriated to carry out this chapter may not be used for purposes that are inconsistent with the Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. 14401 et seq.).

(b) The Secretary may furnish sensori-neural aids only in accordance with guidelines prescribed by the Secretary.

(Added Pub. L. 105-12, §9(i)(1), Apr. 30, 1997, 111 Stat. 27; amended Pub. L. 107-135, title II, §208(a)(2), (f)(2), Jan. 23, 2002, 115 Stat. 2462, 2464; Pub. L. 107-330, title III, §308(g)(5), Dec. 6, 2002, 116 Stat. 2829.)

Editorial Notes

REFERENCES IN TEXT

The Assisted Suicide Funding Restriction Act of 1997, referred to in subsec. (a), is Pub. L. 105-12, Apr. 30, 1997, 111 Stat. 23, which is classified principally to chapter 138 (§14401 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 14401 of Title 42.

AMENDMENTS

2002—Pub. L. 107-135, §208(f)(2), substituted “Limitations” for “Restriction on use of funds for assisted suicide, euthanasia, or mercy killing” as section catchline.

Pub. L. 107-135, §208(a)(2), designated existing provisions as subsec. (a) and added subsec. (b).

Subsec. (a). Pub. L. 107-330 inserted “(42 U.S.C. 14401 et seq.)” before period at end.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Apr. 30, 1997, and applicable to Federal payments made pursuant to obligations incurred after Apr. 30, 1997, for items and services provided on or after such date, subject to also being applicable with respect to contracts entered into, renewed, or extended after Apr. 30, 1997, as well as contracts entered into before Apr. 30, 1997, to the extent permitted under such contracts, see section 11 of Pub. L. 105-12, set out as a note under section 14401 of Title 42, The Public Health and Welfare.

§ 1708. Temporary lodging

(a) The Secretary may furnish persons described in subsection (b) with temporary lodging in a Fisher house or other appropriate facility in connection with the examination, treatment, or care of a veteran under this chapter or, as pro-

vided for under subsection (e)(5), in connection with benefits administered under this title.

(b) Persons to whom the Secretary may provide lodging under subsection (a) are the following:

(1) A veteran who must travel a significant distance to receive care or services under this title.

(2) A member of the family of a veteran and others who accompany a veteran and provide the equivalent of familial support for such veteran.

(c) In this section, the term “Fisher house” means a housing facility that—

(1) is located at, or in proximity to, a Department medical facility;

(2) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b)(2); and

(3) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation.

(d) The Secretary may establish charges for providing lodging under this section. The proceeds from such charges shall be credited to the medical services account and shall be available until expended for the purposes of providing such lodging.

(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

(1) limiting the duration of lodging provided under this section;

(2) establishing standards and criteria under which charges are established for such lodging under subsection (d);

(3) establishing criteria for persons considered to be accompanying a veteran under subsection (b)(2);

(4) establishing criteria for the use of the premises of temporary lodging facilities under this section; and

(5) establishing any other limitations, conditions, and priorities that the Secretary considers appropriate with respect to lodging under this section.

(Added Pub. L. 106-419, title II, §221(a), Nov. 1, 2000, 114 Stat. 1844; amended Pub. L. 110-387, title IX, §901(a)(8), Oct. 10, 2008, 122 Stat. 4142.)

Editorial Notes

AMENDMENTS

2008—Subsec. (d). Pub. L. 110-387 substituted “medical services account” for “medical care account”.

§ 1709. Comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents

(a) POLICY REQUIRED.—(1) Not later than September 30, 2012, the Secretary shall develop and implement a centralized and comprehensive policy on the reporting and tracking of sexual assault incidents and other safety incidents that occur at each medical facility of the Department, including—

(A) suspected, alleged, attempted, or confirmed cases of sexual assault, regardless of whether such assaults lead to prosecution or conviction;

- (B) criminal and purposefully unsafe acts;
- (C) alcohol or substance abuse related acts (including by employees of the Department); and
- (D) any kind of event involving alleged or suspected abuse of a patient.

(2) In developing and implementing a policy under paragraph (1), the Secretary shall consider the effects of such policy on—

- (A) the use by veterans of mental health care and substance abuse treatments; and
- (B) the ability of the Department to refer veterans to such care or treatment.

(b) SCOPE.—The policy required by subsection (a) shall cover each of the following:

- (1) For purposes of reporting and tracking sexual assault incidents and other safety incidents, definitions of the terms—

- (A) “safety incident”;
- (B) “sexual assault”; and
- (C) “sexual assault incident”.

(2)(A) The development and use of specific risk-assessment tools to examine any risks related to sexual assault that a veteran may pose while being treated at a medical facility of the Department, including clear and consistent guidance on the collection of information related to—

- (i) the legal history of the veteran; and
- (ii) the medical record of the veteran.

(B) In developing and using tools under subparagraph (A), the Secretary shall consider the effects of using such tools on the use by veterans of health care furnished by the Department.

(3) The mandatory training of employees of the Department on security issues, including awareness, preparedness, precautions, and police assistance.

(4) The mandatory implementation, use, and regular testing of appropriate physical security precautions and equipment, including surveillance camera systems, computer-based panic alarm systems, stationary panic alarms, and electronic portable personal panic alarms.

(5) Clear, consistent, and comprehensive criteria and guidance with respect to an employee of the Department communicating and reporting sexual assault incidents and other safety incidents to—

- (A) supervisory personnel of the employee at—
 - (i) a medical facility of the Department;
 - (ii) an office of a Veterans Integrated Service Network; and
 - (iii) the central office of the Veterans Health Administration; and

(B) a law enforcement official of the Department.

(6) Clear and consistent criteria and guidelines with respect to an employee of the Department referring and reporting to the Office of Inspector General of the Department sexual assault incidents and other safety incidents that meet the regulatory criminal threshold prescribed under sections 901 and 902 of this title.

(7) An accountable oversight system within the Veterans Health Administration that includes—

- (A) systematic information sharing of reported sexual assault incidents and other safety incidents among officials of the Administration who have programmatic responsibility; and

(B) a centralized reporting, tracking, and monitoring system for such incidents.

(8) Consistent procedures and systems for law enforcement officials of the Department with respect to investigating, tracking, and closing reported sexual assault incidents and other safety incidents.

(9) Clear and consistent guidance for the clinical management of the treatment of sexual assaults that are reported more than 72 hours after the assault.

(c) UPDATES TO POLICY.—The Secretary shall review and revise the policy required by subsection (a) on a periodic basis as the Secretary considers appropriate and in accordance with best practices.

(d) ANNUAL REPORT.—(1) Not later than 60 days after the date on which the Secretary develops the policy required by subsection (a) and not later than October 1 of each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of the policy.

(2) The report required by paragraph (1) shall include—

(A) the number and type of sexual assault incidents and other safety incidents reported by each medical facility of the Department;

(B) a detailed description of the implementation of the policy required by subsection (a), including any revisions made to such policy from the previous year; and

(C) the effectiveness of such policy on improving the safety and security of the medical facilities of the Department, including the performance measures used to evaluate such effectiveness.

(Added Pub. L. 112-154, title I, §106(a), Aug. 6, 2012, 126 Stat. 1171.)

§ 1709A. Teleconsultation

(a) TELECONSULTATION.—(1) The Secretary shall carry out an initiative of teleconsultation for the provision of remote mental health and traumatic brain injury assessments in facilities of the Department that are not otherwise able to provide such assessments without contracting with third-party providers or reimbursing providers through a fee basis system.

(2) The Secretary shall, in consultation with appropriate professional societies, promulgate technical and clinical care standards for the use of teleconsultation services within facilities of the Department.

(3) In carrying out an initiative under paragraph (1), the Secretary shall ensure that facilities of the Department are able to provide a mental health or traumatic brain injury assessment to a veteran through contracting with a third-party provider or reimbursing a provider through a fee basis system when—

- (A) such facilities are not able to provide such assessment to the veteran without—

- (i) such contracting or reimbursement; or
- (ii) teleconsultation; and

(B) providing such assessment with such contracting or reimbursement is more clinically appropriate for the veteran than providing such assessment with teleconsultation.

(b) **TELECONSULTATION DEFINED.**—In this section, the term “teleconsultation” means the use by a health care specialist of telecommunications to assist another health care provider in rendering a diagnosis or treatment.

(Added Pub. L. 112–154, title I, §108(a)(1), Aug. 6, 2012, 126 Stat. 1174.)

§ 1709B. Evaluations of mental health care and suicide prevention programs

(a) **EVALUATIONS.**—(1) Not less frequently than once during each period specified in paragraph (3), the Secretary shall provide for the conduct of an evaluation of the mental health care and suicide prevention programs carried out under the laws administered by the Secretary.

(2) Each evaluation conducted under paragraph (1) shall—

(A) use metrics that are common among and useful for practitioners in the field of mental health care and suicide prevention, including metrics applicable specifically to women;

(B) identify the most effective mental health care and suicide prevention programs conducted by the Secretary, including such programs conducted at a Center of Excellence;

(C) identify the cost-effectiveness of each program identified under subparagraph (B);

(D) measure the satisfaction of patients with respect to the care provided under each such program;

(E) propose best practices for caring for individuals who suffer from mental health disorders or are at risk of suicide, including such practices conducted or suggested by other departments or agencies of the Federal Government, including the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services; and

(F) identify the mental health care and suicide prevention programs conducted by the Secretary that are most effective for women veterans and such programs with the highest satisfaction rates among women veterans.

(3) The periods specified in this paragraph are the following:

(A) The period beginning on the date on which the Secretary awards the contract under paragraph (4) and ending on September 30, 2018.

(B) Each fiscal year beginning on or after October 1, 2018.

(4) Not later than 180 days after the date of the enactment of this section, the Secretary shall seek to enter into a contract with an independent third party unaffiliated with the Department of Veterans Affairs to conduct evaluations under paragraph (1).

(5) The independent third party that is awarded the contract under paragraph (4) shall submit to the Secretary each evaluation conducted under paragraph (1).

(b) **ANNUAL SUBMISSION.**—Not later than December 1, 2018, and each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that contains the following:

(1) The most recent evaluations submitted to the Secretary under subsection (a)(5) that the Secretary has not previously submitted to such Committees.

(2) Any recommendations the Secretary considers appropriate.

(Added Pub. L. 114–2, §2(a)(1), Feb. 12, 2015, 129 Stat. 30; amended Pub. L. 114–188, §2, June 30, 2016, 130 Stat. 611.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (a)(4), is the date of enactment of Pub. L. 114–2, which was approved Feb. 12, 2015.

AMENDMENTS

2016—Subsec. (a)(2)(A). Pub. L. 114–188, §2(1), inserted before semicolon at end “, including metrics applicable specifically to women”.

Subsec. (a)(2)(F). Pub. L. 114–188, §2(2)–(4), added subpar. (F).

§ 1709C. Assistance for child care for certain veterans receiving health care

(a) **PROGRAM REQUIRED.**—The Secretary shall carry out a program to provide, subject to subsection (b), assistance to qualified veterans described in subsection (c) to obtain child care so that such veterans can receive health care services described in subsection (c)(2).

(b) **LIMITATION ON PERIOD OF PAYMENTS.**—Assistance may be provided to a qualified veteran under this section for receipt of child care only during the period that the qualified veteran—

(1) receives the types of health care services described in subsection (c)(2) at a facility of the Department; and

(2) requires travel to and return from such facility for the receipt of such health care services.

(c) **QUALIFIED VETERANS.**—For purposes of this section, a qualified veteran is a veteran who—

(1) is the primary caretaker of a child or children; and

(2)(A) receives from the Department—

(i) regular mental health care services;

(ii) intensive mental health care services; or

(iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran; or

(B) is in need of regular or intensive mental health care services from the Department, and but for lack of child care services, would receive such health care services from the Department.

(d) **LOCATIONS.**—Not later than five years after the date of the enactment of the Deborah Sampson Act of 2020, the Secretary shall carry out the

program at each medical center of the Department.

(e) FORMS OF CHILD CARE ASSISTANCE.—(1) Child care assistance under this section may include the following:

(A) Stipends for the payment of child care offered by a licensed child care center (either directly or through a voucher program) that shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107-67; 115 Stat. 552).

(B) Direct provision of child care at an on-site facility of the Department.

(C) Payments to private child care agencies.

(D) Collaboration with facilities or programs of other Federal agencies.

(E) Such other forms of assistance as the Secretary considers appropriate.

(2) In providing child care assistance under this section, the child care needs of the local area shall be considered and the head of each medical center may select the type of care that is most appropriate or feasible for such medical center.

(3) In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.

(Added Pub. L. 116-315, title V, §5107(a)(1), Jan. 5, 2021, 134 Stat. 5030.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Deborah Sampson Act of 2020, referred to in subsec. (d), is the date of enactment of title V of Pub. L. 116-315, which was approved Jan. 5, 2021.

Section 630 of the Treasury and General Government Appropriations Act, 2002, referred to in subsec. (e)(1)(A), is section 630 of Pub. L. 107-67, Nov. 12, 2001, 115 Stat. 552, which was classified to section 490b-1 of former Title 40, Public Buildings, Property, and Works, and was repealed and restated as section 590(g) of Title 40, Public Buildings, Property, and Works, by Pub. L. 107-217, §§1, 6(b), Aug. 21, 2002, 116 Stat. 1118, 1327.

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

Editorial Notes

AMENDMENTS

1976—Pub. L. 94-581, title II, §202(c), Oct. 21, 1976, 90 Stat. 2855, inserted “, NURSING HOME,” in subchapter heading.

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

(a)(1) The Secretary (subject to paragraph (4)) shall furnish hospital care and medical services which the Secretary determines to be needed—

(A) to any veteran for a service-connected disability; and

(B) to any veteran who has a service-connected disability rated at 50 percent or more.

(2) The Secretary (subject to paragraph (4)) shall furnish hospital care and medical services,

and may furnish nursing home care, which the Secretary determines to be needed to any veteran—

(A) who has a compensable service-connected disability rated less than 50 percent or, with respect to nursing home care during any period during which the provisions of section 1710A(a) of this title are in effect, a compensable service-connected disability rated less than 70 percent;

(B) whose discharge or release from active military, naval, air, or space service was for a disability that was incurred or aggravated in the line of duty;

(C) who is in receipt of, or who, but for a suspension pursuant to section 1151 of this title (or both a suspension and the receipt of retired pay), would be entitled to disability compensation, but only to the extent that such veteran's continuing eligibility for such care is provided for in the judgment or settlement provided for in such section;

(D) who is a former prisoner of war, who was awarded the medal of honor under section 7271, 8291, or 9271 of title 10 or section 491¹ of title 14, or who was awarded the Purple Heart;

(E) who is a veteran of the Mexican border period or of World War I;

(F) who was exposed to a toxic substance, radiation, or other conditions, as provided in subsection (e); or

(G) who is unable to defray the expenses of necessary care as determined under section 1722(a) of this title.

(3) In the case of a veteran who is not described in paragraphs (1) and (2), the Secretary may, to the extent resources and facilities are available and subject to the provisions of subsections (f) and (g), furnish hospital care, medical services, and nursing home care which the Secretary determines to be needed.

(4) The requirement in paragraphs (1) and (2) that the Secretary furnish hospital care and medical services, the requirement in section 1710A(a) of this title that the Secretary provide nursing home care, the requirement in section 1710B of this title that the Secretary provide a program of extended care services, and the requirement in section 1745 of this title to provide nursing home care and prescription medicines to veterans with service-connected disabilities in State homes shall be effective in any fiscal year only to the extent and in the amount provided in advance in appropriations Acts for such purposes.

(5) During any period during which the provisions of section 1710A(a) of this title are not in effect, the Secretary may furnish nursing home care which the Secretary determines is needed to any veteran described in paragraph (1), with the priority for such care on the same basis as if provided under that paragraph.

(b)(1) The Secretary may furnish to a veteran described in paragraph (2) of this subsection such domiciliary care as the Secretary determines is needed for the purpose of the furnishing of medical services to the veteran.

(2) This subsection applies in the case of the following veterans:

¹ See References in Text note below.

(A) Any veteran whose annual income (as determined under section 1503 of this title) does not exceed the maximum annual rate of pension that would be applicable to the veteran if the veteran were eligible for pension under section 1521(d) of this title.

(B) Any veteran who the Secretary determines has no adequate means of support.

(c) While any veteran is receiving hospital care or nursing home care in any Department facility, the Secretary may, within the limits of Department facilities, furnish medical services to correct or treat any non-service-connected disability of such veteran, in addition to treatment incident to the disability for which such veteran is hospitalized, if the veteran is willing, and the Secretary finds such services to be reasonably necessary to protect the health of such veteran. The Secretary may furnish dental services and treatment, and related dental appliances, under this subsection for a non-service-connected dental condition or disability of a veteran only (1) to the extent that the Secretary determines that the dental facilities of the Department to be used to furnish such services, treatment, or appliances are not needed to furnish services, treatment, or appliances for dental conditions or disabilities described in section 1712(a) of this title, or (2) if (A) such non-service-connected dental condition or disability is associated with or aggravating a disability for which such veteran is receiving hospital care, or (B) a compelling medical reason or a dental emergency requires furnishing dental services, treatment, or appliances (excluding the furnishing of such services, treatment, or appliances of a routine nature) to such veteran during the period of hospitalization under this section.

(d) In no case may nursing home care be furnished in a hospital not under the direct jurisdiction of the Secretary except as provided in section 1720 of this title.

(e)(1)(A) A Vietnam-era herbicide-exposed veteran is eligible (subject to paragraph (2)) for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such exposure.

(B) A radiation-exposed veteran is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disease suffered by the veteran that is—

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

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

(C) Subject to paragraph (2) of this subsection, a veteran who served on active duty between August 2, 1990, and November 11, 1998, in the Southwest Asia theater of operations during the Persian Gulf War is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disability, notwithstanding that there is insufficient medical evi-

dence to conclude that such disability may be associated with such service.

(D) Subject to paragraphs (2) and (3), a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities after November 11, 1998, is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such condition is attributable to such service.

(E) Subject to paragraph (2), a veteran who participated in a test conducted by the Department of Defense Desert Test Center as part of a program for chemical and biological warfare testing from 1962 through 1973 (including the program designated as "Project Shipboard Hazard and Defense (SHAD)" and related land-based tests) is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such testing.

(F) Subject to paragraph (2), a veteran who served on active duty in the Armed Forces at Camp Lejeune, North Carolina, for not fewer than 30 days during the period beginning on August 1, 1953, and ending on December 31, 1987, is eligible for hospital care and medical services under subsection (a)(2)(F) for any of the following illnesses or conditions, notwithstanding that there is insufficient medical evidence to conclude that such illnesses or conditions are attributable to such service:

- (i) Esophageal cancer.
- (ii) Lung cancer.
- (iii) Breast cancer.
- (iv) Bladder cancer.
- (v) Kidney cancer.
- (vi) Leukemia.
- (vii) Multiple myeloma.
- (viii) Myelodysplastic syndromes.
- (ix) Renal toxicity.
- (x) Hepatic steatosis.
- (xi) Female infertility.
- (xii) Miscarriage.
- (xiii) Scleroderma.
- (xiv) Neurobehavioral effects.
- (xv) Non-Hodgkin's lymphoma.

(2)(A) In the case of a veteran described in paragraph (1)(A), hospital care, medical services, and nursing home care may not be provided under subsection (a)(2)(F) with respect to—

(i) a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than an exposure described in paragraph (4)(A)(ii); or

(ii) a disease for which the National Academy of Sciences, in a report issued in accordance with section 3 of the Agent Orange Act of 1991, has determined that there is limited or suggestive evidence of the lack of a positive association between occurrence of the disease in humans and exposure to a herbicide agent.

(B) In the case of a veteran described in subparagraph (C), (D), (E), or (F) of paragraph (1),

hospital care, medical services, and nursing home care may not be provided under subsection (a)(2)(F) with respect to a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than the service or testing described in such subparagraph.

(3) In the case of care for a veteran described in paragraph (1)(D), hospital care, medical services, and nursing home care may be provided under or by virtue of subsection (a)(2)(F) only during the following periods:

(A) Except as provided by subparagraph (B), with respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, air, or space service after January 27, 2003, the five-year period beginning on the date of such discharge or release.

(B) With respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, air, or space service after January 1, 2009, and before January 1, 2011, but did not enroll to receive such hospital care, medical services, or nursing home care pursuant to such paragraph during the five-year period described in subparagraph (A), the one-year period beginning on the date of the enactment of the Clay Hunt Suicide Prevention for American Veterans Act.

(C) With respect to a veteran described in paragraph (1)(D) who is discharged or released from the active military, naval, air, or space service on or before January 27, 2003, and did not enroll in the patient enrollment system under section 1705 of this title on or before such date, the three-year period beginning on January 27, 2008.

(4) For purposes of this subsection—

(A) The term “Vietnam-era herbicide-exposed veteran” means a veteran (i) who served on active duty in the Republic of Vietnam (including offshore of such Republic as described in section 1116A(d) of this title) during the period beginning on January 9, 1962, and ending on May 7, 1975, and (ii) who the Secretary finds may have been exposed during such service to dioxin or was exposed during such service to a toxic substance found in a herbicide or defoliant used for military purposes during such period.

(B) The term “radiation-exposed veteran” has the meaning given that term in section 1112(c)(3) of this title.

(5) When the Secretary first provides care for veterans using the authority provided in paragraph (1)(D), the Secretary shall establish a system for collection and analysis of information on the general health status and health care utilization patterns of veterans receiving care under that paragraph. Not later than 18 months after first providing care under such authority, the Secretary shall submit to Congress a report on the experience under that authority. The Secretary shall include in the report any recommendations of the Secretary for extension of that authority.

(f)(1) The Secretary may not furnish hospital care or nursing home care (except if such care constitutes hospice care) under this section to a

veteran who is eligible for such care under subsection (a)(3) of this section unless the veteran agrees to pay to the United States the applicable amount determined under paragraph (2) or (4) of this subsection.

(2) A veteran who is furnished hospital care or nursing home care under this section and who is required under paragraph (1) of this subsection to agree to pay an amount to the United States in order to be furnished such care shall be liable to the United States for an amount equal to—

(A) the lesser of—

(i) the cost of furnishing such care, as determined by the Secretary; or

(ii) the amount determined under paragraph (3) of this subsection; and

(B) before September 30, 2022, an amount equal to \$10 for every day the veteran receives hospital care and \$5 for every day the veteran receives nursing home care.

(3)(A) In the case of hospital care furnished during any 365-day period, the amount referred to in paragraph (2)(A)(ii) of this subsection is—

(i) the amount of the inpatient Medicare deductible, plus

(ii) one-half of such amount for each 90 days of care (or fraction thereof) after the first 90 days of such care during such 365-day period.

(B) In the case of nursing home care furnished during any 365-day period, the amount referred to in paragraph (2)(A)(ii) of this subsection is the amount of the inpatient Medicare deductible for each 90 days of such care (or fraction thereof) during such 365-day period.

(C)(i) Except as provided in clause (ii) of this subparagraph, in the case of a veteran who is admitted for nursing home care under this section after being furnished, during the preceding 365-day period, hospital care for which the veteran has paid the amount of the inpatient Medicare deductible under this subsection and who has not been furnished 90 days of hospital care in connection with such payment, the veteran shall not incur any liability under paragraph (2) of this subsection with respect to such nursing home care until—

(I) the veteran has been furnished, beginning with the first day of such hospital care furnished in connection with such payment, a total of 90 days of hospital care and nursing home care; or

(II) the end of the 365-day period applicable to the hospital care for which payment was made,

whichever occurs first.

(ii) In the case of a veteran who is admitted for nursing home care under this section after being furnished, during any 365-day period, hospital care for which the veteran has paid an amount under subparagraph (A)(ii) of this paragraph and who has not been furnished 90 days of hospital care in connection with such payment, the amount of the liability of the veteran under paragraph (2) of this subsection with respect to the number of days of such nursing home care which, when added to the number of days of such hospital care, is 90 or less, is the difference between the inpatient Medicare deductible and the amount paid under such subparagraph until—

(I) the veteran has been furnished, beginning with the first day of such hospital care furnished in connection with such payment, a total of 90 days of hospital care and nursing home care; or

(II) the end of the 365-day period applicable to the hospital care for which payment was made,

whichever occurs first.

(D) In the case of a veteran who is admitted for hospital care under this section after having been furnished, during the preceding 365-day period, nursing home care for which the veteran has paid the amount of the inpatient Medicare deductible under this subsection and who has not been furnished 90 days of nursing home care in connection with such payment, the veteran shall not incur any liability under paragraph (2) of this subsection with respect to such hospital care until—

(i) the veteran has been furnished, beginning with the first day of such nursing home care furnished in connection with such payment, a total of 90 days of nursing home care and hospital care; or

(ii) the end of the 365-day period applicable to the nursing home care for which payment was made,

whichever occurs first.

(E) A veteran may not be required to make a payment under this subsection for hospital care or nursing home care furnished under this section during any 90-day period in which the veteran is furnished medical services under paragraph (3) of subsection (a) to the extent that such payment would cause the total amount paid by the veteran under this subsection for hospital care and nursing home care furnished during that period and under subsection (g) for medical services furnished during that period to exceed the amount of the inpatient Medicare deductible in effect on the first day of such period.

(F) A veteran may not be required to make a payment under this subsection or subsection (g) for any days of care in excess of 360 days of care during any 365-calendar-day period.

(4) In the case of a veteran covered by this subsection who is also described by section 1705(a)(7) of this title, the amount for which the veteran shall be liable to the United States for hospital care under this subsection shall be an amount equal to 20 percent of the total amount for which the veteran would otherwise be liable for such care under subparagraphs (2)(B) and (3)(A) but for this paragraph.

(5) For the purposes of this subsection, the term "inpatient Medicare deductible" means the amount of the inpatient hospital deductible in effect under section 1813(b) of the Social Security Act (42 U.S.C. 1395e(b)) on the first day of the 365-day period applicable under paragraph (3) of this subsection.

(g)(1) The Secretary may not furnish medical services (except if such care constitutes hospice care) under subsection (a) of this section (including home health services under section 1717 of this title) to a veteran who is eligible for hospital care under this chapter by reason of subsection (a)(3) of this section unless the veteran agrees to pay to the United States in the case of

each outpatient visit the applicable amount or amounts established by the Secretary by regulation.

(2) A veteran who is furnished medical services under subsection (a) of this section and who is required under paragraph (1) of this subsection to agree to pay an amount to the United States in order to be furnished such services shall be liable to the United States, in the case of each visit in which such services are furnished to the veteran, for an amount which the Secretary shall establish by regulation.

(3) This subsection does not apply with respect to the following:

(A) Home health services under section 1717 of this title to the extent that such services are for improvements and structural alterations.

(B) Education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances.

(h) Nothing in this section requires the Secretary to furnish care to a veteran to whom another agency of Federal, State, or local government has a duty under law to provide care in an institution of such government.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1141, § 610; Pub. L. 87-583, § 1, Aug. 14, 1962, 76 Stat. 381; Pub. L. 89-358, § 8, Mar. 3, 1966, 80 Stat. 27; Pub. L. 89-785, title III, § 304, Nov. 7, 1966, 80 Stat. 1377; Pub. L. 91-500, § 4, Oct. 22, 1970, 84 Stat. 1096; Pub. L. 93-82, title I, § 102, Aug. 2, 1973, 87 Stat. 180; Pub. L. 94-581, title II, §§ 202(d), 210(a)(1), Oct. 21, 1976, 90 Stat. 2855, 2862; Pub. L. 96-22, title I, § 102(a), June 13, 1979, 93 Stat. 47; Pub. L. 97-37, § 5(a), Aug. 14, 1981, 95 Stat. 936; Pub. L. 97-72, title I, § 102(a), Nov. 3, 1981, 95 Stat. 1047; Pub. L. 98-160, title VII, § 701, Nov. 21, 1983, 97 Stat. 1008; Pub. L. 99-166, title I, § 103, Dec. 3, 1985, 99 Stat. 944; Pub. L. 99-272, title XIX, § 1901(a), (d)(3), Apr. 7, 1986, 100 Stat. 372, 379; Pub. L. 99-576, title II, § 237(a), (b)(1), Oct. 28, 1986, 100 Stat. 3267; Pub. L. 100-322, title I, § 102(a), May 20, 1988, 102 Stat. 492; Pub. L. 100-687, div. B, title XII, § 1202, Nov. 18, 1988, 102 Stat. 4125; Pub. L. 101-508, title VIII, § 8013(a), Nov. 5, 1990, 104 Stat. 1388-346; Pub. L. 102-4, § 5, Feb. 6, 1991, 105 Stat. 15; Pub. L. 102-54, § 14(b)(10), June 13, 1991, 105 Stat. 283; renumbered § 1710 and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 103-210, § 1(a), 2(a), Dec. 20, 1993, 107 Stat. 2496, 2497; Pub. L. 103-446, title XII, § 1201(d)(2), Nov. 2, 1994, 108 Stat. 4684; Pub. L. 103-452, title I, § 103(a)(1), Nov. 2, 1994, 108 Stat. 4786; Pub. L. 104-110, title I, § 101(a)(1), Feb. 13, 1996, 110 Stat. 768; Pub. L. 104-262, title I, §§ 101(a), (b), (d)(2)-(4), 102(a), Oct. 9, 1996, 110 Stat. 3178, 3179, 3181; Pub. L. 104-275, title V, § 505(c), Oct. 9, 1996, 110 Stat. 3342; Pub. L. 105-33, title VIII, §§ 8021(a)(1), 8023(b)(1), (2), Aug. 5, 1997, 111 Stat. 664, 667; Pub. L. 105-114, title II, § 209(a), title IV, § 402(a), Nov. 21, 1997, 111 Stat. 2290, 2294; Pub. L. 105-368, title I, § 102(a), title X, § 1005(b)(3), Nov. 11, 1998, 112 Stat. 3321, 3365; Pub. L. 106-117, title I, §§ 101(f), 112(1), title II, § 201(b), Nov. 30, 1999, 113 Stat. 1550, 1556, 1561; Pub. L. 106-419, title II, § 224(b), Nov. 1, 2000, 114 Stat. 1846; Pub. L. 107-135, title II, §§ 202(b), 209(a), 211, Jan. 23, 2002, 115 Stat. 2457, 2464, 2465; Pub. L.

107–330, title III, § 308(g)(6), Dec. 6, 2002, 116 Stat. 2829; Pub. L. 108–170, title I, § 102, Dec. 6, 2003, 117 Stat. 2044; Pub. L. 109–444, § 2(a), Dec. 21, 2006, 120 Stat. 3304; Pub. L. 109–461, title II, § 211(a)(3)(B), title X, §§ 1003, 1006(b), Dec. 22, 2006, 120 Stat. 3419, 3465, 3468; Pub. L. 110–161, div. I, title II, § 231, Dec. 26, 2007, 121 Stat. 2273; Pub. L. 110–181, div. A, title XVII, § 1707, Jan. 28, 2008, 122 Stat. 493; Pub. L. 110–329, div. E, title II, § 224, Sept. 30, 2008, 122 Stat. 3713; Pub. L. 110–387, title IV, § 409, title VIII, §§ 803, 804(a), Oct. 10, 2008, 122 Stat. 4130, 4141; Pub. L. 111–163, title V, §§ 513, 517, May 5, 2010, 124 Stat. 1164, 1167; Pub. L. 112–154, title I, §§ 102(a), 112, Aug. 6, 2012, 126 Stat. 1167, 1176; Pub. L. 113–37, § 2(c), Sept. 30, 2013, 127 Stat. 524; Pub. L. 113–175, title I, § 107, Sept. 26, 2014, 128 Stat. 1903; Pub. L. 113–235, div. I, title II, § 243, Dec. 16, 2014, 128 Stat. 2568; Pub. L. 114–2, § 7, Feb. 12, 2015, 129 Stat. 36; Pub. L. 114–58, title I, § 101, title VI, § 601(4), Sept. 30, 2015, 129 Stat. 532, 538; Pub. L. 114–198, title IX, § 915(b), July 22, 2016, 130 Stat. 765; Pub. L. 114–223, div. A, title II, § 243(b), Sept. 29, 2016, 130 Stat. 884; Pub. L. 114–228, title I, § 101, Sept. 29, 2016, 130 Stat. 936; Pub. L. 114–315, title VI, § 603(b), title VIII, § 802(3), Dec. 16, 2016, 130 Stat. 1570, 1591; Pub. L. 115–62, title I, § 101, Sept. 29, 2017, 131 Stat. 1160; Pub. L. 115–232, div. A, title VIII, § 809(n)(1)(B), Aug. 13, 2018, 132 Stat. 1843; Pub. L. 115–251, title I, § 101, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116–23, § 2(f), June 25, 2019, 133 Stat. 969; Pub. L. 116–159, div. E, title I, § 5101, Oct. 1, 2020, 134 Stat. 748; Pub. L. 116–283, div. A, title IX, § 926(a)(21), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

REFERENCES IN TEXT

Section 491 of title 14, referred to in subsec. (a)(2)(D), was redesignated section 2732 of title 14 by Pub. L. 115–282, title I, § 116(b), Dec. 4, 2018, 132 Stat. 4226, and references to section 491 of title 14 deemed to refer to such redesignated section, see section 123(b)(1) of Pub. L. 115–282, set out as a References to Redesignated Sections of Title 14 note preceding section 101 of Title 14, Coast Guard.

Section 3 of the Agent Orange Act of 1991, referred to in subsec. (e)(2)(A)(ii), is section 3 of Pub. L. 102–4, which is set out as a note under section 1116 of this title.

The date of the enactment of the Clay Hunt Suicide Prevention for American Veterans Act, referred to in subsec. (e)(3)(B), is the date of enactment of Pub. L. 114–2, which was approved Feb. 12, 2015.

CODIFICATION

The text of subsec. (f) of section 1712 of this title, which was transferred to this section, redesignated subsec. (g), and amended by Pub. L. 104–262, § 101(b)(2), was based on Pub. L. 86–639, § 1, July 12, 1960, 74 Stat. 472; Pub. L. 91–102, Oct. 30, 1969, 83 Stat. 168; Pub. L. 93–82, title I, § 103(a), Aug. 2, 1973, 87 Stat. 180; Pub. L. 94–581, title I, § 103(a)(3)–(7), title II, § 202(f)(2), Oct. 21, 1976, 90 Stat. 2844, 2856; Pub. L. 96–22, title I, § 102(b), June 13, 1979, 93 Stat. 47; Pub. L. 97–37, § 5(b), Aug. 14, 1981, 95 Stat. 937; Pub. L. 97–72, title I, § 103(b)(2), Nov. 3, 1981, 95 Stat. 1049; Pub. L. 97–295, § 4(17)(C), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 99–166, title I, § 104, Dec. 3, 1985, 99 Stat. 944; Pub. L. 99–272, title XIX, § 19011(b)(2), Apr. 7, 1986, 100 Stat. 375; Pub. L. 99–576, title II, §§ 202(1), 237(b)(2), Oct. 28, 1986, 100 Stat. 3254, 3267; Pub. L. 100–322, title I, § 101(e)(1), May 20, 1988, 102 Stat. 491; Pub. L. 101–508, title VIII, § 8013(b), Nov. 5, 1990, 104 Stat. 1388–346; Pub. L. 102–83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(c)(1), Aug. 6, 1991, 105 Stat. 404–406.

PRIOR PROVISIONS

A prior section 1710 was renumbered section 3510 of this title.

AMENDMENTS

2021—Subsec. (a)(2)(B). Pub. L. 116–283 substituted “air, or space service” for “or air service”.

Subsec. (e)(3). Pub. L. 116–283 substituted “air, or space service” for “or air service” in subpars. (A) to (C).

2020—Subsec. (f)(2)(B). Pub. L. 116–159 substituted “September 30, 2022” for “September 30, 2020”.

2019—Subsec. (e)(4). Pub. L. 116–23 inserted “(including offshore of such Republic as described in section 1116A(d) of this title)” after “served on active duty in the Republic of Vietnam”.

2018—Subsec. (a)(2)(D). Pub. L. 115–232 substituted “section 7271, 8291, or 9271 of title 10” for “section 3741, 6241, or 8741 of title 10”.

Subsec. (f)(2)(B). Pub. L. 115–251 substituted “September 30, 2020” for “September 30, 2019”.

2017—Subsec. (f)(2)(B). Pub. L. 115–62 substituted “September 30, 2019” for “September 30, 2017”.

2016—Subsec. (a)(2)(D). Pub. L. 114–315, § 603(b), inserted “, who was awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “war”.

Subsec. (e)(1)(F). Pub. L. 114–315, § 802(3), inserted comma after “1953” in introductory provisions.

Subsec. (f)(2)(B). Pub. L. 114–228 substituted “September 30, 2017” for “September 30, 2016”.

Subsec. (g)(3). Pub. L. 114–198 and Pub. L. 114–223 amended par. (3) identically, substituting “with respect to the following:” for “with respect to home health services”, inserting subpar. (A) designation and “Home health services” before “under section 1717 of this title”, and adding subpar. (B).

2015—Subsec. (e)(1)(D). Pub. L. 114–58, § 601(4)(A), struck out “(as defined in section 1712A(a)(2)(B) of this title)” after “hostilities”.

Subsec. (e)(1)(F)(viii). Pub. L. 114–58, § 601(4)(B), substituted “Myelodysplastic” for “Myelodysplastic”.

Subsec. (e)(3). Pub. L. 114–2 amended par. (3) generally. Prior to amendment, par. (3) read as follows: “Hospital care, medical services, and nursing home care may not be provided under or by virtue of subsection (a)(2)(F) in the case of care for a veteran described in paragraph (1)(D) who—

“(A) is discharged or released from the active military, naval, or air service after the date that is five years before the date of the enactment of the National Defense Authorization Act for Fiscal Year 2008, after a period of five years beginning on the date of such discharge or release; or

“(B) is so discharged or released more than five years before the date of the enactment of that Act and who did not enroll in the patient enrollment system under section 1705 of this title before such date, after a period of three years beginning on the date of the enactment of that Act.”

Subsec. (f)(2)(B). Pub. L. 114–58, § 101, substituted “September 30, 2016” for “September 30, 2015”.

2014—Subsec. (e)(1)(F). Pub. L. 113–235, § 243, substituted “August 1, 1953” for “January 1, 1957,” in introductory provisions.

Subsec. (f)(2)(B). Pub. L. 113–175 substituted “September 30, 2015” for “September 30, 2014”.

2013—Subsec. (f)(2)(B). Pub. L. 113–37 substituted “September 30, 2014” for “September 30, 2013”.

2012—Subsec. (e)(1)(F). Pub. L. 112–154, § 102(a)(1), added subpar. (F).

Subsec. (e)(2)(B). Pub. L. 112–154, § 102(a)(2), substituted “(E), or (F)” for “or (E)”.

Subsec. (f)(2)(B). Pub. L. 112–154, § 112, substituted “September 30, 2013” for “September 30, 2012”.

2010—Subsec. (e)(1)(C). Pub. L. 111–163, § 513(2), substituted “paragraph (2)” for “paragraphs (2) and (3)” and inserted “between August 2, 1990, and November 11, 1998,” after “on active duty”.

Subsec. (e)(3). Pub. L. 111-163, §513(1), substituted “subsection (a)(2)(F)” for “subsection (a)(2)(F)—” in introductory provisions, struck out subpar. (C) designation before “in the case”, redesignated cls. (i) and (ii) of former subpar. (C) as subpars. (A) and (B), respectively, realigned margins, and struck out former subpars. (A) and (B), which read as follows:

“(A) in the case of care for a veteran described in paragraph (1)(A), after December 31, 2002;

“(B) in the case of care for a veteran described in paragraph (1)(C), after December 31, 2002; and”.

Subsec. (f)(2)(B). Pub. L. 111-163, §517, amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: “before September 30, 2010, an amount equal to \$10 for every day the veteran receives hospital care and \$5 for every day the veteran receives nursing home care.”

2008—Subsec. (e)(1)(E). Pub. L. 110-387, §803(b), substituted “paragraph (2)” for “paragraphs (2) and (3)”.

Subsec. (e)(3)(B). Pub. L. 110-387, §803(a)(1), inserted “and” after the semicolon at end.

Subsec. (e)(3)(C). Pub. L. 110-387, §803(a)(2), substituted a period at end for “; and”.

Pub. L. 110-181 amended subpar. (C) generally. Prior to amendment subpar. (C) read as follows: “in the case of care for a veteran described in paragraph (1)(D), after a period of 2 years beginning on the date of the veteran’s discharge or release from active military, naval, or air service; and”.

Subsec. (e)(3)(D). Pub. L. 110-387, §803(a)(3), struck out subpar. (D) which read as follows: “in the case of care for a veteran described in paragraph (1)(E), after December 31, 2007”.

Subsec. (f)(1). Pub. L. 110-387, §409(1), inserted “(except if such care constitutes hospice care)” after “nursing home care”.

Subsec. (f)(2)(B). Pub. L. 110-387, §804(a), which directed substitution of “September 30, 2010” for “September 30, 2008”, was executed by making the substitution for “September 30, 2009” to reflect the probable intent of Congress and the amendment by Pub. L. 110-329. See below.

Pub. L. 110-329 substituted “September 30, 2009,” for “September 30, 2008.”.

Subsec. (g)(1). Pub. L. 110-387, §409(2), inserted “(except if such care constitutes hospice care)” after “medical services”.

2007—Subsec. (f)(2)(B). Pub. L. 110-161 substituted “September 30, 2008,” for “September 30, 2007.”.

2006—Subsec. (a)(4). Pub. L. 109-461, §211(a)(3)(B), struck out “and” before “the requirement in section 1710B of this title” and inserted “, and the requirement in section 1745 of this title to provide nursing home care and prescription medicines to veterans with service-connected disabilities in State homes” after “a program of extended care services”.

Subsec. (e)(3)(D). Pub. L. 109-461, §1006(b), provided that as of the enactment of Pub. L. 109-461, the amendments made by Pub. L. 109-444 were deemed for all purposes not to have taken effect and that Pub. L. 109-444 ceased to be in effect. See Amendment notes below and section 1006(b) of Pub. L. 109-461, set out as a Coordination of Provisions With Pub. L. 109-444 note under section 101 of this title.

Pub. L. 109-461, §1003, substituted “December 31, 2007” for “December 31, 2005”.

Pub. L. 109-444, which substituted “December 31, 2007” for “December 31, 2005”, was terminated by Pub. L. 109-461, §1006(b). See Amendment notes above.

2003—Subsec. (e)(1)(E). Pub. L. 108-170, §102(1), added subpar. (E).

Subsec. (e)(2)(B). Pub. L. 108-170, §102(2), substituted “subparagraph (C), (D), or (E) of paragraph (1)” for “paragraph (1)(C) or (1)(D)” and “service or testing described in such subparagraph” for “service described in that paragraph”.

Subsec. (e)(3)(D). Pub. L. 108-170, §102(3), added subpar. (D).

2002—Subsec. (e)(1)(D). Pub. L. 107-330 substituted “November 11, 1998” for “the date of the enactment of this subparagraph”.

Subsec. (e)(3)(B). Pub. L. 107-135, §211, substituted “December 31, 2002” for “December 31, 2001”.

Subsec. (f)(1). Pub. L. 107-135, §202(b)(1), inserted “or (4)” after “paragraph (2)”.

Subsec. (f)(2)(B). Pub. L. 107-135, §209(a), substituted “September 30, 2007” for “September 30, 2002”.

Subsec. (f)(4), (5). Pub. L. 107-135, §202(b)(2), (3), added par. (4) and redesignated former par. (4) as (5).

2000—Subsec. (a)(4). Pub. L. 106-419 inserted “the requirement in section 1710A(a) of this title that the Secretary provide nursing home care,” after “medical services,” and struck out comma after “extended care services”.

1999—Subsec. (a)(1). Pub. L. 106-117, §101(f)(1), struck out “, and may furnish nursing home care,” after “medical services” in introductory provisions.

Subsec. (a)(2)(A). Pub. L. 106-117, §101(f)(2), inserted “or, with respect to nursing home care during any period during which the provisions of section 1710A(a) of this title are in effect, a compensable service-connected disability rated less than 70 percent” after “50 percent”.

Subsec. (a)(2)(D). Pub. L. 106-117, §112(1), inserted “or who was awarded the Purple Heart” after “former prisoner of war”.

Subsec. (a)(4). Pub. L. 106-117, §101(f)(3), inserted “, and the requirement in section 1710B of this title that the Secretary provide a program of extended care services,” after “medical services”.

Subsec. (a)(5). Pub. L. 106-117, §101(f)(4), added par. (5).

Subsec. (g)(1). Pub. L. 106-117, §201(b)(1), substituted “in the case of each outpatient visit the applicable amount or amounts established by the Secretary by regulation” for “the amount determined under paragraph (2) of this subsection”.

Subsec. (g)(2). Pub. L. 106-117, §201(b)(2), substituted “which the Secretary shall establish by regulation.” for “equal to 20 percent of the estimated average cost (during the calendar year in which the services are furnished) of an outpatient visit in a Department facility. Such estimated average cost shall be determined by the Secretary.”

1998—Subsec. (e)(1)(D). Pub. L. 105-368, §102(a)(1), added subpar. (D).

Subsec. (e)(2)(A)(ii). Pub. L. 105-368, §1005(b)(3), substituted “section 3” for “section 2”.

Subsec. (e)(2)(B). Pub. L. 105-368, §102(a)(2), inserted “or (1)(D)” after “paragraph (1)(C)”.

Subsec. (e)(3)(A). Pub. L. 105-368, §102(a)(3)(A), struck out “and” at end.

Subsec. (e)(3)(B). Pub. L. 105-368, §102(a)(3)(B), substituted “December 31, 2001; and” for “December 31, 1998.”

Subsec. (e)(3)(C). Pub. L. 105-368, §102(a)(3)(C), added subpar. (C).

Subsec. (e)(5). Pub. L. 105-368, §102(a)(4), added par. (5).

1997—Subsec. (a)(2)(B). Pub. L. 105-114, §402(a), struck out “compensable” before “disability”.

Subsec. (a)(2)(F). Pub. L. 105-114, §209(a)(1), substituted “other conditions” for “environmental hazard”.

Subsec. (e)(1)(C). Pub. L. 105-114, §209(a)(2), substituted “served” for “the Secretary finds may have been exposed while serving” and “associated with such service” for “associated with such exposure” and struck out “to a toxic substance or environmental hazard” after “Persian Gulf War”.

Subsec. (e)(2)(B). Pub. L. 105-114, §209(a)(3), substituted “the service” for “an exposure”.

Subsec. (f)(2)(B). Pub. L. 105-33, §802(a)(1), inserted “before September 30, 2002,” after “(B)”.

Subsec. (f)(4), (5). Pub. L. 105-33, §802(b)(1), redesignated par. (5) as (4) and struck out former par. (4) which read as follows: “Amounts collected or received on behalf of the United States under this subsection shall be deposited in the Treasury as miscellaneous receipts.”

Subsec. (g)(4). Pub. L. 105-33, §802(b)(2), struck out par. (4) which read as follows: “Amounts collected or

received by the Department under this subsection shall be deposited in the Treasury as miscellaneous receipts."

1996—Subsec. (a). Pub. L. 104-262, §101(a), amended subsec. (a) generally, revising and restating provisions in former pars. (1) to (3) relating to eligibility for care as pars. (1) to (4).

Subsec. (c)(1). Pub. L. 104-262, §101(d)(2), substituted "section 1712(a)" for "section 1712(b)".

Subsec. (e)(1)(A), (B). Pub. L. 104-262, §102(a)(1), added subpars. (A) and (B) and struck out former subpars. (A) and (B) which read as follows:

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

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

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

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

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

Subsec. (e)(1)(C). Pub. L. 104-262, §101(d)(3), substituted "hospital care, medical services, and nursing home care under subsection (a)(2)(F)" for "hospital care and nursing home care under subsection (a)(1)(G) of this section".

Subsec. (e)(2). Pub. L. 104-262, §102(a)(2), added par. (2) and struck out former par. (2) which read as follows: "Hospital and nursing home care may not be provided under subsection (a)(1)(G) of this section with respect to a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than an exposure described in subparagraph (A), (B), or (C) of paragraph (1) of this subsection."

Subsec. (e)(3). Pub. L. 104-262, §102(a)(2), added par. (3) and struck out former par. (3) which read as follows: "Hospital and nursing home care and medical services may not be provided under or by virtue of subsection (a)(1)(G) of this section after December 31, 1996."

Pub. L. 104-110 substituted "after December 31, 1996" for "after June 30, 1995, or, in the case of care for a veteran described in paragraph (1)(C), after December 31, 1995".

Subsec. (e)(4). Pub. L. 104-262, §102(a)(2), added par. (4).

Subsec. (e)(4)(A). Pub. L. 104-275 substituted "during the period beginning on January 9, 1962, and ending on May 7, 1975," for "during the Vietnam era," in cl. (i) and "such period" for "such era" in cl. (ii).

Subsec. (f)(1). Pub. L. 104-262, §101(d)(4)(A), substituted "subsection (a)(3)" for "subsection (a)(2)".

Subsec. (f)(3)(E). Pub. L. 104-262, §101(d)(4)(B), substituted "paragraph (3) of subsection (a)" for "section 1712(a) of this title" and "subsection (g)" for "section 1712(f) of this title".

Subsec. (f)(3)(F). Pub. L. 104-262, §101(d)(4)(C), substituted "subsection (g)" for "section 1712(f) of this title".

Subsec. (g). Pub. L. 104-262, §101(b)(2), redesignated subsec. (f) of section 1712 of this title as subsec. (g) of this section and substituted "subsection (a)(3) of this

section" for "section 1710(a)(2) of this title" in par. (1). See Codification note above.

Pub. L. 104-262, §101(b)(1), redesignated subsec. (g) as (h).

Subsec. (h). Pub. L. 104-262, §101(b)(1), redesignated subsec. (g) as (h).

1994—Subsec. (e)(3). Pub. L. 103-452 substituted "June 30, 1995" for "June 30, 1994" and "December 31, 1995" for "December 31, 1994".

Subsec. (f)(3)(E). Pub. L. 103-446 substituted "section 1712(a)" for "section 1712(f)" and "section 1712(f)" for "section 1712(f)(4)".

1993—Subsec. (a)(1)(G). Pub. L. 103-210, §1(a)(1), substituted "substance, radiation, or environmental hazard" for "substance or radiation".

Subsec. (e)(1)(C). Pub. L. 103-210, §1(a)(2)(A), added subpar. (C).

Subsec. (e)(2). Pub. L. 103-210, §1(a)(2)(B), substituted "subparagraph (A), (B), or (C)" for "subparagraph (A) or (B)".

Subsec. (e)(3). Pub. L. 103-210, §2(a), substituted "June 30, 1994" for "December 31, 1993".

Pub. L. 103-210, §1(a)(2)(C), inserted before period at end "or, in the case of care for a veteran described in paragraph (1)(C), after December 31, 1994".

1992—Subsec. (e)(2). Pub. L. 102-405 substituted "Under Secretary for Health" for "Chief Medical Director".

1991—Pub. L. 102-83, §5(a), renumbered section 610 of this title as this section.

Subsec. (a)(1). Pub. L. 102-83, §5(c)(1), substituted "1151" for "351" in subpar. (C) and "1722(a)" for "622(a)" in subpar. (I).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in two places in introductory provisions.

Subsec. (a)(1)(H). Pub. L. 102-54 substituted "the Mexican border period" for "the Spanish-American War, the Mexican border period,".

Subsec. (a)(3). Pub. L. 102-83, §5(c)(1), substituted "1703" for "603" and "1720" for "620".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Subsec. (b)(2)(A). Pub. L. 102-83, §5(c)(1), substituted "1503" for "503" and "1521(d)" for "521(d)".

Subsec. (c). Pub. L. 102-83, §5(c)(1), substituted "1712(b)" for "612(b)".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration" wherever appearing.

Subsec. (d). Pub. L. 102-83, §5(c)(1), substituted "1720" for "620".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Subsec. (e)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in subpars. (A)(ii) and (B).

Subsec. (e)(3). Pub. L. 102-4 substituted "1993" for "1990".

Subsec. (f)(3)(E), (F). Pub. L. 102-83, §5(c)(1), substituted "1712(f)" for "612(f)" and "1712(f)(4)" for "612(f)(4)" in subpar. (E) and "1712(f)" for "612(f)" in subpar. (F).

Subsec. (g). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

1990—Subsec. (a)(1)(I). Pub. L. 101-508, §8013(a)(1)(A), substituted "section 622(a)" for "section 622(a)(1)".

Subsec. (a)(2). Pub. L. 101-508, §8013(a)(1)(B), added par. (2) and struck out former par. (2) which read as follows:

"(A) To the extent that resources and facilities are available, the Administrator may furnish hospital care and nursing home care which the Administrator determines is needed to a veteran for a non-service-connected disability if the veteran has an income level described in section 622(a)(2) of this title.

“(B) In the case of a veteran who is not described in paragraph (1) of this subsection or in subparagraph (A) of this paragraph, the Administrator may furnish hospital care and nursing home care which the Administrator determines is needed to the veteran for a non-service-connected disability—

“(i) to the extent that resources and facilities are otherwise available; and

“(ii) subject to the provisions of subsection (f) of this section.”

Subsec. (f)(1), (2). Pub. L. 101-508, §8013(a)(2)(A), added pars. (1) and (2) and struck out former pars. (1) and (2) which read as follows:

“(1) The Administrator may not furnish hospital care or nursing home care under this section to a veteran who is eligible for such care by reason of subsection (a)(2)(B) of this section unless the veteran agrees to pay to the United States the applicable amount determined under paragraph (2) of this subsection.

“(2) A veteran who is furnished hospital care or nursing home care under this section and who is required under paragraph (1) of this subsection to agree to pay an amount to the United States in order to be furnished such care shall be liable to the United States for an amount equal to the lesser of—

“(A) the cost of furnishing such care, as determined by the Administrator; and

“(B) the amount determined under paragraph (3) of this subsection.”

Subsec. (f)(3)(A), (B). Pub. L. 101-508, §8013(a)(2)(B), substituted “paragraph (2)(A)(ii)” for “paragraph (2)(B)”.

1988—Subsec. (b). Pub. L. 100-233 amended subsec. (b) generally. Prior to amendment, subsec. (b) read as follows: “The Administrator, within the limits of Veterans’ Administration facilities, may furnish domiciliary care to—

“(1) a veteran who was discharged or released from the active military, naval, or air service for a disability incurred or aggravated in line of duty, or a person who is in receipt of disability compensation, when such person is suffering from a permanent disability or tuberculosis or neuropsychiatric ailment and is incapacitated from earning a living and has no adequate means of support; and

“(2) a veteran who is in need of domiciliary care if such veteran is unable to defray the expenses of necessary domiciliary care.”

Subsec. (e)(3). Pub. L. 100-687 substituted “December 31, 1990” for “September 30, 1989”.

1986—Subsec. (a). Pub. L. 99-576, §237(a), inserted “who is in receipt of, or” after “veteran” in par. (1)(C).

Pub. L. 99-272, §19011(a)(1), amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows: “The Administrator, within the limits of Veterans’ Administration facilities, may furnish hospital care or nursing home care which the Administrator determines is needed to—

“(1)(A) any veteran for a service-connected disability; or

“(B) any veteran for a non-service-connected disability if such veteran is unable to defray the expenses of necessary hospital or nursing home care;

“(2) a veteran whose discharge or release from the active military, naval, or air service was for a disability incurred or aggravated in line of duty;

“(3) a person (A) who is in receipt of, or but for the receipt of retirement pay would be entitled to, disability compensation, or (B) who, but for a suspension pursuant to section 351 of this title (or both such a suspension and the receipt of retired pay), would be entitled to disability compensation, but only to the extent that such person’s continuing eligibility for such care is provided for in the judgment or settlement described in such section;

“(4) a veteran who is a former prisoner of war;

“(5) a veteran who meets the conditions of subsection (e) of this section; and

“(6) any veteran for a non-service-connected disability if such veteran is sixty-five years of age or older.”

Subsec. (e)(1)(A), (B). Pub. L. 99-272, §19011(d)(3)(A), substituted “is eligible for hospital care and nursing home care under subsection (a)(1)(G)” for “may be furnished hospital care or nursing home care under subsection (a)(5)”.

Subsec. (e)(2), (3). Pub. L. 99-272, §19011(d)(3)(B), substituted “subsection (a)(1)(G)” for “subsection (a)(5)”.

Subsec. (f). Pub. L. 99-272, §19011(a)(2), added subsec. (f).

Subsec. (f)(3)(F). Pub. L. 99-576, §237(b)(1), added subpar. (F).

Subsec. (g). Pub. L. 99-272, §19011(a)(2), added subsec. (g).

1985—Subsec. (e)(3). Pub. L. 99-166 substituted “after September 30, 1989” for “after the end of the one-year period beginning on the date the Administrator submits to the appropriate committees of Congress the first report required by section 307(b)(2) of the Veterans Health Programs Extension and Improvement Act of 1979 (Public Law 96-151; 93 Stat. 1098)”.

1983—Subsec. (a)(3). Pub. L. 98-160 inserted “(A)” after “a person” and, after “disability compensation”, inserted “or (B) who, but for a suspension pursuant to section 351 of this title (or both such a suspension and the receipt of retired pay), would be entitled to disability compensation, but only to the extent that such person’s continuing eligibility for such care is provided for in the judgment or settlement described in such section”.

1981—Subsec. (a). Pub. L. 97-72, §102(a)(1), added cl. (5) and redesignated former cl. (5) as (6).

Pub. L. 97-37 added cl. (4) and redesignated former cl. (4) as (5).

Subsec. (e). Pub. L. 97-72, §102(a)(2), added subsec. (e).

1979—Subsec. (c). Pub. L. 96-22 inserted provisions relating to the furnishing of dental services and treatment and related dental appliances for non-service-connected dental conditions or disabilities of veterans.

1976—Pub. L. 94-581, §202(d)(1), inserted “, nursing home,” in section catchline.

Subsec. (a). Pub. L. 94-581, §§202(d)(2), 210(a)(1)(A), (B), substituted “the Administrator determines” for “he determines” in provisions preceding par. (1) and substituted “such veteran” for “he” and “necessary hospital or nursing home care” for “necessary hospital care” in subpar. (B) of par. (1).

Subsec. (b)(1). Pub. L. 94-581, §210(a)(1)(C), substituted “such person” for “he”.

Subsec. (b)(2). Pub. L. 94-581, §§202(d)(3), 210(a)(1)(B), substituted “a veteran who is in need of domiciliary care if such veteran” for “a veteran of any war or of service after January 31, 1955, who is in need of domiciliary care, if he”.

Subsec. (c). Pub. L. 94-581, §210(a)(1)(B), substituted “for which such veteran is hospitalized” for “for which he is hospitalized”.

Subsec. (d). Pub. L. 94-581, §202(d)(4), substituted “direct jurisdiction” for “direct and exclusive jurisdiction”.

1973—Subsec. (a). Pub. L. 93-82, §102(1), (2), extended authority of the Administrator to furnish nursing home care, and in par. (1)(B), substituted “any veteran for a” for “a veteran of any war or of service after January 31, 1955, for”.

Subsec. (c). Pub. L. 93-82, §102(3), expanded provision regarding medical services to include nursing home care and struck out requirement that the Administrator make a determination in each instance that the non-service-connected disability would be in the veteran’s interest, would not prolong his hospitalization, and, would not interfere with the furnishing of hospital facilities to other veterans.

Subsec. (d). Pub. L. 93-82, §102(4), added subsec. (d).

1970—Subsec. (a). Pub. L. 91-500 added cl. (4).

1966—Pub. L. 89-358 inserted “or of service after January 31, 1955,” after “veteran of any war” in subsections (a)(1)(B) and (b)(2).

Subsec. (c). Pub. L. 89-785 added subsec. (c).

1962—Subsec. (a)(1). Pub. L. 87-583 provided for hospital care to any veteran for a service-connected dis-

ability instead of to a veteran of any war for a service-connected disability incurred or aggravated during a period of war in subpar. (A) and incorporated existing provisions in subpar. (B).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2019 AMENDMENT

Amendment by Pub. L. 116-23 effective Jan. 1, 2020, see section 2(g) of Pub. L. 116-23, set out as an Effective Date note under section 1116A of this title.

EFFECTIVE DATE OF 2018 AMENDMENT

Amendment by Pub. L. 115-232 effective Feb. 1, 2019, with provision for the coordination of amendments and special rule for certain redesignations, see section 800 of Pub. L. 115-232, set out as a note preceding section 3001 of Title 10, Armed Forces.

EFFECTIVE DATE OF 2013 AMENDMENT

Amendment by Pub. L. 113-37 effective Oct. 1, 2013, see section 4(a) of Pub. L. 113-37, set out as a note under section 322 of this title.

EFFECTIVE DATE OF 2012 AMENDMENT

Pub. L. 112-154, title I, §102(d), Aug. 6, 2012, 126 Stat. 1169, provided that:

“(1) IN GENERAL.—The provisions of this section [enacting section 1787 of this title and amending this section] and the amendments made by this section shall take effect on the date of the enactment of this Act [Aug. 6, 2012].

“(2) APPLICABILITY.—Subparagraph (F) of section 1710(e)(1) of such title [probably means title 38, United States Code], as added by subsection (a), and section 1787 of title 38, United States Code, as added by subsection (b)(1), shall apply with respect to hospital care and medical services provided on or after the date of the enactment of this Act.”

EFFECTIVE DATE OF 2006 AMENDMENT

Pub. L. 109-461, title II, §211(a)(5), Dec. 22, 2006, 120 Stat. 3419, provided that: “The amendments made by this subsection [enacting section 1745 of this title and amending this section and sections 1741 and 1745 of this title] shall take effect 90 days after the date of the enactment of this Act [Dec. 22, 2006].”

EFFECTIVE DATE OF 2002 AMENDMENT

Amendment by section 202(b) of Pub. L. 107-135 effective Oct. 1, 2002, see section 202(c) of Pub. L. 107-135, set out as a note under section 1705 of this title.

EFFECTIVE DATE OF 1999 AMENDMENT

Amendment by section 101(f) of Pub. L. 106-117 effective Nov. 30, 1999, with provisions of subsec. (f) of this section not applicable to any day of nursing home care on or after the effective date of regulations under section 101(h)(2) of Pub. L. 106-117, see section 101(h) of Pub. L. 106-117, set out as an Effective Date note under section 1710B of this title.

Pub. L. 106-117, title II, §201(c), as added by Pub. L. 106-419, title II, §224(c), Nov. 1, 2000, 114 Stat. 1846, provided that: “The amendments made by subsection (b) [amending this section] shall apply with respect to medical services furnished under section 1710(a) of title 38, United States Code, on or after the effective date of the regulations prescribed by the Secretary of Veterans Affairs to establish the amounts required to be established under paragraphs (1) and (2) of section 1710(g) of that title, as amended by subsection (b).”

EFFECTIVE DATE OF 1997 AMENDMENT

Pub. L. 105-33, title VIII, §8023(g), Aug. 5, 1997, 111 Stat. 668, provided that:

“(1) Except as provided in paragraph (2), this section [enacting section 1729A of this title, amending this section and sections 712, 1722A, and 1729 of this title, and

enacting provisions set out as notes under sections 1729 and 1729A of this title] and the amendments made by this section shall take effect on October 1, 1997.

“(2) The amendments made by subsection (d) [amending section 1729 of this title] shall take effect on the date of the enactment of this Act [Aug. 5, 1997].”

EFFECTIVE DATE OF 1996 AMENDMENT

Amendment by Pub. L. 104-275 effective Jan. 1, 1997, with no benefit to be paid or provided by reason of such amendment for any period before such date, see section 505(d) of Pub. L. 104-275, set out as a note under section 101 of this title.

EFFECTIVE DATE OF 1993 AMENDMENT

Pub. L. 103-210, §1(c)(1), Dec. 20, 1993, 107 Stat. 2497, provided that: “The amendments made by subsections (a) and (b) [amending this section and section 1712 of this title] shall take effect as of August 2, 1990.”

EFFECTIVE DATE OF 1990 AMENDMENTS

Pub. L. 102-145, §111, Oct. 28, 1991, 105 Stat. 970, provided that: “Notwithstanding any other provision of this joint resolution or any other law, the amendments made by sections 8012 and 8013 of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) [enacting section 622A [now 1722A] of this title and amending this section and sections 612 [now 1712] and 622 [now 1722] of this title] shall remain in effect through the period covered by this joint resolution [see section 106 of Pub. L. 102-145, 105 Stat. 970, as amended by Pub. L. 102-163, 105 Stat. 1048].”

Pub. L. 102-109, §111, Sept. 30, 1991, 105 Stat. 553, provided that: “Notwithstanding any other provision of this joint resolution or any other law, the amendments made by sections 8012 and 8013 of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) [enacting section 622A [now 1722A] of this title and amending this section and sections 612 [now 1712] and 622 [now 1722] of this title] shall remain in effect through the period covered by this joint resolution [see section 106 of Pub. L. 102-109, 105 Stat. 553].”

Pub. L. 101-508, title VIII, §8013(d), (e), Nov. 5, 1990, 104 Stat. 1388-347, as amended by Pub. L. 102-139, title V, §518(b), Oct. 28, 1991, 105 Stat. 779; Pub. L. 102-568, title VI, §606(b), Oct. 29, 1992, 106 Stat. 4343; Pub. L. 103-66, title XII, §12002(a), Aug. 10, 1993, 107 Stat. 414; Pub. L. 105-33, title VIII, §8021(a)(2), Aug. 5, 1997, 111 Stat. 665, provided that:

“(d) EFFECTIVE DATE.—The amendments made by this section [amending this section and sections 612 and 622 [now 1712 and 1722] of this title] shall apply with respect to hospital care and medical services received after October 31, 1990, or the date of the enactment of this Act [Nov. 5, 1990], whichever is later.

“[(e) Repealed. Pub. L. 105-33, title VIII, §8021(a)(2), Aug. 5, 1997, 111 Stat. 665.]”

EFFECTIVE DATE OF 1986 AMENDMENTS

Pub. L. 99-576, title II, §237(c), Oct. 28, 1986, 100 Stat. 3267, provided that: “The amendments made by this section [amending this section and section 612 [now 1712] of this title] shall take effect as of April 7, 1986.”

Pub. L. 99-272, title XIX, §19011(f), Apr. 7, 1986, 100 Stat. 380, provided that:

“(1) Except as provided in paragraph (2), the amendments made by this section [amending this section and sections 525, 601, 612, 612A, 620, 622, and 663 [now 1525, 1701, 1712, 1712A, 1720, 1722, and 1763] of this title and enacting provisions set out as notes under this section and section 1722 of this title] shall apply to hospital care, nursing home care, and medical services furnished on or after July 1, 1986.

“(2)(A) The provisions of sections 610 and 622 [now 1710 and 1722] of title 38, United States Code, as in effect on the day before the date of the enactment of this Act [Apr. 7, 1986], shall apply with respect to hospital and nursing home care furnished on or after July 1, 1986, to veterans furnished such care or services on

June 30, 1986, but only to the extent that such care is furnished with respect to the same episode of care for which it was furnished on June 30, 1986, as determined by the Administrator pursuant to regulations which the Administrator shall prescribe.

“(B) During the months of July and August 1986, the Administrator may, in order to continue a course of treatment begun before July 1, 1986, furnish medical services to a veteran on an ambulatory or outpatient basis without regard to the amendments made by this section.

“(C) For the purposes of this paragraph, the term ‘episode of care’ means a period of consecutive days—

“(i) beginning with the first day on which a veteran is furnished hospital or nursing home care; and

“(ii) ending on the day of the veteran’s discharge from the hospital or nursing home facility, as the case may be.”

EFFECTIVE DATE OF 1981 AMENDMENT

Pub. L. 97-37, §5(d), Aug. 14, 1981, 95 Stat. 937, provided that: “The amendments made by this section [amending this section and section 612 [now 1712] of this title] shall take effect on October 1, 1981”.

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-22 effective Oct. 1, 1979, see section 107 of Pub. L. 96-22, set out as a note under section 1701 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

SAVINGS PROVISION

Pub. L. 104-262, title I, §102(b), Oct. 9, 1996, 110 Stat. 3182, provided that: “The provisions of sections 1710(e) and 1712(a) of title 38, United States Code, as in effect on the day before the date of the enactment of this Act [Oct. 9, 1996], shall continue to apply on and after such date with respect to the furnishing of hospital care, nursing home care, and medical services for any veteran who was furnished such care or services before such date of enactment on the basis of presumed exposure to a substance or radiation under the authority of those provisions, but only for treatment for a disability for which such care or services were furnished before such date.”

SAVINGS PROVISION FOR PUB. L. 100-322

Pub. L. 100-322, title I, §102(c), May 20, 1988, 102 Stat. 493, provided that: “The amendment made by subsection (a) [amending this section] shall not limit or restrict the eligibility for domiciliary care of a veteran who was a patient or a resident in a State home facility or a Veterans’ Administration domiciliary facility during the period beginning on January 1, 1987, and ending on April 1, 1988.”

CONTRACT OF CERTAIN VETERANS TO ENCOURAGE RECEIPT OF COMPREHENSIVE MEDICAL EXAMINATIONS

Pub. L. 116-214, title II, §204, Dec. 5, 2020, 134 Stat. 1037, provided that:

“(a) NOTICE.—Not later than 90 days after the date of the enactment of this Act [Dec. 5, 2020], the Under Secretary of Health of the Department of Veterans Affairs shall seek to contact each covered veteran by mail, telephone, or email to encourage each covered veteran to receive medical examinations including the following:

“(1) A comprehensive physical examination.

“(2) A comprehensive mental health examination.

“(3) A comprehensive eye examination if the covered veteran has not received such an examination in the year immediately preceding the date of such examination.

“(4) A comprehensive audiological examination if the covered veteran has not received such an examination in the year immediately preceding the date of such examination.

“(b) EXAMINATIONS.—

“(1) VA HEALTH CARE FACILITIES.—If a covered veteran elects to receive more than one examination described in subsection (a) at a health care facility of the Department of Veterans Affairs, the Under Secretary of Health shall seek to furnish all such scheduled examinations on the same day.

“(2) COMMUNITY CARE.—Pursuant to subsection (d) or (e) of section 1703 of title 38, United States Code, a covered veteran may receive an examination described in subsection (a) from a health care provider described in subsection (c) of that section.

“(c) TRANSPORTATION.—

“(1) BENEFICIARY TRAVEL PROGRAM.—Pursuant to section 111 of title 38, United States Code, the Secretary of Veterans Affairs may pay for a rural covered veteran to travel to a health care facility to receive an examination described in subsection (a).

“(2) SHUTTLE SERVICE.—The Under Secretary of Health shall seek to enter into agreements with nonprofit organizations to provide shuttle service to rural covered veterans for examinations described in subsection (a).

“(d) REPORT REQUIRED.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report regarding how many covered veterans scheduled examinations described in subsection (a) after receiving a letter, telephone call, or email under that subsection.

“(e) DEFINITIONS.—In this section:

“(1) The term ‘covered veteran’ means a veteran who—

“(A) is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code; and

“(B) has not received health care furnished or paid for by the Secretary of Veterans Affairs during the two years immediately preceding the date in subsection (a)(1).

“(2) The term ‘rural covered veteran’ means a covered veteran—

“(A) who lives in an area served by the Office of Rural Health of the Department of Veterans Affairs; and

“(B) whom [sic] the Under Secretary of Health determines requires assistance to travel to a health care facility to receive an examination described in subsection (a).

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

REPORT ON LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116-214, title III, §302, Dec. 5, 2020, 134 Stat. 1039, provided that:

“(a) REPORT.—Not later than 90 days after the date of the enactment of this Act [Dec. 5, 2020], and annually thereafter, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the use by women veterans of health care from the Department of Veterans Affairs.

“(b) ELEMENTS.—Each report required by subsection (a) shall include the following information:

“(1) The number of women veterans who reside in each State.

“(2) The number of women veterans in each State who are enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code.

“(3) Of the women veterans who are so enrolled, the number who have received health care under the laws

administered by the Secretary at least one time during the one-year period preceding the submission of the report.

“(4) The number of women veterans who have been seen at each medical facility of the Department during such year, disaggregated by facility.

“(5) The number of appointments that women veterans have had at a medical facility of the Department during such year, disaggregated by—

“(A) facility; and

“(B) appointments for—

“(i) primary care;

“(ii) specialty care; and

“(iii) mental health care.

“(6) For each appointment type specified in paragraph (5)(B), the number of appointments completed in-person and the number of appointments completed through the use of telehealth.

“(7) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of increase in patient population of women veterans as measured by the increase in unique women veteran patient use.

“(8) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of decrease in patient population of women veterans as measured by the decrease in unique women veterans patient use.”

PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING HEALTH CARE

Pub. L. 111–163, title II, §205, May 5, 2010, 124 Stat. 1144, as amended by Pub. L. 113–37, §2(i), Sept. 30, 2013, 127 Stat. 525; Pub. L. 113–175, title I, §103, Sept. 26, 2014, 128 Stat. 1903; Pub. L. 114–58, title I, §105, Sept. 30, 2015, 129 Stat. 532; Pub. L. 114–228, title I, §105, Sept. 29, 2016, 130 Stat. 937; Pub. L. 115–62, title I, §105, Sept. 29, 2017, 131 Stat. 1161; Pub. L. 115–251, title I, §106, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116–159, div. E, title I, §5104, Oct. 1, 2020, 134 Stat. 748; Pub. L. 116–315, title V, §5107(a)(2), Jan. 5, 2021, 134 Stat. 5031, provided that:

“(a) PILOT PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing, subject to subsection (b), assistance to qualified veterans described in subsection (c) to obtain child care so that such veterans can receive health care services described in subsection (c).

“(b) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may only be provided to a qualified veteran under the pilot program for receipt of child care during the period that the qualified veteran—

“(1) receives the types of health care services described in subsection (c) at a facility of the Department; and

“(2) requires travel to and return from such facility for the receipt of such health care services.

“(c) QUALIFIED VETERANS.—For purposes of this section, a qualified veteran is a veteran who is—

“(1) the primary caretaker of a child or children; and

“(2)(A) receiving from the Department—

“(i) regular mental health care services;

“(ii) intensive mental health care services; or

“(iii) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran; or

“(B) in need of regular or intensive mental health care services from the Department, and but for lack of child care services, would receive such health care services from the Department.

“(d) LOCATIONS.—The Secretary shall carry out the pilot program in no fewer than three Veterans Integrated Service Networks selected by the Secretary for purposes of the pilot program.

“(e) TERMINATION.—The authority to carry out a pilot program under this section shall terminate on the date of the enactment of the Deborah Sampson Act of 2020 [Jan. 5, 2021].

“(f) FORMS OF CHILD CARE ASSISTANCE.—

“(1) IN GENERAL.—Child care assistance under this section may include the following:

“(A) Stipends for the payment of child care offered by licensed child care centers (either directly or through a voucher program) which shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107–67; 115 Stat. 552) [now 40 U.S.C. 590(g)].

“(B) Direct provision of child care at an on-site facility of the Department of Veterans Affairs.

“(C) Payments to private child care agencies.

“(D) Collaboration with facilities or programs of other Federal departments or agencies.

“(E) Such other forms of assistance as the Secretary considers appropriate.

“(2) AMOUNTS OF STIPENDS.—In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.

“(g) REPORT.—Not later than 6 months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program. The report shall include the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs to carry out the pilot program \$1,500,000 for each of fiscal years 2010, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022.”

[Pub. L. 116–315, §5107(a)(2), which directed amendment of section 205(e) of Pub. L. 111–163, set out above, by substituting “the date of the enactment of the Deborah Sampson Act of 2020” for “September 30, 2020”, was executed by making the substitution for “September 30, 2022” to reflect the probable intent of Congress and the amendment by Pub. L. 116–159, which had substituted “September 30, 2022” for “September 30, 2020”. For establishment of child care assistance program by Pub. L. 116–315, see section 1709C of this title.]

GRANTS FOR VETERANS SERVICE ORGANIZATIONS FOR TRANSPORTATION OF HIGHLY RURAL VETERANS

Pub. L. 111–163, title III, §307, May 5, 2010, 124 Stat. 1154, as amended by Pub. L. 113–175, title I, §104, Sept. 26, 2014, 128 Stat. 1903; Pub. L. 114–58, title I, §106, Sept. 30, 2015, 129 Stat. 532; Pub. L. 114–228, title I, §106, Sept. 29, 2016, 130 Stat. 937; Pub. L. 115–62, title I, §106, Sept. 29, 2017, 131 Stat. 1161; Pub. L. 115–251, title I, §107, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116–159, div. E, title I, §5105, Oct. 1, 2020, 134 Stat. 748, provided that:

“(a) GRANTS AUTHORIZED.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish a grant program to provide innovative transportation options to veterans in highly rural areas.

“(2) ELIGIBLE RECIPIENTS.—The following may be awarded a grant under this section:

“(A) State veterans service agencies.

“(B) Veterans service organizations.

“(3) USE OF FUNDS.—A State veterans service agency or veterans service organization awarded a grant under this section may use the grant amount to—

“(A) assist veterans in highly rural areas to travel to Department of Veterans Affairs medical centers; and

“(B) otherwise assist in providing transportation in connection with the provision of medical care to veterans in highly rural areas.

“(4) MAXIMUM AMOUNT.—The amount of a grant under this section may not exceed \$50,000.

“(5) NO MATCHING REQUIREMENT.—The recipient of a grant under this section shall not be required to provide matching funds as a condition for receiving such grant.

“(b) REGULATIONS.—The Secretary shall prescribe regulations for—

“(1) evaluating grant applications under this section; and

“(2) otherwise administering the program established by this section.

“(c) DEFINITIONS.—In this section:

“(1) HIGHLY RURAL.—The term ‘highly rural’, in the case of an area, means that the area consists of a county or counties having a population of less than seven persons per square mile.

“(2) VETERANS SERVICE ORGANIZATION.—The term ‘veterans service organization’ means any organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$3,000,000 for each of fiscal years 2010 through 2022 to carry out this section.”

CONTINUATION OF AUTHORITY

Pub. L. 110-92, § 161, as added by Pub. L. 110-149, § 2, Dec. 21, 2007, 121 Stat. 1819, provided that: “Notwithstanding section 106 [121 Stat. 990], the authority to provide care and services under section 1710(e)(1)(E) of title 38, United States Code, shall continue in effect through September 30, 2008.”

PERSONAL EMERGENCY RESPONSE SYSTEM FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES

Pub. L. 107-135, title II, § 210, Jan. 23, 2002, 115 Stat. 2464, provided that:

“(a) EVALUATION AND STUDY.—The Secretary of Veterans Affairs shall carry out an evaluation and study of the feasibility and desirability of providing a personal emergency response system to veterans who have service-connected disabilities. The evaluation and study shall be commenced not later than 60 days after the date of the enactment of this Act [Jan. 23, 2002].

“(b) REPORT.—Not later than 180 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 evaluation and study under subsection (a). The Secretary shall include in the report the Secretary's findings resulting from the evaluation and study and the Secretary's conclusion as to whether the Department of Veterans Affairs should provide a personal emergency response system to veterans with service-connected disabilities.

“(c) AUTHORITY TO PROVIDE SYSTEM.—If the Secretary concludes in the report under subsection (b) that a personal emergency response system should be provided by the Department of Veterans Affairs to veterans with service-connected disabilities—

“(1) the Secretary may provide such a system, without charge, to any veteran with a service-connected disability who is enrolled under section 1705 of title 38, United States Code, and who submits an application for such a system under subsection (d); and

“(2) the Secretary may contract with one or more vendors to furnish such a system.

“(d) APPLICATION.—A personal emergency response system may be provided to a veteran under subsection (c)(1) only upon the submission by the veteran of an application for the system. Any such application shall be in such form and manner as the Secretary may require.

“(e) DEFINITION.—For purposes of this section, the term ‘personal emergency response system’ means a device—

“(1) that can be activated by an individual who is experiencing a medical emergency to notify appropriate emergency medical personnel that the individual is experiencing a medical emergency; and

“(2) that provides the individual's location through a Global Positioning System indicator.”

CHIROPRACTIC TREATMENT

Pub. L. 107-135, title II, § 204, Jan. 23, 2002, 115 Stat. 2459, as amended by Pub. L. 115-141, div. J, title II, § 245(a), Mar. 23, 2018, 132 Stat. 822, provided that:

“(a) REQUIREMENT FOR PROGRAM.—Subject to the provisions of this section, the Secretary of Veterans Affairs shall carry out a program to provide chiropractic care and services to veterans through Department of Veterans Affairs medical centers and clinics.

“(b) ELIGIBLE VETERANS.—Veterans eligible to receive chiropractic care and services under the program are veterans who are enrolled in the system of patient enrollment under section 1705 of title 38, United States Code.

“(c) LOCATION OF PROGRAM.—(1) The program shall be carried out at sites designated by the Secretary for purposes of the program. The Secretary shall designate at least one site for such program in each geographic service area of the Veterans Health Administration. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas.

“(2) The program shall be carried out at not fewer than two medical centers or clinics in each Veterans Integrated Service Network by not later than December 31, 2019, and at not fewer than 50 percent of all medical centers in each Veterans Integrated Service Network by not later than December 31, 2021.

“(d) CARE AND SERVICES AVAILABLE.—The chiropractic care and services available under the program shall include a variety of chiropractic care and services for neuro-musculoskeletal conditions, including subluxation complex.

“(e) OTHER ADMINISTRATIVE MATTERS.—(1) The Secretary shall carry out the program through personal service contracts and by appointment of licensed chiropractors in Department medical centers and clinics.

“(2) As part of the program, the Secretary shall provide training and materials relating to chiropractic care and services to Department health care providers assigned to primary care teams for the purpose of familiarizing such providers with the benefits of chiropractic care and services.

“(f) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.

“(g) CHIROPRACTIC ADVISORY COMMITTEE.—(1) The Secretary shall establish an advisory committee to provide direct assistance and advice to the Secretary in the development and implementation of the chiropractic health program.

“(2) The membership of the advisory committee shall include members of the chiropractic care profession and such other members as the Secretary considers appropriate.

“(3) Matters on which the advisory committee shall assist and advise the Secretary shall include the following:

“(A) Protocols governing referral to chiropractors.

“(B) Protocols governing direct access to chiropractic care.

“(C) Protocols governing scope of practice of chiropractic practitioners.

“(D) Definition of services to be provided.

“(E) Such other matters the Secretary determines to be appropriate.

“(4) The advisory committee shall cease to exist on December 31, 2004.”

Pub. L. 106-117, title III, § 303, Nov. 30, 1999, 113 Stat. 1572, provided that:

“(a) ESTABLISHMENT OF PROGRAM.—Not later than 120 days after the date of the enactment of this Act [Nov. 30, 1999], the Under Secretary for Health of the Department of Veterans Affairs, after consultation with chiropractors, shall establish a policy for the Veterans Health Administration regarding the role of chiropractic treatment in the care of veterans under chapter 17 of title 38, United States Code.

“(b) DEFINITIONS.—For purposes of this section:

“(1) The term ‘chiropractic treatment’ means the manual manipulation of the spine performed by a chiropractor for the treatment of such musculo-skeletal conditions as the Secretary considers appropriate.

“(2) The term ‘chiropractor’ means an individual who—

“(A) is licensed to practice chiropractic in the State in which the individual performs chiropractic services; and

“(B) holds the degree of doctor of chiropractic from a chiropractic college accredited by the Council on Chiropractic Education.”

IMPLEMENTATION REPORT

Pub. L. 105-368, title I, §102(b), Nov. 11, 1998, 112 Stat. 3322, required the Secretary of Veterans Affairs, not later than Oct. 1, 1999, to submit to Congress a report on the Secretary's plan for establishing and operating the system for collection and analysis of information required by subsec. (e)(5) of this section.

DEMONSTRATION PROJECTS FOR TREATMENT OF PERSIAN GULF ILLNESS

Pub. L. 105-114, title II, §209(b), Nov. 21, 1997, 111 Stat. 2290, provided that:

“(1) The Secretary of Veterans Affairs shall carry out a program of demonstration projects to test new approaches to treating, and improving the satisfaction with such treatment of, Persian Gulf veterans who suffer from undiagnosed and ill-defined disabilities. The program shall be established not later than July 1, 1998, and shall be carried out at up to 10 geographically dispersed medical centers of the Department of Veterans Affairs.

“(2) At least one of each of the following models shall be used at no less than two of the demonstration projects:

“(A) A specialized clinic which serves Persian Gulf veterans.

“(B) Multidisciplinary treatment aimed at managing symptoms.

“(C) Use of case managers.

“(3) A demonstration project under this subsection may be undertaken in conjunction with another funding entity, including agreements under section 8111 of title 38, United States Code.

“(4) The Secretary shall make available from appropriated funds (which have been retained for contingent funding) \$5,000,000 to carry out the demonstration projects.

“(5) The Secretary may not approve a medical center as a location for a demonstration project under this subsection unless a peer review panel has determined that the proposal submitted by that medical center is among those proposals that have met the highest competitive standards of clinical merit and the Secretary has determined that the facility has the ability to—

“(A) attract the participation of clinicians of outstanding caliber and innovation to the project; and

“(B) effectively evaluate the activities of the project.

“(6) In determining which medical centers to select as locations for demonstration projects under this subsection, the Secretary shall give special priority to medical centers that have demonstrated a capability to compete successfully for extramural funding support for research into the effectiveness and cost-effectiveness of the care provided under the demonstration project.”

PATIENT PRIVACY FOR WOMEN PATIENTS

Pub. L. 104-262, title III, §322, Oct. 9, 1996, 110 Stat. 3196, provided that:

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

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

“(c) REPORTS TO CONGRESS.—The Secretary shall compile an annual inventory, by medical center, of de-

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

HOSPICE CARE STUDY

Pub. L. 104-262, title III, §341, Oct. 9, 1996, 110 Stat. 3205, provided that:

“(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a research study to determine the desirability of the Secretary furnishing hospice care to terminally ill veterans and to evaluate the most cost-effective and efficient way to do so. The Secretary shall carry out the study using resources and personnel of the Department.

“(b) CONDUCT OF STUDY.—In carrying out the study required by subsection (a), the Secretary shall—

“(1) evaluate the programs, and the program models, through which the Secretary furnishes hospice care services within or through facilities of the Department of Veterans Affairs and the programs and program models through which non-Department facilities provide such services;

“(2) assess the satisfaction of patients, and family members of patients, in each of the program models covered by paragraph (1);

“(3) compare the costs (or range of costs) of providing care through each of the program models covered by paragraph (1); and

“(4) identify any barriers to providing, procuring, or coordinating hospice services through any of the program models covered by paragraph (1).

“(c) PROGRAM MODELS.—For purposes of subsection (b)(1), the Secretary shall evaluate a variety of types of models for delivery of hospice care, including the following:

“(1) Direct furnishing of full hospice care by the Secretary.

“(2) Direct furnishing of some hospice services by the Secretary.

“(3) Contracting by the Secretary for the furnishing of hospice care, with a commitment that the Secretary will provide any further required hospital care for the patient.

“(4) Contracting for all required care to be furnished outside the Department.

“(5) Referral of the patient for hospice care without a contract.

“(d) REPORT.—Not later than April 1, 1998, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the research study. The report shall set forth the Secretary's findings and recommendations. The Secretary shall include in the report information on the extent to which the Secretary advises veterans concerning their eligibility for hospice care and information on the number of veterans (as of the time of the report) who are in each model of hospice care described in subsection (c) and the average cost per patient of hospice care for each such model.”

RATIFICATION OF ACTIONS DURING PERIOD OF EXPIRED AUTHORITY

Pub. L. 106-419, title II, §224(d), Nov. 1, 2000, 114 Stat. 1846, provided that: “Any action taken by the Secretary of Veterans Affairs under section 1710(g) of title 38, United States Code, during the period beginning on November 30, 1999, and ending on the date of the enactment of this Act [Nov. 1, 2000] is hereby ratified.”

Pub. L. 104-110, title I, §103, Feb. 13, 1996, 110 Stat. 769, provided that: “Any action taken by the Secretary of Veterans Affairs before the date of the enactment of this Act [Feb. 13, 1996] under a provision of law amend-

ed by this title [amending this section, sections 1712, 1720A, 1720C, 3703, 3710, 3720, 3731, 3735, 7451, 7618, and 8169 of this title, sections 11448 and 11450 of Title 42, The Public Health and Welfare, and provisions set out as notes under sections 1712, 1718, and 7721 of this title] that was taken during the period beginning on the date on which the authority of the Secretary under that provision of law expired and ending on the date of the enactment of this Act shall be considered to have the same force and effect as if the amendment to that provision of law made by this title had been in effect at the time of that action."

Pub. L. 103-452, title I, § 105, Nov. 2, 1994, 108 Stat. 4787, provided that: "Any action of the Secretary of Veterans Affairs under section 1710(e) of title 38, United States Code, during the period beginning on July 1, 1994, and ending on the date of the enactment of this Act [Nov. 2, 1994] is hereby ratified."

REIMBURSEMENT FOR HOSPITAL, NURSING HOME OR OUTPATIENT SERVICES EXPENSES

Pub. L. 103-210, § 1(c)(2), Dec. 20, 1993, 107 Stat. 2497, directed Secretary of Veterans Affairs, on request, to reimburse any veteran who paid the United States an amount under 38 U.S.C. 1710(f) or 1712(f) for hospital care, nursing home care, or outpatient services furnished by the Secretary to the veteran before Dec. 20, 1993, on the basis of a finding that the veteran may have been exposed to a toxic substance or environmental hazard during the Persian Gulf War, with amount of reimbursement to be amount that was paid by the veteran for such care or services.

HEALTH CARE SERVICES FOR WOMEN

Pub. L. 102-585, title I, § 106, Nov. 4, 1992, 106 Stat. 4947, provided that:

"(a) GENERAL AUTHORITY.—In furnishing hospital care and medical services under chapter 17 of title 38, United States Code, the Secretary of Veterans Affairs may provide to women the following health care services:

"(1) Papanicolaou tests (pap smears).

"(2) Breast examinations and mammography.

"(3) General reproductive health care, including the management of menopause, but not including under this section infertility services, abortions, or pregnancy care (including prenatal and delivery care), except for such care relating to a pregnancy that is complicated or in which the risks of complication are increased by a service-connected condition.

"(b) RESPONSIBILITIES OF DIRECTORS OF FACILITIES.—The Secretary shall ensure that directors of medical facilities of the Department identify and assess opportunities under the authority provided in title II of this Act [38 U.S.C. 8111 note] to (1) expand the availability of, and access to, health care services for women veterans under sections 1710 and 1712 of title 38, United States Code, and (2) provide counseling, care, and services authorized by this title [see Short Title of 1992 Amendment note set out under section 101 of this title]."

REPORT ON HEALTH CARE AND RESEARCH

Pub. L. 102-585, title I, § 107, Nov. 4, 1992, 106 Stat. 4947, as amended by Pub. L. 104-262, title III, § 324, Oct. 9, 1996, 110 Stat. 3197, provided that:

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

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

"(1) The number of women veterans who have received services described in section 106 of this Act

[set out as a note above] in facilities under the jurisdiction of the Secretary (or the Secretary of Defense), shown by reference to the Department facility which provided (or, in the case of Department of Defense facilities, arranged) those services;

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

"(3) The steps taken by each such facility to expand the provision of services at such facility (or under arrangements with a Department of Defense facility) to women veterans.

"(4) A description (as of October 1 of the year preceding the year in which the report is submitted) of the status of any research relating to women veterans being carried out by or under the jurisdiction of the Secretary, including research under section 109 of this Act [former 38 U.S.C. 7303 note].

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

COORDINATION OF WOMEN'S SERVICES

Pub. L. 102-585, title I, § 108, Nov. 4, 1992, 106 Stat. 4948, provided that: "The Secretary of Veterans Affairs shall ensure that an official in each regional office of the Veterans Health Administration shall serve as a coordinator of women's services. The responsibilities of such official shall include the following:

"(1) Conducting periodic assessments of the needs for services of women veterans within such region.

"(2) Planning to meet such needs.

"(3) Assisting in carrying out the purposes of section 106(b) of this title [set out above].

"(4) Coordinating the training of women veterans coordinators who are assigned to Department facilities in the region under the jurisdiction of such regional coordinator.

"(5) Providing appropriate technical support and guidance to Department facilities in that region with respect to outreach activities to women veterans."

POPULATION STUDY OF WOMEN VETERANS

Pub. L. 102-585, title I, § 110, Nov. 4, 1992, 106 Stat. 4948, as amended by Pub. L. 103-452, title I, § 102(c), Nov. 2, 1994, 108 Stat. 4786, directed Secretary of Veterans Affairs, in consultation with Advisory Committee on Women Veterans, to conduct a study to determine needs of veterans who are women for health-care services, based on an appropriate sample of veterans who are women, and to submit to Congress, not later than 9 months after Nov. 4, 1992, an interim report describing information and advice obtained from Advisory Committee and status of study, and to submit, not later than Dec. 31, 1995, a final report describing results of study.

DEMONSTRATION PROJECT TO EVALUATE INSTALLATION OF TELEPHONES FOR PATIENT USE AT DEPARTMENT OF VETERANS AFFAIRS HEALTH-CARE FACILITIES

Pub. L. 102-585, title V, § 525, Nov. 4, 1992, 106 Stat. 4960, directed Secretary of Veterans Affairs to carry out a demonstration project to evaluate feasibility and desirability of providing telephone service in patient rooms in Department of Veterans Affairs health-care facilities which do not currently provide such service, use of telephones by patients of such health-care facilities, and relative feasibility and cost-effectiveness of a variety of options for providing such service, and submit to Congress a report on the demonstration project not later than Sept. 30, 1994.

REPORTS ON FURNISHING OF HEALTH CARE AND
IMPLEMENTATION OF CHANGES IN ELIGIBILITY

Pub. L. 99-272, title XIX, §19011(e), Apr. 7, 1986, 100 Stat. 379, as amended by Pub. L. 100-527, §10(1), (2), Oct. 25, 1988, 102 Stat. 2640, 2641; Pub. L. 101-237, title II, §201(d), Dec. 18, 1989, 103 Stat. 2066; Pub. L. 102-40, title III, §302, May 7, 1991, 105 Stat. 208; Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406; Pub. L. 102-291, §4, May 20, 1992, 106 Stat. 179, directed Administrator of Veterans Affairs to submit to Congress a report for each fiscal year through fiscal year 1992 concerning implementation of the amendments made by section 19011 of Pub. L. 99-272, which amended this section and sections 1525, 1701, 1712, 1712A, 1720, 1722, and 1763 of this title and enacted provisions set out as notes under this section and section 1722 of this title, specified detailed information required to be submitted in each report, and provided that each report be submitted not later than the Feb. 1 following the end of the fiscal year for which it is submitted.

CHIROPRACTIC SERVICES PILOT PROGRAM

Pub. L. 99-166, title I, §109, Dec. 3, 1985, 99 Stat. 948, directed Administrator of Veterans' Affairs to conduct a pilot program to evaluate therapeutic benefits and cost-effectiveness of furnishing certain chiropractic services to veterans eligible for medical services under this chapter, provided that the pilot program be carried out during period beginning Jan. 1, 1986, and ending Dec. 31, 1988, and directed Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives not later than Apr. 1, 1989, a report on implementation, operation, and results of the pilot program.

§ 1710A. Required nursing home care

(a) The Secretary (subject to section 1710(a)(4) of this title) shall provide nursing home care which the Secretary determines is needed (1) to any veteran in need of such care for a service-connected disability, and (2) to any veteran who is in need of such care and who has a service-connected disability rated at 70 percent or more.

(b)(1) The Secretary shall ensure that a veteran described in subsection (a) who continues to need nursing home care is not, after placement in a Department nursing home, transferred from the facility without the consent of the veteran, or, in the event the veteran cannot provide informed consent, the representative of the veteran.

(2) Nothing in subsection (a) may be construed as authorizing or requiring that a veteran who is receiving nursing home care in a Department nursing home on the date of the enactment of this section be displaced, transferred, or discharged from the facility.

(c) The Secretary shall ensure that nursing home care provided under subsection (a) is provided in an age-appropriate manner.

(d) The provisions of subsection (a) shall terminate on September 30, 2022.

(Added Pub. L. 106-117, title I, §101(a)(1), Nov. 30, 1999, 113 Stat. 1547; amended Pub. L. 106-419, title II, §224(a), Nov. 1, 2000, 114 Stat. 1846; Pub. L. 108-170, title I, §106(b), Dec. 6, 2003, 117 Stat. 2046; Pub. L. 110-181, div. A, title XVII, §1706(b), Jan. 28, 2008, 122 Stat. 493; Pub. L. 110-387, title VIII, §805, Oct. 10, 2008, 122 Stat. 4141; Pub. L. 113-59, §8, Dec. 20, 2013, 127 Stat. 662; Pub. L. 113-175, title I, §101, Sept. 26, 2014, 128 Stat. 1902; Pub. L. 114-58, title I, §102, Sept. 30, 2015, 129 Stat. 532; Pub. L. 114-228, title I, §102, Sept. 29, 2016, 130

Stat. 937; Pub. L. 115-62, title I, §102, Sept. 29, 2017, 131 Stat. 1161; Pub. L. 115-251, title I, §102, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116-159, div. E, title I, §5102, Oct. 1, 2020, 134 Stat. 748.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (b)(2), is the date of enactment of Pub. L. 106-117, which was approved Nov. 30, 1999.

AMENDMENTS

2020—Subsec. (d). Pub. L. 116-159 substituted “September 30, 2022” for “September 30, 2020”.

2018—Subsec. (d). Pub. L. 115-251 substituted “September 30, 2020” for “September 30, 2019”.

2017—Subsec. (d). Pub. L. 115-62 substituted “September 30, 2019” for “December 31, 2017”.

2016—Subsec. (d). Pub. L. 114-228 substituted “December 31, 2017” for “December 31, 2016”.

2015—Subsec. (d). Pub. L. 114-58 substituted “December 31, 2016” for “December 31, 2015”.

2014—Subsec. (d). Pub. L. 113-175 substituted “December 31, 2015” for “December 31, 2014”.

2013—Subsec. (d). Pub. L. 113-59 substituted “December 31, 2014” for “December 31, 2013”.

2008—Subsec. (c). Pub. L. 110-181 added subsec. (c). Former subsec. (c) redesignated (d).

Subsec. (d). Pub. L. 110-387 substituted “December 31, 2013” for “December 31, 2008”.

Pub. L. 110-181 redesignated former subsec. (c) as (d).

2003—Subsec. (c). Pub. L. 108-170 substituted “December 31, 2008” for “December 31, 2003”.

2000—Subsec. (a). Pub. L. 106-419 inserted “(subject to section 1710(a)(4) of this title)” after “The Secretary”.

Statutory Notes and Related Subsidiaries

FINDING RELATED TO AGE-APPROPRIATE NURSING HOME CARE

Pub. L. 110-181, div. A, title XVII, §1706(a), Jan. 28, 2008, 122 Stat. 493, provided that: “Congress finds that young veterans who are injured or disabled through military service and require long-term care should have access to age-appropriate nursing home care.”

REPORT TO CONGRESSIONAL COMMITTEES

Pub. L. 106-117, title I, §101(i), Nov. 30, 1999, 113 Stat. 1550, required the Secretary of Veterans Affairs to submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the operation of section 101 of Pub. L. 106-117 not later than January 1, 2003.

§ 1710B. Extended care services

(a) The Secretary (subject to section 1710(a)(4) of this title and subsection (c) of this section) shall operate and maintain a program to provide extended care services to eligible veterans in accordance with this section. Such services shall include the following:

(1) Geriatric evaluation.

(2) Nursing home care (A) in facilities operated by the Secretary, and (B) in community-based facilities through contracts under section 1720 of this title.

(3) Domiciliary services under section 1710(b) of this title.

(4) Adult day health care under section 1720(f) of this title.

(5) Such other noninstitutional alternatives to nursing home care as the Secretary may furnish as medical services under section 1701(10)¹ of this title.

¹ See References in Text note below.

(6) Respite care under section 1720B of this title.

(b) The Secretary shall ensure that the staffing and level of extended care services provided by the Secretary nationally in facilities of the Department during any fiscal year is not less than the staffing and level of such services provided nationally in facilities of the Department during fiscal year 1998.

(c)(1) Except as provided in paragraph (2), the Secretary may not furnish extended care services for a non-service-connected disability other than in the case of a veteran who has a compensable service-connected disability unless the veteran agrees to pay to the United States a copayment (determined in accordance with subsection (d)) for any period of such services in a year after the first 21 days of such services provided that veteran in that year.

(2) Paragraph (1) shall not apply—

(A) to a veteran whose annual income (determined under section 1503 of this title) is less than the amount in effect under section 1521(b) of this title;

(B) to a veteran being furnished hospice care under this section;

(C) with respect to an episode of extended care services that a veteran is being furnished by the Department on November 30, 1999; or

(D) to a veteran who was awarded the medal of honor under section 7271, 8291, or 9271 of title 10 or section 491¹ of title 14.

(d)(1) A veteran who is furnished extended care services under this chapter and who is required under subsection (c) to pay an amount to the United States in order to be furnished such services shall be liable to the United States for that amount.

(2) In implementing subsection (c), the Secretary shall develop a methodology for establishing the amount of the copayment for which a veteran described in subsection (c) is liable. That methodology shall provide for—

(A) establishing a maximum monthly copayment (based on all income and assets of the veteran and the spouse of such veteran);

(B) protecting the spouse of a veteran from financial hardship by not counting all of the income and assets of the veteran and spouse (in the case of a spouse who resides in the community) as available for determining the copayment obligation; and

(C) allowing the veteran to retain a monthly personal allowance.

(e)(1) There is established in the Treasury of the United States a revolving fund known as the Department of Veterans Affairs Extended Care Fund (hereinafter in this section referred to as the “fund”). Amounts in the fund shall be available, without fiscal year limitation and without further appropriation, exclusively for the purpose of providing extended care services under subsection (a).

(2) All amounts received by the Department under this section shall be deposited in or credited to the fund.

(Added Pub. L. 106–117, title I, §101(c)(1), Nov. 30, 1999, 113 Stat. 1548; amended Pub. L. 107–14, §8(a)(2), (16), June 5, 2001, 115 Stat. 34, 35; Pub. L.

107–103, title V, §509(b), Dec. 27, 2001, 115 Stat. 997; Pub. L. 108–422, title II, §204, Nov. 30, 2004, 118 Stat. 2382; Pub. L. 114–315, title VI, §603(c), Dec. 16, 2016, 130 Stat. 1570; Pub. L. 115–232, div. A, title VIII, §809(n)(1)(C), Aug. 13, 2018, 132 Stat. 1843.)

Editorial Notes

REFERENCES IN TEXT

Section 1701(10) of this title, referred to in subsec. (a)(5), was repealed by Pub. L. 110–387, title VIII, §801(1), Oct. 10, 2008, 122 Stat. 4140.

Section 491 of title 14, referred to in subsec. (c)(2)(D), was redesignated section 2732 of title 14 by Pub. L. 115–282, title I, §116(b), Dec. 4, 2018, 132 Stat. 4226, and references to section 491 of title 14 deemed to refer to such redesignated section, see section 123(b)(1) of Pub. L. 115–282, set out as a References to Redesignated Sections of Title 14 note preceding section 101 of Title 14, Coast Guard.

AMENDMENTS

2018—Subsec. (c)(2)(D). Pub. L. 115–232 substituted “section 7271, 8291, or 9271 of title 10” for “section 3741, 6241, or 8741 of title 10”.

2016—Subsec. (c)(2)(D). Pub. L. 114–315 added subpar. (D).

2004—Subsec. (c)(2)(B), (C). Pub. L. 108–422 added subpar. (B) and redesignated former subpar. (B) as (C).

2001—Subsec. (c)(2)(B). Pub. L. 107–103 inserted “on” before “November 30, 1999”.

Pub. L. 107–14, §8(a)(2), substituted “November 30, 1999” for “on the date of the enactment of the Veterans Millennium Health Care and Benefits Act”.

Subsec. (e)(1). Pub. L. 107–14, §8(a)(16), substituted “hereinafter” for “hereafter”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2018 AMENDMENT

Amendment by Pub. L. 115–232 effective Feb. 1, 2019, with provision for the coordination of amendments and special rule for certain redesignations, see section 800 of Pub. L. 115–232, set out as a note preceding section 3001 of Title 10, Armed Forces.

EFFECTIVE DATE OF 2004 AMENDMENT

Pub. L. 108–422, title IV, §411(f), (g), Nov. 30, 2004, 118 Stat. 2390, provided that:

“(f) CONTINGENT EFFECTIVENESS.—Subsection (d) [enacting provisions set out as a note under section 8118 of this title] and the amendments made by subsection (c) [repealing section 8116 of this title] shall take effect at the end of the 30-day period beginning on the date on which the Secretary of Veterans Affairs certifies to Congress that the Secretary is in compliance with subsection (b) of section 1710B of title 38, United States Code.

“(g) ANNUAL UPDATE.—Following a certification under subsection (f), the Secretary shall submit to Congress an annual update on that certification.”

EFFECTIVE DATE

Pub. L. 106–117, title I, §101(h), Nov. 30, 1999, 113 Stat. 1550, provided that:

“(1) Except as provided in paragraph (2), the amendments made by this section [enacting this section and section 1710A of this title and amending sections 1701, 1710, 1720, 1720B and 1741 of this title] shall take effect on the date of the enactment of this Act [Nov. 30, 1999].

“(2) Subsection (c) of section 1710B of title 38, United States Code (as added by subsection (b)), shall take effect on the effective date of regulations prescribed by the Secretary of Veterans Affairs under subsections (c) and (d) of such section. The Secretary shall publish the effective date of such regulations in the Federal Register.

“(3) The provisions of section 1710(f) of title 38, United States Code, shall not apply to any day of nursing home care on or after the effective date of regulations under paragraph (2).”

MODIFICATIONS TO VETERAN DIRECTED CARE PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116-136, div. B, title X, §20006, Mar. 27, 2020, 134 Stat. 587, as amended by Pub. L. 116-315, title III, §3001, Jan. 5, 2021, 134 Stat. 4990, provided that:

“(a) TELEPHONE OR TELEHEALTH RENEWALS.—For the Veteran Directed Care program of the Department of Veterans Affairs (in this section referred to as the ‘Program’), during the period specified in subsection (f), the Secretary of Veterans Affairs shall—

“(1) waive the requirement that a covered provider process new enrollments and six-month renewals for the Program via an in-person or home visit; and

“(2) allow new enrollments and sixth-month renewals for the Program to be conducted via telephone or telehealth modality.

“(b) NO SUSPENSION OR DISENROLLMENT.—During the period specified in subsection (f), the Secretary shall not suspend or dis-enroll a veteran or caregiver of a veteran from the Program unless—

“(1) requested to do so by the veteran or a representative of the veteran; or

“(2) a mutual decision is made between the veteran and a health care provider of the veteran to suspend or dis-enroll the veteran or caregiver from the Program.

“(c) WAIVER OF PAPERWORK REQUIREMENT.—During the period specified in subsection (f), the Secretary may waive the requirement for signed, mailed paperwork to confirm the enrollment or renewal of a veteran in the Program and may allow verbal consent of the veteran via telephone or telehealth modality to suffice for purposes of such enrollment or renewal.

“(d) WAIVER OF OTHER REQUIREMENTS.—During the period specified in subsection (f), the Secretary shall waive—

“(1) any penalty for late paperwork relating to the Program; and

“(2) any requirement to stop payments for veterans or caregivers of veterans under the Program if they are out of State for more than 14 days.

“(e) TRANSFER OF CERTAIN VETERANS TO THE PROGRAM.—During the period specified in subsection (f), the Secretary shall allow a veteran residing in an area covered by the Program to be transferred to the Program for the duration of such period if—

“(1) the veteran had been receiving extended care services paid for by the Department, such as adult day services or homemaker or home health aide services, immediately preceding such period; and

“(2) those services are no longer available due to a public health emergency.

“(f) PERIOD SPECIFIED.—The period specified in this subsection is the period beginning on the date on which a public health emergency was first declared and ending on the date that is 60 days after the date on which a public health emergency is no longer in effect.

“(g) COVERED PROVIDER DEFINED.—In this section, the term ‘covered provider’ means a provider participating in the Program, including—

“(1) an Aging and Disability Resource Center, an area agency on aging, or a State agency (as those terms are defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)); or

“(2) a center for independent living (as defined in section 702 of the Rehabilitation Act of 1973 (29 U.S.C. 796a)).”

[For definition of “public health emergency” as used in section 20006 of Pub. L. 116-136, set out above, see section 20003 of Pub. L. 116-136, set out as a note under section 303 of this title.]

PILOT PROGRAM ON IMPROVEMENT OF CAREGIVER ASSISTANCE SERVICES

Pub. L. 109-461, title II, §214, Dec. 22, 2006, 120 Stat. 3423, as amended by Pub. L. 110-387, §809, Oct. 10, 2008, 122 Stat. 4142, provided that:

“(a) IN GENERAL.—Commencing not later than 120 days after the date of the enactment of this Act [Dec. 22, 2006], the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of various mechanisms to expand and improve caregiver assistance services.

“(b) DURATION OF PILOT PROGRAM.—The pilot program required by subsection (a) shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

“(c) CAREGIVER ASSISTANCE SERVICES.—For purposes of this section, the term ‘caregiver assistance services’ means services of the Department of Veterans Affairs that assist caregivers of veterans. Such services including the following:

“(1) Adult-day health care services.

“(2) Coordination of services needed by veterans, including services for readjustment and rehabilitation.

“(3) Transportation services.

“(4) Caregiver support services, including education, training, and certification of family members in caregiver activities.

“(5) Home care services.

“(6) Respite care.

“(7) Hospice services.

“(8) Any modalities of non-institutional long-term care.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Department of Veterans Affairs \$5,000,000 for each of fiscal years 2007 through 2009 to carry out the pilot program authorized by this section.

“(e) ALLOCATION OF FUNDS TO FACILITIES.—The Secretary shall allocate funds appropriated pursuant to the authorization of appropriations in subsection (d) to individual medical facilities of the Department in such amounts as the Secretary determines appropriate, based upon proposals submitted by such facilities for the use of such funds for improvements to the support of the provision of caregiver assistance services. Special consideration should be given to rural facilities, including those without a long-term care facility of the Department.

“(f) REPORT.—Not later than one year after the date of the enactment of this Act [Dec. 22, 2006], the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the implementation of this section. The report shall include—

“(1) a description and assessment of the activities carried out under the pilot program;

“(2) information on the allocation of funds to facilities of the Department under subsection (e); and

“(3) a description of the improvements made with funds so allocated to the support of the provision of caregiver assistance services.”

PILOT PROGRAMS RELATING TO LONG-TERM CARE

Pub. L. 106-117, title I, §102, Nov. 30, 1999, 113 Stat. 1551, as amended by Pub. L. 108-422, title II, §203, Nov. 30, 2004, 118 Stat. 2382, provided that:

“(a) PILOT PROGRAMS.—The Secretary [of Veterans Affairs] shall carry out three pilot programs for the purpose of determining the effectiveness of different models of all-inclusive care-delivery in reducing the use of hospital and nursing home care by frail, elderly veterans.

“(b) LOCATIONS OF PILOT PROGRAMS.—In selecting locations in which the pilot programs will be carried out, the Secretary may not select more than one location in any given health care region of the Veterans Health Administration.

“(c) SCOPE OF SERVICES UNDER PILOT PROGRAMS.—Each of the pilot programs under this section shall be designed to provide participating veterans with integrated, comprehensive services which include the following:

“(1) Adult-day health care services on an eight-hour per day, five-day per week basis.

“(2) Medical services (including primary care, preventive services, and nursing home care, as needed).

“(3) Coordination of needed services.

“(4) Transportation services.

“(5) Home care services.

“(6) Respite care.

“(d) PROGRAM REQUIREMENTS.—In carrying out the pilot programs under this section, the Secretary shall—

“(1) employ the use of interdisciplinary care-management teams to provide the required array of services;

“(2) determine the appropriate number of patients to be enrolled in each program and the criteria for enrollment; and

“(3) ensure that funding for each program is based on the complex care category under the resource allocation system (known as the Veterans Equitable Resource Allocation system) established pursuant to section 429 of Public Law 104-204 (110 Stat. 2929).

“(e) DESIGN OF PILOT PROGRAMS.—To the maximum extent feasible, the Secretary shall use the following three models in designing the three pilot programs under this section:

“(1) Under one of the pilot programs, the Secretary shall provide services directly through facilities and personnel of the Department [of Veterans Affairs].

“(2) Under one of the pilot programs, the Secretary shall provide services through a combination of—

“(A) services provided under contract with appropriate public and private entities; and

“(B) services provided through facilities and personnel of the Department.

“(3) Under one of the pilot programs, the Secretary shall arrange for the provision of services through a combination of—

“(A) services provided through cooperative arrangements with appropriate public and private entities; and

“(B) services provided through facilities and personnel of the Department.

“(f) IN-KIND ASSISTANCE.—In providing for the furnishing of services under a contract in carrying out the pilot program described in subsection (e)(2), the Secretary may, subject to reimbursement, provide in-kind assistance (through the services of Department employees and the sharing of other Department resources) to a facility furnishing care to veterans. Such reimbursement may be made by reduction in the charges to the Secretary under such contract.

“(g) LIMITATION.—In providing for the furnishing of services in carrying out a pilot program described in subsection (e)(2) or (e)(3), the Secretary shall make payment for services only to the extent that payment for such services is not otherwise covered (notwithstanding any provision of title XVIII or XIX of the Social Security Act [42 U.S.C. 1395 et seq., 1396 et seq.]) by another government or nongovernment entity or program.

“(h) DURATION OF PROGRAMS.—(1) The authority of the Secretary to provide services under a pilot program under this section shall cease on the date that is three years after the date of the commencement of that pilot program.

“(2) In the case of a veteran who is participating in a pilot program under this section as of the end of the three-year period applicable to that pilot program under paragraph (1), the Secretary may continue to provide to that veteran any of the services that could be provided under the pilot program. The authority to provide services to any veteran under the preceding sentence applies during the period beginning on the date specified in paragraph (1) with respect to that pilot program and ending on December 31, 2005.

“(i) REPORT.—(1) Not later than nine months after the completion of all of the pilot programs under this section, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on those programs.

“(2) The report shall include the following:

“(A) A description of the implementation and operation of each such program.

“(B) An analysis comparing use of institutional care and use of other services among enrollees in each of the pilot programs with the experience of comparable patients who are not enrolled in one of the pilot programs.

“(C) An assessment of the satisfaction of participating veterans with each of those programs.

“(D) An assessment of the health status of participating veterans in each of those programs and of the ability of those veterans to function independently.

“(E) An analysis of the costs and benefits under each of those programs.”

PILOT PROGRAM RELATING TO ASSISTED LIVING

Pub. L. 106-117, title I, §103, Nov. 30, 1999, 113 Stat. 1552, as amended by Pub. L. 108-170, title I, §107, Dec. 6, 2003, 117 Stat. 2046, provided that:

“(a) PROGRAM AUTHORITY.—The Secretary [of Veterans Affairs] may carry out a pilot program for the purpose of determining the feasibility and practicability of enabling eligible veterans to secure needed assisted living services as an alternative to nursing home care.

“(b) LOCATIONS OF PILOT PROGRAM.—(1) The pilot program shall be carried out in a designated health care region of the Department [of Veterans Affairs] selected by the Secretary for purposes of this section.

“(2)(A) In addition to the health care region of the Department selected for the pilot program under paragraph (1), the Secretary may also carry out the pilot program in not more than one additional designated health care region of the Department selected by the Secretary for purposes of this section.

“(B) Notwithstanding subsection (f), the authority of the Secretary to provide services under the pilot program in a health care region of the Department selected under subparagraph (A) shall cease on the date that is three years after the commencement of the provision of services under the pilot program in the health care region.

“(c) SCOPE OF PROGRAM.—In carrying out the pilot program, the Secretary may enter into contracts with appropriate facilities for the provision for a period of up to six months of assisted living services on behalf of eligible veterans in the region where the program is carried out.

“(d) ELIGIBLE VETERANS.—A veteran is an eligible veteran for purposes of this section if the veteran—

“(1) is eligible for placement assistance by the Secretary under section 1730(a) of title 38, United States Code;

“(2) is unable to manage routine activities of daily living without supervision and assistance; and

“(3) could reasonably be expected to receive ongoing services after the end of the contract period under another government program or through other means.

“(e) REPORT.—(1) Not later than 90 days before the end of the pilot program under this section, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the program.

“(2) The report under paragraph (1) shall include the following:

“(A) A description of the implementation and operation of the program.

“(B) An analysis comparing use of institutional care among participants in the program with the experience of comparable patients who are not enrolled in the program.

“(C) A comparison of assisted living services provided by the Department through the pilot program with domiciliary care provided by the Department.

“(D) The Secretary's recommendations, if any, regarding an extension of the program.

“(f) DURATION.—The authority of the Secretary to provide services under the pilot program shall cease on the date that is three years after the date of the commencement of the pilot program.

“(g) DEFINITION.—For purposes of this section, the term ‘assisted living services’ means services in a facil-

ity that provides room and board and personal care for and supervision of residents as necessary for the health, safety, and welfare of residents.

“(h) STANDARDS.—The Secretary may not enter into a contract with a facility under this section unless the facility meets the standards established in regulations prescribed under section 1730 of title 38, United States Code.”

§ 1710C. Traumatic brain injury: plans for rehabilitation and reintegration into the community

(a) **PLAN REQUIRED.**—The Secretary shall, for each individual who is a veteran or member of the Armed Forces who receives inpatient or outpatient rehabilitative hospital care or medical services provided by the Department for a traumatic brain injury—

(1) develop an individualized plan for the rehabilitation and reintegration of the individual into the community with the goal of maximizing the individual's independence; and

(2) provide such plan in writing to the individual—

(A) in the case of an individual receiving inpatient care, before the individual is discharged from inpatient care or after the individual's transition from serving on active duty as a member of the Armed Forces to receiving outpatient care provided by the Department; or

(B) as soon as practicable following a diagnosis of traumatic brain injury by a Department health care provider.

(b) **CONTENTS OF PLAN.**—Each plan developed under subsection (a) shall include, for the individual covered by such plan, the following:

(1) Rehabilitation objectives for improving (and sustaining improvement in) the physical, cognitive, behavioral, and vocational functioning of the individual with the goal of maximizing the independence and reintegration of such individual into the community.

(2) Access, as warranted, to all appropriate rehabilitative services and rehabilitative components of the traumatic brain injury continuum of care, and where appropriate, to long-term care services.

(3) A description of specific rehabilitative services and other services to achieve the objectives described in paragraph (1), which shall set forth the type, frequency, duration, and location of such services.

(4) The name of the case manager designated in accordance with subsection (d) to be responsible for the implementation of such plan.

(5) Dates on which the effectiveness of such plan will be reviewed in accordance with subsection (f).

(c) **COMPREHENSIVE ASSESSMENT.**—(1) Each plan developed under subsection (a) shall be based on a comprehensive assessment, developed in accordance with paragraph (2), of—

(A) the physical, cognitive, vocational, and neuropsychological and social impairments of the individual; and

(B) the family education and family support needs of the individual after the individual is discharged from inpatient care or at the commencement of and during the receipt of outpatient care and services.

(2) The comprehensive assessment required under paragraph (1) with respect to an individual is a comprehensive assessment of the matters set forth in that paragraph by a team, composed by the Secretary for purposes of the assessment, of individuals with expertise in traumatic brain injury, including any of the following:

(A) A neurologist.

(B) A rehabilitation physician.

(C) A social worker.

(D) A neuropsychologist.

(E) A physical therapist.

(F) A vocational rehabilitation specialist.

(G) An occupational therapist.

(H) A speech language pathologist.

(I) A rehabilitation nurse.

(J) An educational therapist.

(K) An audiologist.

(L) A blind rehabilitation specialist.

(M) A recreational therapist.

(N) A low vision optometrist.

(O) An orthotist or prosthetist.

(P) An assistive technologist or rehabilitation engineer.

(Q) An otolaryngology physician.

(R) A dietician.

(S) An ophthalmologist.

(T) A psychiatrist.

(d) **CASE MANAGER.**—(1) The Secretary shall designate a case manager for each individual described in subsection (a) to be responsible for the implementation of the plan developed for that individual under that subsection and the coordination of the individual's medical care.

(2) The Secretary shall ensure that each case manager has specific expertise in the care required by the individual for whom the case manager is designated, regardless of whether the case manager obtains such expertise through experience, education, or training.

(e) **PARTICIPATION AND COLLABORATION IN DEVELOPMENT OF PLANS.**—(1) The Secretary shall involve each individual described in subsection (a), and the family or legal guardian of such individual, in the development of the plan for such individual under that subsection to the maximum extent practicable.

(2) The Secretary shall collaborate in the development of a plan for an individual under subsection (a) with a State protection and advocacy system if—

(A) the individual covered by the plan requests such collaboration; or

(B) in the case of such an individual who is incapacitated, the family or guardian of the individual requests such collaboration.

(3) In the case of a plan required by subsection (a) for a member of the Armed Forces who is serving on active duty, the Secretary shall collaborate with the Secretary of Defense in the development of such plan.

(4) In developing vocational rehabilitation objectives required under subsection (b)(1) and in conducting the assessment required under subsection (c), the Secretary shall act through the Under Secretary for Health in coordination with the Vocational Rehabilitation and Employment Service of the Department of Veterans Affairs.

(f) **EVALUATION.**—

(1) PERIODIC REVIEW BY SECRETARY.—The Secretary shall periodically review the effectiveness of each plan developed under subsection (a). The Secretary shall refine each such plan as the Secretary considers appropriate in light of such review.

(2) REQUEST FOR REVIEW BY VETERANS.—In addition to the periodic review required by paragraph (1), the Secretary shall conduct a review of the plan for an individual under paragraph (1) at the request of the individual, or in the case of an individual who is incapacitated, at the request of the guardian or designee of the individual.

(g) STATE DESIGNATED PROTECTION AND ADVOCACY SYSTEM DEFINED.—In this section, the term “State protection and advocacy system” means a system established in a State under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15041 et seq.) to protect and advocate for the rights of persons with development disabilities.

(h) REHABILITATIVE SERVICES DEFINED.—For purposes of this section, and sections 1710D and 1710E of this title, the term “rehabilitative services” includes—

- (1) rehabilitative services, as defined in section 1701 of this title;
- (2) treatment and services (which may be of ongoing duration) to sustain, and prevent loss of, functional gains that have been achieved; and
- (3) any other rehabilitative services or supports that may contribute to maximizing an individual's independence.

(Added Pub. L. 110-181, div. A, title XVII, §1702(a), Jan. 28, 2008, 122 Stat. 486; amended Pub. L. 112-154, title I, §107(a), (d), Aug. 6, 2012, 126 Stat. 1173.)

Editorial Notes

REFERENCES IN TEXT

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, referred to in subsec. (g), is Pub. L. 106-402, Oct. 30, 2000, 114 Stat. 1677. Subtitle C of the Act probably means subtitle C of title I of the Act, which is classified generally to part C (§15041 et seq.) of subchapter I of chapter 144 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 15001 of Title 42 and Tables.

AMENDMENTS

2012—Subsec. (a)(1). Pub. L. 112-154, §107(a)(1), inserted “with the goal of maximizing the individual's independence” before semicolon.

Subsec. (b)(1). Pub. L. 112-154, §107(a)(2)(A), inserted “(and sustaining improvement in)” after “improving” and “behavioral,” after “cognitive.”

Subsec. (b)(2). Pub. L. 112-154, §107(a)(2)(B), inserted “rehabilitative services and” before “rehabilitative components”.

Subsec. (b)(3). Pub. L. 112-154, §107(a)(2)(C), substituted “rehabilitative services” for “rehabilitative treatments” and struck out “treatments and” after “location of such”.

Subsec. (c)(2)(S). Pub. L. 112-154, §107(d), substituted “ophthalmologist” for “ophthamologist”.

Subsec. (h). Pub. L. 112-154, §107(a)(3), added subsec. (h).

Statutory Notes and Related Subsidiaries

RESEARCH, EDUCATION, AND CLINICAL CARE PROGRAM ON TRAUMATIC BRAIN INJURY

Pub. L. 110-181, div. A, title XVII, §1704, Jan. 28, 2008, 122 Stat. 490, provided that:

“(a) IN GENERAL.—To improve the provision of health care by the Department of Veterans Affairs to veterans with traumatic brain injuries, the Secretary of Veterans Affairs shall—

“(1) conduct research, including—

“(A) research on the sequelae of mild to severe forms of traumatic brain injury;

“(B) research on visually-related neurological conditions;

“(C) research on seizure disorders;

“(D) research on means of improving the diagnosis, rehabilitative treatment, and prevention of such sequelae;

“(E) research to determine the most effective cognitive and physical therapies for such sequelae;

“(F) research on dual diagnosis of post-traumatic stress disorder and traumatic brain injury;

“(G) research on improving facilities of the Department concentrating on traumatic brain injury care; and

“(H) research on improving the delivery of traumatic brain injury care by the Department;

“(2) educate and train health care personnel of the Department in recognizing and treating traumatic brain injury; and

“(3) develop improved models and systems for the furnishing of traumatic brain injury care by the Department.

“(b) COLLABORATION.—In carrying out research under subsection (a), the Secretary of Veterans Affairs shall collaborate with—

“(1) facilities that conduct research on rehabilitation for individuals with traumatic brain injury;

“(2) facilities that receive grants for such research from the National Institute on Disability and Rehabilitation Research of the Department of Education; and

“(3) the Defense and Veterans Brain Injury Center of the Department of Defense and other relevant programs of the Federal Government (including Centers of Excellence).

“(c) DISSEMINATION OF USEFUL INFORMATION.—The Under Secretary of Veterans Affairs for Health shall ensure that information produced by the research, education and training, and clinical activities conducted under this section that may be useful for other activities of the Veterans Health Administration is disseminated throughout the Veterans Health Administration.

“(d) TRAUMATIC BRAIN INJURY REGISTRY.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish and maintain a registry to be known as the ‘Traumatic Brain Injury Veterans Health Registry’ (in this section referred to as the ‘Registry’).

“(2) DESCRIPTION.—The Registry shall include the following information:

“(A) A list containing the name of each individual who served as a member of the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom who exhibits symptoms associated with traumatic brain injury, as determined by the Secretary of Veterans Affairs, and who—

“(i) applies for care and services furnished by the Department of Veterans Affairs under chapter 17 of title 38, United States Code; or

“(ii) files a claim for compensation under chapter 11 of such title on the basis of any disability which may be associated with such service.

“(B) Any relevant medical data relating to the health status of an individual described in subparagraph (A) and any other information the Secretary considers relevant and appropriate with respect to such an individual if the individual—

“(i) grants permission to the Secretary to include such information in the Registry; or

“(ii) is deceased at the time such individual is listed in the Registry.

“(3) NOTIFICATION.—When possible, the Secretary shall notify each individual listed in the Registry of significant developments in research on the health consequences of military service in the Operation Enduring Freedom and Operation Iraqi Freedom theaters of operations.”

[Functions which the Director of the National Institute on Disability and Rehabilitation Research exercised before July 22, 2014 (including all related functions of any officer or employee of the National Institute on Disability and Rehabilitation Research), transferred to the National Institute on Disability, Independent Living, and Rehabilitation Research, see subsection (n) of section 3515e of Title 42, The Public Health and Welfare.]

PILOT PROGRAM ON COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE SERVICES FOR VETERANS WITH TRAUMATIC BRAIN INJURY

Pub. L. 110–181, div. A, title XVII, §1705, Jan. 28, 2008, 122 Stat. 491, as amended by Pub. L. 113–146, title V, §501, Aug. 7, 2014, 128 Stat. 1792; Pub. L. 113–257, §2(a), (b), Dec. 18, 2014, 128 Stat. 2924, 2925; Pub. L. 115–62, title I, §107(a), (b), Sept. 29, 2017, 131 Stat. 1161, provided that:

“(a) PILOT PROGRAM.—Beginning not later than 90 days after the date of the enactment of this Act [Jan. 28, 2008], the Secretary of Veterans Affairs, in collaboration with the Defense and Veterans Brain Injury Center of the Department of Defense, shall carry out a pilot program to assess the effectiveness of providing community-based brain injury rehabilitative care services to eligible veterans to enhance the rehabilitation, quality of life, and community integration of such veterans.

“(b) PROGRAM LOCATIONS.—

“(1) IN GENERAL.—The pilot program shall be carried out at locations selected by the Secretary for purposes of the pilot program. Of the locations so selected—

“(A) at least one location shall be in each health care region of the Veterans Health Administration of the Department of Veterans Affairs that contains a polytrauma center of the Department of Veterans Affairs; and

“(B) any location other than a location described in subparagraph (A) shall be in an area that contains a high concentration of veterans with traumatic brain injuries, as determined by the Secretary.

“(2) SPECIAL CONSIDERATION FOR VETERANS IN RURAL AREAS.—The Secretary shall give special consideration to providing veterans in rural areas with an opportunity to participate in the pilot program.

“(c) PROVISION OF COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE SERVICES.—

“(1) AGREEMENTS.—In carrying out the pilot program, the Secretary may enter into agreements for the provision of community-based brain injury rehabilitative care services on behalf of eligible veterans with a provider participating under a State plan or waiver under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

“(2) STANDARDS.—The Secretary may not place, transfer, or admit a veteran to any facility for community-based brain injury rehabilitative care services under the pilot program unless the Secretary determines that the facility meets such standards as the Secretary may prescribe for purposes of the pilot program. Such standards shall, to the extent practicable, be consistent with the standards of Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting such facilities.

“(d) CONTINUATION OF CASE MANAGEMENT AND REHABILITATION SERVICES.—In carrying out the pilot program, the Secretary shall—

“(1) continue to provide each veteran who is receiving community-based brain injury rehabilitative care

services under the pilot program with rehabilitative services; and

“(2) designate employees of the Veterans Health Administration of the Department of Veterans Affairs to furnish case management services for veterans participating in the pilot program.

“(e) REPORTS.—

“(1) QUARTERLY REPORTS.—

“(A) IN GENERAL.—For each calendar quarter occurring during the period beginning January 1, 2015, and ending September 30, 2017, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the pilot program.

“(B) ELEMENTS.—Each report submitted under subparagraph (A) shall include each of the following for the quarter preceding the quarter during which the report is submitted the following:

“(i) The number of individuals that participated in the pilot program.

“(ii) The number of individuals that successfully completed the pilot program.

“(iii) The degree to which pilot program participants and family members of pilot program participants were satisfied with the pilot program.

“(iv) The interim findings and conclusions of the Secretary with respect to the success of the pilot program and recommendations for improvement.

“(2) FINAL REPORT.—

“(A) IN GENERAL.—Not later than December 6, 2017, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a final report on the pilot program.

“(B) ELEMENTS.—The final report required by subparagraph (A) shall include the following:

“(i) A description of the pilot program.

“(ii) The Secretary's assessment of the utility of the activities carried out under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.

“(iii) An evaluation of the pilot program in light of independent living programs carried out by the Secretary under title 38, United States Code, including—

“(I) whether the pilot program duplicates services provided under such independent living programs;

“(II) the ways in which the pilot program provides different services that the services provided under such independent living program;

“(III) how the pilot program could be better defined or shaped; and

“(IV) whether the pilot program should be incorporated into such independent living programs.

“(iv) Such recommendations as the Secretary considers appropriate regarding improving the pilot program.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘community-based brain injury rehabilitative care services’ means services of a facility in providing room, board, rehabilitation, and personal care for and supervision of residents for their health, safety, and welfare.

“(2) The term ‘case management services’ includes the coordination and facilitation of all services furnished to a veteran by the Department of Veterans Affairs, either directly or through a contract, including assessment of needs, planning, referral (including referral for services to be furnished by the Department, either directly or through a contract, or by an entity other than the Department), monitoring, reassessment, and followup.

“(3) The term ‘eligible veteran’ means a veteran who—

“(A) is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code;

“(B) has received hospital care or medical services provided by the Department of Veterans Affairs for a traumatic brain injury;

“(C) is unable to manage routine activities of daily living without supervision and assistance, as determined by the Secretary; and

“(D) could reasonably be expected to receive ongoing services after the end of the pilot program under this section under another program of the Federal Government or through other means, as determined by the Secretary.”

“(g) TERMINATION.—The pilot program shall terminate on January 6, 2018.”

[Pub. L. 115-62, title I, §107(c), Sept. 29, 2017, 131 Stat. 1161, provided that: “Not later than December 6, 2017, the Secretary of Veterans Affairs shall notify veterans participating in the pilot program under such section [section 1705 of Pub. L. 110-181, set out above] regarding a plan for transition of care for such veterans.”]

[Pub. L. 113-257, §2(c), Dec. 18, 2014, 128 Stat. 2925, provided that: “The amendments made by this section [amending section 1705 of Pub. L. 110-181, set out above] shall take effect on the date of the enactment of this Act [Dec. 18, 2014].”]

§ 1710D. Traumatic brain injury: comprehensive program for long-term rehabilitation

(a) COMPREHENSIVE PROGRAM.—In developing plans for the rehabilitation and reintegration of individuals with traumatic brain injury under section 1710C of this title, the Secretary shall develop and carry out a comprehensive program of long-term care and rehabilitative services (as defined in section 1710C of this title) for post-acute traumatic brain injury rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary teams.

(b) LOCATION OF PROGRAM.—The Secretary shall carry out the program developed under subsection (a) in each Department polytrauma rehabilitation center designated by the Secretary.

(c) ELIGIBILITY.—A veteran is eligible for care under the program developed under subsection (a) if the veteran is otherwise eligible to receive hospital care and medical services under section 1710 of this title and—

(1) served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities after November 11, 1998;

(2) is diagnosed as suffering from moderate to severe traumatic brain injury; and

(3) is unable to manage routine activities of daily living without supervision or assistance, as determined by the Secretary.

(d) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) A description of the operation of the program.

(2) The number of veterans provided care under the program during the year preceding such report.

(3) The cost of operating the program during the year preceding such report.

(Added Pub. L. 110-181, div. A, title XVII, §1702(a), Jan. 28, 2008, 122 Stat. 488; amended Pub. L. 112-154, title I, §107(b), Aug. 6, 2012, 126 Stat. 1173; Pub. L. 114-58, title VI, §601(5), Sept. 30, 2015, 129 Stat. 538.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (d), is the date of enactment of Pub. L. 110-181, which was approved Jan. 28, 2008.

AMENDMENTS

2015—Subsec. (c)(1). Pub. L. 114-58 struck out “(as defined in section 1712A(a)(2)(B) of this title)” after “hostilities”.

2012—Subsec. (a). Pub. L. 112-154 inserted “and rehabilitative services (as defined in section 1710C of this title)” after “long-term care” and struck out “treatment” before “teams”.

§ 1710E. Traumatic brain injury: use of non-Department facilities for rehabilitation

(a) COOPERATIVE AGREEMENTS.—The Secretary, in implementing and carrying out a plan developed under section 1710C of this title, may provide hospital care and medical services, including rehabilitative services (as defined in section 1710C of this title), through cooperative agreements with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.

(b) COVERED INDIVIDUALS.—The care and services provided under subsection (a) shall be made available to an individual—

(1) who is described in section 1710C(a) of this title; and

(2)(A) to whom the Secretary is unable to provide such treatment or services at the frequency or for the duration prescribed in such plan; or

(B) for whom the Secretary determines that it is optimal with respect to the recovery and rehabilitation for such individual.

(c) AUTHORITIES OF STATE PROTECTION AND ADVOCACY SYSTEMS.—Nothing in subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 shall be construed as preventing a State protection and advocacy system (as defined in section 1710C(g) of this title) from exercising the authorities described in such subtitle with respect to individuals provided rehabilitative treatment or services under section 1710C of this title in a non-Department facility.

(d) STANDARDS.—The Secretary may not provide treatment or services as described in subsection (a) at a non-Department facility under such subsection unless such facility maintains standards for the provision of such treatment or services established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with traumatic brain injury.

(Added Pub. L. 110-181, div. A, title XVII, §1703(a), Jan. 28, 2008, 122 Stat. 489; amended Pub. L. 111-163, title V, §509, May 5, 2010, 124 Stat. 1162; Pub. L. 112-154, title I, §107(c), Aug. 6, 2012, 126 Stat. 1173.)

Editorial Notes

REFERENCES IN TEXT

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, referred to in subsec. (c), is Pub. L. 106-402, Oct. 30, 2000, 114 Stat. 1677. Subtitle C of the Act probably means subtitle C of title I of the Act, which is classified generally to part C (§15041 et seq.) of subchapter I of chapter 144 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 15001 of Title 42 and Tables.

AMENDMENTS

2012—Subsec. (a). Pub. L. 112-154, §107(c), inserted “, including rehabilitative services (as defined in section 1710C of this title),” after “medical services”.

2010—Subsecs. (b) to (d). Pub. L. 111-163 added subsecs. (b) and (d) and redesignated former subsec. (b) as (c).

§ 1711. Care during examinations and in emergencies

(a) The Secretary may furnish hospital care incident to physical examinations where such examinations are necessary in carrying out the provisions of other laws administered by the Secretary.

[(b) Repealed. Pub. L. 107-135, title II, §208(d), Jan. 23, 2002, 115 Stat. 2463.]

(c)(1) The Secretary may contract with any organization named in, or approved by the Secretary under, section 5902 of this title to provide for the furnishing by the Secretary, on a reimbursable basis (as prescribed by the Secretary), of emergency medical services to individuals attending any national convention of such organization, except that reimbursement shall not be required for services furnished under this subsection to the extent that the individual receiving such services would otherwise be eligible under this chapter for medical services.

(2) The authority of the Secretary to enter into contracts under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1142, §611; Pub. L. 94-581, title II, §§202(e), 210(a)(2), Oct. 21, 1976, 90 Stat. 2856, 2862; Pub. L. 96-22, title II, §202, June 13, 1979, 93 Stat. 54; Pub. L. 96-128, title V, §501(a), Nov. 28, 1979, 93 Stat. 987; Pub. L. 102-40, title IV, §402(d)(1), May 7, 1991, 105 Stat. 239; renumbered §1711 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 107-135, title II, §208(d), Jan. 23, 2002, 115 Stat. 2463.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1711 was renumbered section 3511 of this title.

AMENDMENTS

2002—Subsec. (b). Pub. L. 107-135 struck out subsec. (b) which read as follows: “The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care at rates prescribed by the Secretary.”

1991—Pub. L. 102-83, §5(a), renumbered section 611 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (c)(1). Pub. L. 102-40 substituted “5902” for “3402”.

1979—Subsec. (c). Pub. L. 96-22 added subsec. (c).

Subsec. (c)(1). Pub. L. 96-128 substituted “named in, or approved by the Administrator under,” for “recognized by the Administrator for the purposes of”.

1976—Pub. L. 94-581, §202(e)(1), substituted “Care” for “Hospitalization” in section catchline.

Subsec. (a). Pub. L. 94-581, §210(a)(2)(A), substituted “administered by the Administrator” for “administered by him”.

Subsec. (b). Pub. L. 94-581, §§202(e)(2), 210(a)(2)(B), substituted “hospital care or medical services” for “hospital care”, “the Administrator shall charge” for “he shall charge”, and “prescribed by the Administrator” for “prescribed by him”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-128 effective Nov. 28, 1979, see section 601(b) of Pub. L. 96-128, set out as a note under section 1114 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1712. Dental care; drugs and medicines for certain disabled veterans; vaccines

(a)(1) Outpatient dental services and treatment, and related dental appliances, shall be furnished under this section only for a dental condition or disability—

(A) which is service-connected and compensable in degree;

(B) which is service-connected, but not compensable in degree, but only if—

(i) the dental condition or disability is shown to have been in existence at the time of the veteran's discharge or release from active military, naval, air, or space service;

(ii) the veteran had served on active duty for a period of not less than 180 days or, in the case of a veteran who served on active duty during the Persian Gulf War, 90 days immediately before such discharge or release;

(iii) application for treatment is made within 180 days after such discharge or release, except that (I) in the case of a veteran who reentered active military, naval, air, or space service within 90 days after the date of such veteran's prior discharge or release from such service, application may be made within 180 days from the date of such veteran's subsequent discharge or release from such service, and (II) if a disqualifying discharge or release has been corrected by competent authority, application may be made within 180 days after the date of correction; and

(iv) the veteran's certificate of discharge or release from active duty does not bear a certification that the veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental services and treatment indicated by the examination to be needed;

(C) which is a service-connected dental condition or disability due to combat wounds or other service trauma, or of a former prisoner of war;

(D) which is associated with and is aggravating a disability resulting from some other disease or injury which was incurred in or aggravated by active military, naval, air, or space service;

(E) which is a non-service-connected condition or disability of a veteran for which treatment was begun while such veteran was receiving hospital care under this chapter and such services and treatment are reasonably necessary to complete such treatment;

(F) from which a veteran who is a former prisoner of war is suffering;

(G) from which a veteran who has a service-connected disability rated as total is suffering; or

(H) the treatment of which is medically necessary (i) in preparation for hospital admission, or (ii) for a veteran otherwise receiving care or services under this chapter.

(2) The Secretary concerned shall at the time a member of the Armed Forces is discharged or released from a period of active military, naval, air, or space service of not less than 180 days or, in the case of a veteran who served on active duty during the Persian Gulf War, 90 days provide to such member a written explanation of the provisions of clause (B) of paragraph (1) of this subsection and enter in the service records of the member a statement signed by the member acknowledging receipt of such explanation (or, if the member refuses to sign such statement, a certification from an officer designated for such purpose by the Secretary concerned that the member was provided such explanation).

(3) The total amount which the Secretary may expend for furnishing, during any twelve-month period, outpatient dental services, treatment, or related dental appliances to a veteran under this section through private facilities for which the Secretary has contracted or entered an agreement may not exceed \$1,000 unless the Secretary determines, prior to the furnishing of such services, treatment, or appliances and based on an examination of the veteran by a dentist employed by the Department (or, in an area where no such dentist is available, by a dentist conducting such examination under a contract or fee arrangement), that the furnishing of such services, treatment, or appliances at such cost is reasonably necessary.

(4)(A) Except as provided in subparagraph (B) of this paragraph, in any year in which the President's Budget for the fiscal year beginning October 1 of such year includes an amount for expenditures for contract dental care during such fiscal year in excess of the level of expenditures made for such purpose during fiscal year 1978, the Secretary shall, not later than February 15 of such year, submit a report to the appropriate committees of the Congress justifying the requested level of expenditures for contract dental care and explaining why the application of the criteria prescribed in section 1703 of this title for contracting with private facilities and in the second sentence of section 1710(c) of this

title for furnishing incidental dental care to hospitalized veterans will not preclude the need for expenditures for contract dental care in excess of the fiscal year 1978 level of expenditures for such purpose. In any case in which the amount included in the President's Budget for any fiscal year for expenditures for contract dental care under such provisions is not in excess of the level of expenditures made for such purpose during fiscal year 1978 and the Secretary determines after the date of submission of such budget and before the end of such fiscal year that the level of expenditures for such contract dental care during such fiscal year will exceed the fiscal year 1978 level of expenditures, the Secretary shall submit a report to the appropriate committees of the Congress containing both a justification (with respect to the projected level of expenditures for such fiscal year) and an explanation as required in the preceding sentence in the case of a report submitted pursuant to such sentence. Any report submitted pursuant to this paragraph shall include a comment by the Secretary on the effect of the application of the criteria prescribed in the second sentence of section 1710(c) of this title for furnishing incidental dental care to hospitalized veterans.

(B) A report under subparagraph (A) of this paragraph with respect to a fiscal year is not required if, in the documents submitted by the Secretary to the Congress in justification for the amounts included for Department programs in the President's Budget, the Secretary specifies with respect to contract dental care described in such subparagraph—

(i) the actual level of expenditures for such care in the fiscal year preceding the fiscal year in which such Budget is submitted;

(ii) a current estimate of the level of expenditures for such care in the fiscal year in which such Budget is submitted; and

(iii) the amount included in such Budget for such care.

(b) Dental services and related appliances for a dental condition or disability described in paragraph (1)(B) of subsection (a) shall be furnished on a one-time completion basis, unless the services rendered on a one-time completion basis are found unacceptable within the limitations of good professional standards, in which event such additional services may be afforded as are required to complete professionally acceptable treatment.

(c) Dental appliances, wheelchairs, artificial limbs, trusses, special clothing, and similar appliances to be furnished by the Secretary under this section may be procured by the Secretary either by purchase or by manufacture, whichever the Secretary determines may be advantageous and reasonably necessary.

(d) The Secretary shall furnish to each veteran who is receiving additional compensation or allowance under chapter 11 of this title, or increased pension as a veteran of a period of war, by reason of being permanently housebound or in need of regular aid and attendance, such drugs and medicines as may be ordered on prescription of a duly licensed physician as specific therapy in the treatment of any illness or injury suffered by such veteran. The Secretary shall

continue to furnish such drugs and medicines so ordered to any such veteran in need of regular aid and attendance whose pension payments have been discontinued solely because such veteran's annual income is greater than the applicable maximum annual income limitation, but only so long as such veteran's annual income does not exceed such maximum annual income limitation by more than \$1,000.

(e) In order to assist the Secretary of Health and Human Services in carrying out national immunization programs under other provisions of law, the Secretary may authorize the administration of immunizations to eligible veterans who voluntarily request such immunizations in connection with the provision of care for a disability under this chapter in any Department health care facility. Any such immunization shall be made using vaccine furnished by the Secretary of Health and Human Services at no cost to the Department. For such purpose, notwithstanding any other provision of law, the Secretary of Health and Human Services may provide such vaccine to the Department at no cost. Section 7316 of this title shall apply to claims alleging negligence or malpractice on the part of Department personnel granted immunity under such section.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1142, § 612; Pub. L. 86-639, § 1, July 12, 1960, 74 Stat. 472; Pub. L. 87-377, § 1, Oct. 4, 1961, 75 Stat. 806; Pub. L. 87-583, § 2, Aug. 14, 1962, 76 Stat. 381; Pub. L. 88-430, Aug. 14, 1964, 78 Stat. 438; Pub. L. 88-450, § 7, Aug. 19, 1964, 78 Stat. 504; Pub. L. 88-664, § 8, Oct. 13, 1964, 78 Stat. 1096; Pub. L. 90-77, title II, § 203(b), Aug. 31, 1967, 81 Stat. 183; Pub. L. 91-102, Oct. 30, 1969, 83 Stat. 168; Pub. L. 91-500, §§ 2, 3, Oct. 22, 1970, 84 Stat. 1096; Pub. L. 91-588, § 4, 9(f), Dec. 24, 1970, 84 Stat. 1583, 1585; Pub. L. 93-82, title I, § 103(a), Aug. 2, 1973, 87 Stat. 180; Pub. L. 94-581, title I, § 103(a), title II, §§ 202(f), 210(a)(3), Oct. 21, 1976, 90 Stat. 2844, 2856, 2862; Pub. L. 95-588, title III, § 302, Nov. 4, 1978, 92 Stat. 2506; Pub. L. 96-22, title I, §§ 101, 102(b), June 13, 1979, 93 Stat. 47; Pub. L. 96-151, title II, §§ 203, 204, Dec. 20, 1979, 93 Stat. 1094; Pub. L. 97-35, title XX, § 2002(a), Aug. 13, 1981, 95 Stat. 781; Pub. L. 97-37, §§ 3(b), 5(b), (c), Aug. 14, 1981, 95 Stat. 936, 937; Pub. L. 97-72, title I, §§ 102(b), 103(a), (b), Nov. 3, 1981, 95 Stat. 1048, 1049; Pub. L. 97-295, § 4(17), (95)(A), Oct. 12, 1982, 96 Stat. 1306, 1313; Pub. L. 99-166, title I, § 104, Dec. 3, 1985, 99 Stat. 944; Pub. L. 99-272, title XIX, §§ 1901(b), 19012(c)(1), (2), Apr. 7, 1986, 100 Stat. 375, 382; Pub. L. 99-576, title II, §§ 202, 231(b), 237(b)(2), title VII, § 702(5), Oct. 28, 1986, 100 Stat. 3254, 3263, 3267, 3301; Pub. L. 100-322, title I, §§ 101(a)-(c), (d)(2), (e)(1), (2), (f), (g)(1), (h)(1), 106, May 20, 1988, 102 Stat. 489-492, 494; Pub. L. 101-508, title VIII, § 8013(b), Nov. 5, 1990, 104 Stat. 1388-346; Pub. L. 102-25, title III, § 334(a), (c), Apr. 6, 1991, 105 Stat. 88, 89; renumbered § 1712 and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(E), (5), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-86, title III, §§ 301, 302, Aug. 14, 1991, 105 Stat. 416; Pub. L. 102-585, title I, § 103, Nov. 4, 1992, 106 Stat. 4946; Pub. L. 103-210, § 1(b), Dec. 20, 1993, 107 Stat. 2496; Pub. L. 103-446, title XII, § 1201(d)(3), Nov. 2, 1994, 108 Stat. 4684; Pub. L. 103-452, title I, §§ 101(e), 103(a)(2), Nov. 2, 1994, 108 Stat. 4784, 4786; Pub. L. 104-110, title I, § 101(a)(2), Feb. 13, 1996, 110 Stat.

768; Pub. L. 104-262, title I, § 101(b)(2)-(c)(2)(A), Oct. 9, 1996, 110 Stat. 3179; Pub. L. 106-419, title IV, § 404(a)(3), Nov. 1, 2000, 114 Stat. 1864; Pub. L. 108-170, title I, § 101(a), Dec. 6, 2003, 117 Stat. 2043; Pub. L. 110-181, div. A, title XVII, § 1709, Jan. 28, 2008, 122 Stat. 494; Pub. L. 115-182, title I, § 144(a)(1)(A), June 6, 2018, 132 Stat. 1429; Pub. L. 116-283, div. A, title IX, § 926(a)(22), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1712 was renumbered section 3512 of this title.

AMENDMENTS

2021—Subsec. (a). Pub. L. 116-283 substituted “air, or space service” for “or air service” wherever appearing.

2018—Subsec. (a)(3). Pub. L. 115-182, § 144(a)(1)(A)(i), substituted “or entered an agreement” for “under clause (1), (2), or (5) of section 1703(a) of this title”.

Subsec. (a)(4)(A). Pub. L. 115-182, § 144(a)(1)(A)(ii), struck out “under the provisions of this subsection and section 1703 of this title” after “amount for expenditures for contract dental care”.

2008—Subsec. (a)(1)(B)(iii). Pub. L. 110-181 substituted “180 days after such discharge” for “90 days after such discharge”, “180 days from the date of such veteran's subsequent discharge” for “90 days from the date of such veteran's subsequent discharge”, and “180 days after the date of correction” for “90 days after the date of correction”.

2003—Subsec. (a)(1)(F). Pub. L. 108-170 struck out “and who was detained or interned for a period of not less than 90 days” after “war”.

2000—Subsec. (a)(4)(A). Pub. L. 106-419 substituted “this subsection” for “subsection (a) of this section (other than paragraphs (3)(B) and (3)(C) of that subsection)” after “under the provisions” in first sentence.

1996—Pub. L. 104-262, § 101(c)(2)(A), substituted “Dental care; drugs and medicines for certain disabled veterans; vaccines” for “Eligibility for outpatient services” in section catchline.

Subsec. (a). Pub. L. 104-262, § 101(c)(1)(A), (B), redesignated subsec. (b) as (a) and struck out former subsec. (a) which required and authorized the Secretary to furnish on an ambulatory or outpatient basis medical services for certain veterans.

Subsec. (a)(1)(D). Pub. L. 104-110 substituted “December 31, 1996” for “December 31, 1995”.

Subsec. (b). Pub. L. 104-262, § 101(c)(1)(B), (C), redesignated subsec. (c) as (b) and substituted “subsection (a)” for “subsection (b) of this section”. Former subsec. (b) redesignated (a).

Subsecs. (c) to (e). Pub. L. 104-262, § 101(c)(1)(B), redesignated subsecs. (d), (h), and (j) as (c), (d), and (e), respectively. Former subsec. (c) redesignated (b).

Subsec. (f). Pub. L. 104-262, § 101(b)(2), redesignated subsec. (f) as subsec. (g) of section 1710 of this title.

Subsec. (h). Pub. L. 104-262, § 101(c)(1)(B), redesignated subsec. (h) as (d).

Subsec. (i). Pub. L. 104-262, § 101(c)(1)(A), struck out subsec. (i), which required Secretary to prescribe regulations relating to the order in which medical services were to be furnished to veterans.

Subsec. (j). Pub. L. 104-262, § 101(c)(1)(B), redesignated subsec. (j) as (e).

1994—Subsec. (a)(1)(D). Pub. L. 103-452, § 103(a)(2), substituted “December 31, 1995” for “December 31, 1994”.

Subsec. (i)(1). Pub. L. 103-452, § 101(e)(1), inserted “(A)” after “To a veteran” and inserted before period at end “, or (B) who is eligible for counseling and care and services under section 1720D of this title, for the purposes of such counseling and care and services”.

Subsec. (i)(2). Pub. L. 103-452, § 101(e)(2), substituted “or (B)” for “, (B)” and struck out before period at end “, or (C) who is eligible for counseling under section 1720D of this title, for the purposes of such counseling”.

Subsec. (i)(5). Pub. L. 103-446, § 1201(d)(3)(A), substituted "section 1722(a)(3)" for "section 1722(a)(1)(C)".

Subsec. (j). Pub. L. 103-446, § 1201(d)(3)(B), substituted "Section 7316" for "Section 4116".

1993—Subsec. (a)(1)(D). Pub. L. 103-210, § 1(b)(1), added subpar. (D).

Subsec. (a)(7). Pub. L. 103-210, § 1(b)(2), added par. (7). 1992—Subsec. (i)(2)(C). Pub. L. 102-585 added cl. (C).

1991—Pub. L. 102-83, § 5(a), renumbered section 612 of this title as this section.

Subsec. (a). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Subsec. (a)(1)(C). Pub. L. 102-83, § 5(c)(1), substituted "1151" for "351".

Subsec. (a)(2)(B). Pub. L. 102-83, § 5(c)(1), substituted "1710(a)" for "610(a)", "1503" for "503", and "1521(d)" for "521(d)".

Subsec. (a)(4). Pub. L. 102-83, § 5(c)(1), substituted "1710" for "610".

Subsec. (a)(6). Pub. L. 102-83, § 5(c)(1), substituted "1703" for "603".

Pub. L. 102-83, § 4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Subsec. (b)(1)(B)(ii). Pub. L. 102-25, § 334(a), inserted "or, in the case of a veteran who served on active duty during the Persian Gulf War, 90 days" after "180 days".

Subsec. (b)(1)(H). Pub. L. 102-86, § 301, amended subsec. (b)(1) of this section as in effect before the redesignations made by Pub. L. 102-83, § 5, by adding subpar. (H).

Subsec. (b)(2). Pub. L. 102-25, § 334(a), inserted "or, in the case of a veteran who served on active duty during the Persian Gulf War, 90 days" after "180 days".

Subsec. (b)(3). Pub. L. 102-86, § 302, amended subsec. (b) of this section as in effect before the redesignations made by Pub. L. 102-83, § 5, by substituting "\$1,000" for "\$500".

Pub. L. 102-83, § 5(c)(1), substituted "1703(a)" for "603(a)".

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Pub. L. 102-83, § 4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Subsec. (b)(4). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Subsec. (b)(4)(A). Pub. L. 102-83, § 5(c)(1), substituted in two places "1703" for "603" and "1710(c)" for "610(c)".

Subsec. (b)(4)(B). Pub. L. 102-83, § 4(a)(3), (4), substituted "Department" for "Veterans' Administration" in introductory provisions.

Subsec. (d). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Subsec. (f). Pub. L. 102-83, § 5(c)(1), substituted "1717" for "617" and "1710(a)(2)" for "610(a)(2)" in par. (1) and "1717" for "617" in par. (3).

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in pars. (1) and (2).

Pub. L. 102-83, § 4(a)(3), (4), substituted "Department" for "Veterans' Administration" in pars. (2) and (4).

Subsec. (h). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in two places.

Pub. L. 102-25, § 334(c), substituted "a period of war" for "the Mexican border period, World War I, World War II, the Korean conflict, or the Vietnam era".

Subsec. (i). Pub. L. 102-83, § 5(c)(1), substituted "1710(e)" for "610(e)" in par. (3) and "1722(a)(1)(C)" for "622(a)(1)(C)" in par. (5).

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in introductory provisions.

Subsec. (j). Pub. L. 102-83, § 4(b)(5), substituted "the Secretary of Health and Human Services" for "the Secretary" in second and third sentences.

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in first sentence.

Pub. L. 102-83, § 4(a)(3), (4), substituted "Department" for "Veterans' Administration" wherever appearing.

1990—Subsec. (f)(1). Pub. L. 101-508, § 8013(b)(1), substituted "section 610(a)(2)" for "section 610(a)(2)(B)".

Subsec. (f)(3) to (7). Pub. L. 101-508, § 8013(b)(2), (3), redesignated pars. (5) and (7) as (3) and (4), respectively, and struck out former pars. (3), (4), and (6) which read as follows:

"(3) A veteran may not be required to make a payment under this subsection for services furnished under subsection (a) of this section during any 90-day period to the extent that such payment would cause the total amount paid by the veteran under this subsection for medical services furnished during that period and under section 610(f) of this title for hospital and nursing home care furnished during that period to exceed the amount of the inpatient Medicare deductible in effect on the first day of such 90-day period.

"(4) A veteran may not be required to make a payment under this subsection if such payment would result in the veteran paying, under this subsection and section 610(f) of this title, a total amount greater than four times the amount of the inpatient Medicare deductible for care or services, or any combination thereof, furnished under this chapter during any 365-calendar-day period.

"(6) For the purposes of this subsection, the term 'inpatient Medicare deductible' means the amount of the inpatient hospital deductible in effect under section 1813(b) of the Social Security Act (42 U.S.C. 1395e(b))."

1988—Pub. L. 100-322, § 101(h)(1), substituted "Eligibility for outpatient services" for "Eligibility for medical treatment" in section catchline.

Subsec. (a)(1). Pub. L. 100-322, § 101(a), substituted "shall furnish on an ambulatory or outpatient basis" for "may furnish" in introductory provisions and added subpar. (C).

Subsec. (a)(2). Pub. L. 100-322, § 101(b)(1), (3), added par. (2) and struck out former par. (2) which read as follows: "Subject to subsection (k) of this section, as part of medical services furnished to a veteran under paragraph (1) of this subsection, the Administrator may furnish to the veteran such home health services as the Administrator finds to be necessary or appropriate for the effective and economical treatment of such disability (including only such improvements and structural alterations the cost of which does not exceed \$2,500 (or reimbursement up to such amount) as are necessary to assure the continuation of treatment for such disability or to provide access to the home or to essential lavatory and sanitary facilities)."

Subsec. (a)(3) to (6). Pub. L. 100-322, § 101(b)(2), (3), added pars. (3) to (5) and redesignated former par. (3) as (6).

Subsec. (b)(1)(B)(i). Pub. L. 100-322, § 101(f)(1), substituted "at the time of the veteran's" for "at time of".

Subsec. (b)(1)(B)(ii). Pub. L. 100-322, § 101(f)(2), substituted "180 days" for "one hundred and eighty days".

Subsec. (b)(1)(B)(iii). Pub. L. 100-322, § 101(f)(3), substituted "90 days" for "ninety days" in four places.

Subsec. (b)(1)(B)(iv). Pub. L. 100-322, § 101(f)(4), substituted "90-day" for "ninety-day".

Subsec. (b)(1)(F). Pub. L. 100-322, §§ 101(g)(1)(A), 106, redesignated subpar. (G) as (F), substituted "90 days" for "six months", and struck out former subpar. (F) which read as follows: "from which a veteran of the Spanish-American War or Indian wars is suffering;"

Subsec. (b)(1)(G), (H). Pub. L. 100-322, § 101(g)(1)(A), redesignated subpar. (H) as (G). Former subpar. (G) redesignated (F).

Subsec. (b)(4)(A). Pub. L. 100-322, § 101(e)(2)(A), substituted "subsection (a) of this section (other than paragraphs (3)(B) and (3)(C) of that subsection)" for "subsections (a) and (f) of this section".

Subsec. (e). Pub. L. 100-322, § 101(g)(1)(B), struck out subsec. (e) which read as follows: "Any disability of a veteran of the Spanish-American War or Indian Wars, upon application for the benefits of this section or outpatient medical services under section 624 of this title, shall be considered for the purposes thereof to be a service-connected disability incurred or aggravated in a period of war."

Subsec. (f)(1). Pub. L. 100-322, § 101(e)(1)(A)–(C), redesignated par. (4)(A) as par. (1), substituted "under sub-

section (a) of this section (including home health services under section 617 of this title)" for "under this subsection (including home health services under paragraph (2) of this subsection)" and "paragraph (2) of this subsection" for "subparagraph (B) of this paragraph", and struck out former par. (1) which read as follows: "Except as provided in paragraph (4) of this subsection, the Administrator may furnish medical services for any disability on an outpatient or ambulatory basis—

"(A) to any veteran eligible for hospital care under section 610 of this title (i) if such services are reasonably necessary in preparation for, or (to the extent that facilities are available) to obviate the need of, hospital admission, or (ii) if such a veteran has been furnished hospital care, nursing home care, or domiciliary care and such medical services are reasonably necessary to complete treatment incident to such care (for a period not in excess of twelve months after discharge from such treatment, except where the Administrator finds that a longer period is required by virtue of the disability being treated); and

"(B) to any veteran who is a former prisoner of war."

Subsec. (f)(2). Pub. L. 100-322, §101(e)(1)(D)–(F), redesignated par. (4)(B) as (2), substituted "subsection (a) of this section and who is required under paragraph (1) of this subsection" for "this subsection and who is required under subparagraph (A) of this paragraph", and struck out former par. (2) which read as follows: "Subject to subsection (k) of this section, as part of medical services furnished to a veteran under paragraph (1) of this subsection, the Administrator may furnish to the veteran such home health services as the Administrator determines to be necessary or appropriate for the effective and economical treatment of a disability of a veteran (including only such improvements and structural alterations the cost of which does not exceed \$600 (or reimbursement up to such amount) as are necessary to assure the continuation of treatment or provide access to the home or to essential lavatory and sanitary facilities)."

Subsec. (f)(3). Pub. L. 100-322, §101(e)(1)(A), (D), (E), (G), redesignated par. (4)(C) as (3), substituted "under this subsection for services furnished under subsection (a) of this section" for "under this paragraph for services furnished under this subsection" and "veteran under this subsection" for "veteran under this paragraph", and struck out former par. (3) which read as follows: "In addition to furnishing medical services under this subsection through Veterans' Administration facilities, the Administrator may furnish such services in accordance with section 603 of this title."

Subsec. (f)(4). Pub. L. 100-322, §101(e)(1)(D), redesignated par. (4)(D) as (4).

Subsec. (f)(5). Pub. L. 100-322, §101(e)(1)(D), (H), redesignated par. (4)(E) as (5) and substituted "under section 617 of this title" for "under this subsection".

Subsec. (f)(6). Pub. L. 100-322, §101(e)(1)(D), (E), redesignated par. (4)(F) as (6) and substituted "this subsection" for "this paragraph".

Subsec. (f)(7). Pub. L. 100-322, §101(e)(1)(D), (E), redesignated par. (4)(G) as (7) and substituted "this subsection" for "this paragraph".

Subsec. (g). Pub. L. 100-322, §101(e)(2)(B), struck out subsec. (g) which read as follows:

"(1) The Administrator may furnish medical services which the Administrator determines are needed to a veteran—

"(A) who is a veteran of the Mexican border period or of World War I; or

"(B) who is in receipt of increased pension or additional compensation or allowances based on the need of regular aid and attendance or by reason of being permanently housebound (or who, but for the receipt of retired pay, would be in receipt of such pension, compensation, or allowance).

"(2) As part of medical services furnished to a veteran under paragraph (1) of this subsection, the Administrator may furnish to the veteran home health services under the terms and conditions set forth in subsection (f) of this section.

"(3) In addition to furnishing medical services under this subsection through Veterans' Administration facilities, the Administrator may furnish such services in accordance with section 603 of this title."

Subsec. (i). Pub. L. 100-322, §101(c), added pars. (1) to (5) and struck out former pars. (1) to (6) which read as follows:

"(1) To any veteran for a service-connected disability.

"(2) To any veteran described in subsection (f)(2) of this section.

"(3) To any veteran with a disability rated as service-connected (including any veteran being examined to determine the existence or rating of a service-connected disability).

"(4) To any veteran (A) who is a former prisoner of war, or (B) who is eligible for care under section 610(a)(5) of this title.

"(5) To any veteran being furnished medical services under subsection (g) of this section.

"(6) To any veteran who is in receipt of pension under section 521 of this title."

Subsec. (k). Pub. L. 100-322, §101(d)(2), transferred subsec. (k) to section 617(a)(3) of this title.

1986—Subsec. (a). Pub. L. 99-272, §1901(b)(1), substituted par. (1) for "Except as provided in subsection (b) of this section, the Administrator, within the limits of Veterans' Administration facilities, may furnish such medical services as the Administrator finds to be reasonably necessary to any veteran for a service-connected disability.", designated second sentence of existing provision as par. (2), substituted "As part of medical services furnished to a veteran under paragraph (1) of this subsection, the Administrator may furnish to the veteran" for "The Administrator may also furnish to any such veteran", struck out provision that in the case of a veteran discharged or released from active military, naval, or air service for a disability incurred or aggravated in the line of duty, services may be provided for that disability, whether or not service-connected for the purposes of this chapter, and added par. (3).

Subsec. (a)(2). Pub. L. 99-576, §202(1), substituted "Subject to subsection (k) of this section, as" for "As".

Subsec. (b)(3). Pub. L. 99-272, §1901(c)(1), substituted "clause (1), (2), or (5) of section 603(a)" for "clause (i), (ii), or (v) of section 601(4)(C)".

Subsec. (b)(4). Pub. L. 99-576, §231(b), designated existing provisions as subpar. (A), substituted "Except as provided in subparagraph (B) of this paragraph, in" for "In", and added subpar. (B).

Pub. L. 99-272, §1901(c)(2), substituted "section 603" for "section 601(4)(C)" in two places.

Subsec. (f). Pub. L. 99-272, §1901(b)(2), designated existing first sentence as par. (1), substituted "Except as provided in paragraph (4) of this subsection, the Administrator may" for "The Administrator, within the limits of Veterans' Administration facilities, may", redesignated former cl. (1) as cl. (A) and subcls. (A) and (B) as subcls. (i) and (ii), inserted "and" after "being treated"; struck out par. (2), which related to any veteran who had a service-connected disability rated at 50 percent or more, and redesignated cl. (3) as cl. (B); designated existing second sentence as par. (2) and substituted "As part of medical services furnished to a veteran under paragraph (1) of this subsection, the Administrator may furnish to the veteran" for "The Administrator may also furnish to any such veteran"; struck out provision authorizing the Administrator to furnish outpatient dental services and treatment, and related appliances, to any veteran described in subsec. (b)(1)(G) of this section; and added pars. (3) and (4).

Subsec. (f)(2). Pub. L. 99-576, §202(1), substituted "Subject to subsection (k) of this section, as" for "As".

Subsec. (f)(4)(D) to (G). Pub. L. 99-576, §237(b)(2), added subpar. (D) and redesignated former subpars. (D) to (F) as (E) to (G), respectively.

Subsec. (g). Pub. L. 99-272, §1901(b)(3), amended subsec. (g) generally. Prior to amendment, subsec. (g) read as follows: "In the case of any veteran who is a veteran

of the Mexican border period or of World War I or who is in receipt of increased pension or additional compensation or allowance based on the need of regular aid and attendance or by reason of being permanently housebound, or who, but for the receipt of retired pay, would be in receipt of such pension, compensation, or allowance, the Administrator, within the limits of Veterans' Administration facilities, may furnish the veteran such medical services as the Administrator finds to be reasonably necessary. The Administrator may also furnish to any such veteran home health services under the terms and conditions set forth in subsection (f) of this section."

Subsec. (i)(6). Pub. L. 99-272, §19011(b)(4), added par. (6).

Subsec. (j). Pub. L. 99-576, §702(5), substituted "programs under other provisions" for "programs pursuant to other provisions", "veterans who voluntarily request such immunizations" for "veterans (voluntarily requesting such immunizations)", "facility. Any such immunization shall be made using" for "facility, utilizing", "Administration. For such purpose, notwithstanding any other provision of law, the Secretary may provide" for "Administration, and for such purpose, notwithstanding any other provision of law, the Secretary is authorized to provide", and "cost. Section 4116" for "cost and the provisions of section 4116".

Subsec. (k). Pub. L. 99-576, §202(2), added subsec. (k).

1985—Subsec. (f)(1). Pub. L. 99-166 substituted "if" for "where" after "(A)" and "(B)", inserted ", nursing home care, or domiciliary care", struck out "hospital" after "treatment incident to such", and substituted "from such treatment" for "from in-hospital treatment".

1982—Subsec. (a). Pub. L. 97-295, §4(17)(A), (B), inserted "of this section" after "subsection (b)", and substituted "facilities" for "facilities" after "sanitary".

Subsec. (f)(2). Pub. L. 97-295, §4(17)(C), substituted "percent" for "per centum".

Subsec. (h). Pub. L. 97-295, §4(17)(D), inserted "of this title" after "chapter 11".

Subsec. (i). Pub. L. 97-295, §4(17)(E), substituted "The" for "Not later than ninety days after the effective date of this subsection, the" at the beginning.

Subsec. (j). Pub. L. 97-295, §4(95)(A), substituted "Health and Human Services" for "Health, Education, and Welfare".

1981—Subsec. (b). Pub. L. 97-72, §103(a), divided existing provisions into pars. (1), (2), (3), and (4), redesignated cls. (1) through (8) as subpars. (A) through (H) of par. (1) as redesignated, made internal substitutions reflecting new number and letter designations, and, in par. (1)(B) as redesignated, inserted provisions set out in par. (1)(B)(ii), (iii)(I), and (iv).

Pub. L. 97-37, §3(b), in cl. (7) substituted "from which a veteran who is a former prisoner of war and who was detained or interned for a period of not less than six months is suffering" for "from which any veteran of World War I, World War II, the Korean conflict, or the Vietnam era who was held as a prisoner of war for a period of not less than six months is suffering".

Pub. L. 97-35 inserted provisions requiring the Secretary concerned to furnish a discharged or released member of the Armed Forces a written explanation concerning the provisions of cl. (2) of this subsection, and in cl. (2) added subcl. (B) and (D), and redesignated former subcl. (B) as (C) and, as so redesignated, substituted "90 days" for "one year" in two places.

Subsec. (c). Pub. L. 97-72, §103(b)(1), substituted "paragraph (1)(B)" for "clause (2)".

Subsec. (f). Pub. L. 97-72, §103(b)(2), substituted "clause (G) of subsection (b)(1)" for "subsection (b)(7)".

Subsec. (f)(3). Pub. L. 97-37, §5(b), added cl. (3).

Subsec. (i)(4). Pub. L. 97-72, §102(b), designated existing provisions relating to former prisoners of war as cl. (A) and added cl. (B) relating to veterans who are eligible for care under section 610(a)(5) of this title.

Pub. L. 97-37, §5(c), added cl. (4). Former cl. (4) redesignated (5).

Subsec. (i)(5). Pub. L. 97-37, §5(c)(1), redesignated former cl. (4) as (5).

1979—Subsec. (b). Pub. L. 96-151, §203, inserted provisions relating to the total amount the Administrator may expend.

Pub. L. 96-22, §102(b)(1), added pars. (7) and (8) and inserted provisions following par. (8).

Subsec. (f). Pub. L. 96-22, §102(b)(2), authorized the Administrator to furnish outpatient dental services and treatment, and related appliances, to any veteran described in subsec. (b)(7) of this section.

Subsec. (g). Pub. L. 96-151, §204, inserted provisions relating to particular applicability to Mexican border period or World War I veterans, and provisions relating to furnishing by the Administrator of home health care services.

Subsec. (i)(3). Pub. L. 96-22, §101, inserted "(including any veteran being examined to determine the existence or rating of a service-connected disability)" after "with a disability rated as service connected".

1978—Subsec. (h). Pub. L. 95-588 substituted "\$1,000" for "\$500".

1976—Subsec. (a). Pub. L. 94-581, §§103(a)(1), 210(a)(3)(A), inserted provisions which authorized the Administrator to furnish such home health services as the Administrator finds to be necessary or appropriate for the effective and economical treatment of the disability (including only such improvements and structural alterations the cost of which does not exceed \$2,500 (or reimbursement up to such amount) as are necessary to assure the continuation of treatment for the disability or to provide access to the home or to essential lavatory and sanitary facilities), and in the existing provisions substituted "as the Administrator finds" for "as he finds".

Subsec. (b). Pub. L. 94-581, §103(a)(2), added par. (5) and redesignated former par. (5) as (6).

Subsec. (d). Pub. L. 94-581, §210(a)(3)(B), substituted "procured by the Administrator" for "procured by him" and "whichever the Administrator determines" for "whichever he determines".

Subsec. (e). Pub. L. 94-581, §202(f)(1), substituted "Indian Wars" for "Indian wars".

Subsec. (f). Pub. L. 94-581, §§103(a)(3)-(7), 202(f)(2), substituted "within the limits of Veterans' Administration facilities, may furnish" for "may also furnish" in provisions preceding par. (1), substituted "or (to the extent that facilities are available) to obviate" for "or to obviate" in cl. (A) of par. (1), substituted "furnished" for "granted" in existing provisions of cl. (B) of par. (1) and inserted "(for a period not in excess of twelve months after discharge from in-hospital treatment, except where the Administrator finds that a longer period is required by virtue of the disability being treated)" at end, substituted "50 per centum" for "80 per centum" in par. (2), and inserted, after par. (2), provision authorizing the Administrator to furnish to the veteran such home health services as the Administrator determines to be necessary or appropriate for the effective and economical treatment of a disability of the veteran (including only such improvements and structural alterations the cost of which does not exceed \$600 (or reimbursement up to such amount) as are necessary to assure the continuation of treatment or provide access to the home or to essential lavatory and sanitary facilities).

Subsec. (g). Pub. L. 94-581, §§202(f)(3), 210(a)(3)(C), inserted ", within the limits of Veterans' Administration facilities," after "the Administrator" and substituted "as the Administrator finds" for "as he finds".

Subsec. (h). Pub. L. 94-581, §210(a)(3)(D), substituted "such veteran's annual income is greater" for "his annual income is greater" and "such veteran's annual income does not exceed" for "his annual income does not exceed".

Subsecs. (i), (j). Pub. L. 94-581, §103(a)(8), added subsecs. (i) and (j).

1973—Subsec. (f). Pub. L. 93-82 substituted provisions relating to the furnishing of medical services for any disability on an outpatient or ambulatory basis to veterans eligible for hospital care where such services are necessary in preparation for, or to obviate the need of,

hospital admission, or where such veteran has been granted hospital care and such medical services are reasonably necessary to complete treatment incident to such hospital care and to veterans who have a service-connected disability rated at 80 per centum or more for provisions relating to the furnishing of medical services for a non-service connected disability where such care is reasonably necessary in preparation for admission of a veteran who has been determined to need hospital care and who has been scheduled for admission, where a veteran has been granted hospital care, and outpatient care is reasonably necessary to complete treatment incident to such hospital care, and where a veteran of any war has a total disability permanent in nature resulting from a service-connected disability.

1970—Subsec. (g). Pub. L. 91-500, §2, extended the authority of the Administrator to furnish medical services as he finds necessary to veterans permanently housebound or receiving pension or compensation based on need of regular aid and attendance and struck out conditions limiting such medical care to veterans hospitalized or suffering from one or more of the six specific conditions or diseases enumerated.

Subsec. (h). Pub. L. 91-588 inserted reference to Mexican border period and authorized the Administrator to continue furnishing drugs and medicine so ordered by any veteran in need of regular aid and attendance whose pension payments have been discontinued solely because his annual income is greater than the applicable maximum annual income limitation, but only so long as his annual income does not exceed such maximum annual income limitation by more than \$500.

Pub. L. 91-500, §3, authorized furnishing of drugs and medicines to veterans receiving additional compensation or allowance or increased pension by reason of being "permanently housebound".

1969—Subsec. (f)(3). Pub. L. 91-102 added par. (3).

1967—Subsec. (h). Pub. L. 90-77 imposed the obligation of furnishing drugs and medicines on the Administrator and extended such medical benefits to veterans receiving additional compensation under chapter 11 and veterans of the Vietnam era.

1964—Subsec. (b)(2). Pub. L. 88-430 permitted an application for treatment to be made within one year after a disqualifying discharge or release has been corrected, or the date of enactment of this exception, whichever is later.

Subsec. (g). Pub. L. 88-450 added subsec. (g).

Subsec. (h). Pub. L. 88-664 added subsec. (h).

1962—Subsec. (a). Pub. L. 87-583 provided for medical service to any veteran for a service-connected disability instead of to a veteran of any war, to a veteran discharged or released from the active military, naval, or air service for a disability incurred or aggravated in line of duty, or to a person who is in receipt of, but for the receipt of retirement pay would be entitled to, disability compensation.

1961—Subsecs. (b)(5), (e). Pub. L. 87-377 inserted "or Indian wars" after "Spanish-American War".

1960—Subsec. (f). Pub. L. 86-639 added subsec. (f).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2018 AMENDMENT

Pub. L. 115-182, title I, §144(b), June 6, 2018, 132 Stat. 1430, provided that: "The amendments made by subsection (a) [amending this section and sections 1712A and 2303 of this title and section 1395cc of Title 42, The Public Health and Welfare, and amending provisions set out as a note under section 1117 of this title] shall take effect on the date described in section 101(b) [June 6, 2019, see note set out under section 1703 of this title]."

EFFECTIVE DATE OF 1993 AMENDMENT

Amendment by Pub. L. 103-210 effective as of Aug. 2, 1990, see section 1(c)(1) of Pub. L. 103-210, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1990 AMENDMENT

Amendment by Pub. L. 101-508 to remain in effect through the period covered by Pub. L. 102-145, see section 111 of Pub. L. 102-145, set out as a note under section 1710 of this title.

Amendment by Pub. L. 101-508 to remain in effect through the period covered by Pub. L. 102-109, see section 111 of Pub. L. 102-109, set out as a note under section 1710 of this title.

Amendment by Pub. L. 101-508 applicable with respect to hospital care and medical services received after Nov. 5, 1990, see section 8013(d) of Pub. L. 101-508, as amended, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1988 AMENDMENT

Amendment by section 101(a)–(c), (d)(2), (e)(1), (2), (f), (g)(1), (h)(1) of Pub. L. 100-322 applicable with respect to furnishing of medical services to veterans who apply for such services after June 30, 1988, see section 101(i) of Pub. L. 100-322, set out as a note under section 1703 of this title.

EFFECTIVE DATE OF 1986 AMENDMENTS

Amendment by section 237(b)(2) of Pub. L. 99-576 effective Apr. 7, 1986, see section 237(c) of Pub. L. 99-576, set out as a note under section 1710 of this title.

Amendment by section 19011(b) of Pub. L. 99-272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99-272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1981 AMENDMENT

Amendment by section 5(b), (c) of Pub. L. 97-37 effective Oct. 1, 1981, see section 5(d) of Pub. L. 97-37, set out as a note under section 1710 of this title.

Pub. L. 97-35, title XX, §2002(b), Aug. 13, 1981, 95 Stat. 782, provided that:

"(b)(1) The amendments made by clauses (1)(A), (1)(C), and (2) of subsection (a) [amending this section] shall take effect on October 1, 1981.

"(2) The amendment made by clause (1)(B) of subsection (a) [amending this section] shall apply only to veterans discharged or released from active military, naval, or air service after September 30, 1981."

EFFECTIVE DATE OF 1979 AMENDMENTS

Amendment by Pub. L. 96-151 effective Jan. 1, 1980, see section 206 of Pub. L. 96-151, set out as a note under section 111 of this title.

Amendment by section 102(b) of Pub. L. 96-22 effective Oct. 1, 1979, see section 107 of Pub. L. 96-22, set out as a note under section 1701 of this title.

EFFECTIVE DATE OF 1978 AMENDMENT

Amendment by Pub. L. 95-588 effective Jan. 1, 1979, see section 401 of Pub. L. 95-588, set out as a note under section 101 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

EFFECTIVE DATE OF 1970 AMENDMENT

Amendment by Pub. L. 91-588 effective Jan. 1, 1971, see section 10(a) of Pub. L. 91-588, set out as a note under section 1521 of this title.

EFFECTIVE DATE OF 1967 AMENDMENT

Amendment by Pub. L. 90-77 effective first day of first calendar month which begins more than ten days

after Aug. 31, 1967, see section 405 of Pub. L. 90-77, set out as a note under section 101 of this title.

EFFECTIVE DATE OF 1964 AMENDMENT

Amendment by Pub. L. 88-664 effective Jan. 1, 1965, see section 11 of Pub. L. 88-664, set out as a note under section 1503 of this title.

SAVINGS PROVISION

Provisions of subsec. (a) of this section, as in effect on Oct. 8, 1996, to continue to apply on and after such date with respect to furnishing of hospital care, nursing home care, and medical services for any veteran who was furnished such care before Oct. 9, 1996, on the basis of presumed exposure to a substance of radiation, but only for treatment for disability for which such care or services were furnished before Oct. 9, 1996, see section 102(b) of Pub. L. 104-262, set out as a note under section 1710 of this title.

PILOT PROGRAM ON PROVISION OF DENTAL INSURANCE PLANS TO VETERANS AND SURVIVORS AND DEPENDENTS OF VETERANS

Pub. L. 111-163, title V, §510, May 5, 2010, 124 Stat. 1162, required the Secretary of Veterans Affairs to carry out a pilot program to assess the feasibility and advisability of providing a dental insurance plan to certain veterans and survivors and dependents of veterans, prior to repeal by Pub. L. 114-218, §2(b)(1), July 29, 2016, 130 Stat. 843. See section 1712C of this title.

RATIFICATION OF ACTIONS DURING PERIOD OF EXPIRED AUTHORITY

Any action taken by Secretary of Veterans Affairs before Feb. 13, 1996, under provision of law amended by title I of Pub. L. 104-110 that was taken during period beginning on date on which authority of Secretary under such provision of law expired and ending on Feb. 13, 1996, considered to have same force and effect as if such amendment had been in effect at time of that action, see section 103 of Pub. L. 104-110, set out as a note under section 1710 of this title.

DISABILITY OF VETERANS OF SPANISH-AMERICAN WAR

Pub. L. 100-322, title I, §101(g)(2), May 20, 1988, 102 Stat. 492, as amended by Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that: "Any disability of a veteran of the Spanish-American War, upon application for outpatient medical services under section 1712 or 1724 of title 38, United States Code, shall be considered for the purposes thereof to be a service-connected disability [sic] and, for the purposes of section 1712(b) of such title, to be compensable in degree."

PILOT PROGRAM OF MOBILE HEALTH-CARE CLINICS

Pub. L. 100-322, title I, §113, May 20, 1988, 102 Stat. 499, authorized Administrator of Veterans' Affairs to conduct a pilot program under which eligible veterans residing in areas which are at least 100 miles from the nearest Veterans' Administration health-care facility are furnished health-care services at a location convenient to their residences by Veterans' Administration employees furnishing such services through the use of appropriately equipped mobile health-care clinics, provided that the pilot program be conducted for a period of not less than 24 months, and required Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives interim and final reports on the project.

PILOT PROGRAM OF COMMUNITY-BASED RESIDENTIAL CARE FOR HOMELESS CHRONICALLY MENTALLY ILL AND OTHER VETERANS

Pub. L. 100-322, title I, §115(a)-(f), May 20, 1988, 102 Stat. 501, as amended by Pub. L. 101-237, title II, §201(c), Dec. 18, 1989, 103 Stat. 2066; Pub. L. 102-83, §5(c)(2), 6(j)(1), Aug. 6, 1991, 105 Stat. 406, 409; Pub. L. 102-405, title I, §107(h), Oct. 9, 1992, 106 Stat. 1978; Pub. L.

103-452, title I, §103(e), Nov. 2, 1994, 108 Stat. 4787; Pub. L. 104-110, title I, §102(a), Feb. 13, 1996, 110 Stat. 769; Pub. L. 104-275, title VI, §601(a), Oct. 9, 1996, 110 Stat. 3344, provided for a pilot program to provide care and treatment in community-based facilities to homeless veterans suffering from chronic mental illness, prior to repeal by Pub. L. 105-114, title II, §202(c)(4), Nov. 21, 1997, 111 Stat. 2287.

REPORT ON TREATMENT AND SERVICES FOR CHRONICALLY MENTALLY ILL VETERANS

Pub. L. 100-322, title I, §114, May 20, 1988, 102 Stat. 500, directed that the report required by section 235 of Pub. L. 99-576 [see below] include additional information about veterans being treated by the Veterans' Administration for mental illness disabilities who were furnished hospital, domiciliary, or nursing home care by the Administrator during fiscal years 1986, 1987, and 1988, and extended the deadline for submission of the report to not later than Dec. 15, 1988.

Pub. L. 99-576, title II, §235, Oct. 28, 1986, 100 Stat. 3266, directed Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives not later than Dec. 15, 1987, a report on Administrator's current use of authority to contract for care and treatment, and for rehabilitative services, for chronically mentally ill veterans through various types of facilities and to furnish home health services to such veterans in such veterans' homes or in other settings in which they reside.

VETERANS DISCHARGED OR RELEASED FROM ACTIVE SERVICE WHO REENTERED SUCH SERVICE WITHIN ONE YEAR, AND WERE DISCHARGED OR RELEASED BEFORE AUGUST 13, 1981

Pub. L. 97-72, title I, §103(c), Nov. 3, 1981, 95 Stat. 1049, as amended by Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that:

"(1) Section 1712(b)(1)(B)(iii)(I) [now 1712(a)(1)(B)(iii)(I), formerly 612(b)(1)(B)(iii)(I)] of title 38, United States Code, shall apply only to veterans discharged or released from active military, naval, or air service after August 12, 1981.

"(2) A veteran who before August 13, 1981—

"(A) was discharged or released from active military, naval, or air service,

"(B) reentered such service within one year after the date of such discharge or release, and

"(C) was discharged or released from such subsequent service,

may be provided dental services and treatment in the same manner as provided for in section 1712(b) [now 1712(a), formerly 612(b)] of title 38, United States Code, if the veteran is otherwise eligible for such services and treatment and if application for such services and treatment is or was made within one year from the date of such subsequent discharge or release."

STUDY OF HOME MODIFICATIONS FOR TOTALLY BLINDED SERVICE-CONNECTED VETERANS; REPORT NOT LATER THAN OCTOBER 1, 1979

Pub. L. 96-22, title V, §505, June 13, 1979, 93 Stat. 67, directed Administrator of Veterans' Affairs to submit a report to Committees on Veterans' Affairs of Senate and House of Representatives not later than Oct. 1, 1979, on needs of veterans who are totally blind from service-connected causes for home modifications the cost of which would exceed the amount allowable for such purposes under subsec. (a) of this section and on reasons why such veterans have not applied for home health services.

ANNUAL REPORT TO CONGRESS ON RESULTS OF REGULATIONS PRESCRIBED TO CARRY OUT SPECIAL PRIORITIES IN FURNISHING MEDICAL SERVICES

Pub. L. 94-581, title I, §103(b), Oct. 21, 1976, 90 Stat. 2845, as amended by Pub. L. 100-527, §10(1), Oct. 25, 1988, 102 Stat. 2640; Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that not later than one year after

Oct. 21, 1976, and annually thereafter, the Secretary of Veterans Affairs was to report to the Congress on the results of the regulations prescribed to carry out former subsec. (i) of this section.

NOTIFICATION TO ELIGIBLE INDIVIDUALS OF EXPANDED CARE AND SERVICES AVAILABLE AS RESULT OF AMENDMENTS BY VETERANS OMNIBUS HEALTH CARE ACT OF 1976

Pub. L. 94-581, title I, §117(b), Oct. 21, 1976, 90 Stat. 2855, directed Administrator, not later than ninety days after Oct. 21, 1976, to take all appropriate steps to ensure that each individual eligible for new or expanded services as a result of amendments made by Veterans Omnibus Health Care Act of 1976 (Pub. L. 94-581) was personally notified about his or her eligibility and the way to secure care and services and directed Administrator to send copies of all notification forms to appropriate House and Senate committees, along with a description of how the forms were distributed.

§ 1712A. Eligibility for readjustment counseling and related mental health services

(a)(1)(A) Upon the request of any individual referred to in subparagraph (C), the Secretary shall furnish counseling, including by furnishing counseling through a Vet Center, to the individual—

(i) in the case of an individual referred to in clauses (i) through (vi) of subparagraph (C), to assist the individual in readjusting to civilian life; and

(ii) in the case of an individual referred to in clause (vii) of such subparagraph who is a family member of a veteran or member described in such clause—

(I) in the case of a member who is deployed in a theater of combat operations or an area at a time during which hostilities are occurring in that area, during such deployment to assist such individual in coping with such deployment; and

(II) in the case of a veteran or member who is readjusting to civilian life, to the degree that counseling furnished to such individual is found to aid in the readjustment of such veteran or member to civilian life.

(B)(i) Counseling furnished to an individual under subparagraph (A) may include a comprehensive individual assessment of the individual's psychological, social, and other characteristics to ascertain whether—

(I) in the case of an individual referred to in clauses (i) through (vi) of subparagraph (C), such individual has difficulties associated with readjusting to civilian life; and

(II) in the case of an individual referred to in clause (vii) of such subparagraph, such individual has difficulties associated with—

(aa) coping with the deployment of a member described in subclause (I) of such clause; or

(bb) readjustment to civilian life of a veteran or member described in subclause (II) of such clause.

(ii)(I) Except as provided in subclauses (IV) and (V), counseling furnished to an individual under subparagraph (A) may include reintegration and readjustment services described in subclause (II) furnished in group retreat settings.

(II) Reintegration and readjustment services described in this subclause are the following:

(aa) Information on reintegration of the individual into family, employment, and community.

(bb) Financial counseling.

(cc) Occupational counseling.

(dd) Information and counseling on stress reduction.

(ee) Information and counseling on conflict resolution.

(ff) Such other information and counseling as the Secretary considers appropriate to assist the individual in reintegration into family, employment, and community.

(III) In furnishing reintegration and readjustment services under subclause (I), the Secretary shall offer women the opportunity to receive such services in group retreat settings in which the only participants are women.

(IV) An individual described in subparagraph (C)(v) may receive reintegration and readjustment services under subclause (I) of this clause only if the individual receives such services with a family member described in subclause (I) or (II) of such subparagraph.

(V) In each of fiscal years 2021 through 2025, the maximum number of individuals to whom integration and readjustment services may be furnished in group retreat settings under this subclause (I) shall not exceed 1,200 individuals.

(C) Subparagraph (A) applies to the following individuals:

(i) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served on active duty in a theater of combat operations or an area at a time during which hostilities occurred in that area.

(ii) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who provided direct emergency medical or mental health care, or mortuary services to the casualties of combat operations or hostilities, but who at the time was located outside the theater of combat operations or area of hostilities.

(iii) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who engaged in combat with an enemy of the United States or against an opposing military force in a theater of combat operations or an area at a time during which hostilities occurred in that area by remotely controlling an unmanned aerial vehicle, notwithstanding whether the physical location of such veteran or member during such combat was within such theater of combat operations or area.

(iv) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served—

(I) on active service in response to a national emergency or major disaster declared by the President; or

(II) in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State.

(v) Any individual who participated in a drug interdiction operation as a member of

the Coast Guard, regardless of the location of that operation.

(vi) Any individual who received counseling under this section before the date of the enactment of the National Defense Authorization Act for Fiscal Year 2013.

(vii) Any individual who is a family member of any—

(I) member of the Armed Forces, including a member of a reserve component of the Armed Forces, who is serving on active duty in a theater of combat operations or in an area at a time during which hostilities are occurring in that area; or

(II) veteran or member of the Armed Forces described in this subparagraph.

(D)(i) The Secretary, in consultation with the Secretary of Defense, may furnish to any member of the reserve components of the Armed Forces who has a behavioral health condition or psychological trauma, counseling under subparagraph (A)(i), which may include a comprehensive individual assessment under subparagraph (B)(i).

(ii) A member of the reserve components of the Armed Forces described in clause (i) shall not be required to obtain a referral before being furnished counseling or an assessment under this subparagraph.

(2)(A) Upon request of an individual described in paragraph (1)(C), the Secretary shall provide the individual a comprehensive individual assessment as described in paragraph (1)(B)(i) as soon as practicable after receiving the request, but not later than 30 days after receiving the request.

(B) Upon the request of an individual described in paragraph (1)(C), the Secretary shall furnish the individual reintegration and readjustment services in group retreat settings under paragraph (1)(B)(ii) if the Secretary determines the experience will be therapeutically appropriate.

(b)(1) If, on the basis of the assessment furnished to an individual under subsection (a) of this section, a licensed or certified mental health care provider employed by the Department (or, in areas where no such licensed or certified mental health care provider is available, a licensed or certified mental health care provider carrying out such function under a contract or fee arrangement with the Secretary) determines that the provision of mental health services to such individual is necessary to facilitate the successful readjustment of the individual to civilian life, such individual shall, within the limits of Department facilities, be furnished such services on an outpatient basis. For the purposes of furnishing such mental health services, the counseling furnished under subsection (a) of this section shall be considered to have been furnished by the Department as a part of hospital care. Any hospital care and other medical services considered necessary on the basis of the assessment furnished under subsection (a) of this section shall be furnished only in accordance with the eligibility criteria otherwise set forth in this chapter (including the eligibility criteria set forth in section 1784 of this title).

(2) Mental health services furnished under paragraph (1) of this subsection may, if determined to be essential to the effective treatment

and readjustment of the individual, include such consultation, counseling, training, services, and expenses as are described in sections 1782 and 1783 of this title.

(c) Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, air, or space service but who is not otherwise eligible for such counseling, the Secretary shall—

(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

(2) if pertinent, advise such individual of such individual's rights to apply to the appropriate military, naval, air, or space service, and to the Department, for review of such individual's discharge or release from such service.

(d) The Under Secretary for Health may provide for such training of professional, paraprofessional, and lay personnel as is necessary to carry out this section effectively, and, in carrying out this section, may utilize the services of paraprofessionals, individuals who are volunteers working without compensation, and individuals who are veteran-students (as described in section 3485 of this title) in initial intake and screening activities.

(e)(1) In furnishing counseling and related mental health services under subsections (a) and (b) of this section, the Secretary shall have available the same authority to enter into contracts or agreements with private facilities that is available to the Secretary in furnishing medical services to veterans suffering from total service-connected disabilities.

(2) Before furnishing counseling or related mental health services described in subsections (a) and (b) of this section through a contract facility, as authorized by this subsection, the Secretary shall approve (in accordance with criteria which the Secretary shall prescribe by regulation) the quality and effectiveness of the program operated by such facility for the purpose for which the counseling or services are to be furnished.

(3) The authority of the Secretary to enter into contracts under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

(f) The Secretary, in cooperation with the Secretary of Defense, shall take such action as the Secretary considers appropriate to notify veterans who may be eligible for assistance under this section of such potential eligibility.

(g) In carrying out this section and in furtherance of the Secretary's responsibility to carry out outreach activities under chapter 63 of this title, the Secretary may provide for and facilitate the participation of personnel employed by the Secretary to provide services under this section in recreational programs that are—

(1) designed to encourage the readjustment of veterans described in subsection (a)(1)(C); and

(2) operated by any organization named in or approved under section 5902 of this title.

(h) For the purposes of this section:

(1) The term “Vet Center” means a facility which is operated by the Department for the provision of services under this section and which is situated apart from Department general health care facilities.

(2) The term “Department general health-care facility” means a health-care facility which is operated by the Department for the furnishing of health-care services under this chapter, not limited to services provided through the program established under this section.

(3) The term “family member”, with respect to a veteran or member of the Armed Forces, means an individual who—

(A) is a member of the family of the veteran or member, including—

- (i) a parent;
- (ii) a spouse;
- (iii) a child;
- (iv) a step-family member; and
- (v) an extended family member; or

(B) lives with the veteran or member but is not a member of the family of the veteran or member.

(4) The term “active service” has the meaning given that term in section 101 of title 10.

(5) The term “civil disorder” has the meaning given that term in section 232 of title 18.

(Added Pub. L. 96-22, title I, §103(a)(1), June 13, 1979, 93 Stat. 48, §612A; amended Pub. L. 96-128, title V, §501(b), Nov. 28, 1979, 93 Stat. 987; Pub. L. 97-72, title I, §104(a)(1), (b), Nov. 3, 1981, 95 Stat. 1049; Pub. L. 98-160, title I, §101, Nov. 21, 1983, 97 Stat. 993; Pub. L. 99-166, title I, §§105, 106, Dec. 3, 1985, 99 Stat. 944, 945; Pub. L. 99-272, title XIX, §§19011(d)(4), 19012(c)(3), Apr. 7, 1986, 100 Stat. 379, 382; Pub. L. 99-576, title II, §204, title VII, §702(6), Oct. 28, 1986, 100 Stat. 3255, 3302; Pub. L. 100-322, title I, §107(a)–(e), May 20, 1988, 102 Stat. 494–496; Pub. L. 100-687, div. B, title XV, §1501(a), Nov. 18, 1988, 102 Stat. 4132; Pub. L. 102-25, title III, §334(d), Apr. 6, 1991, 105 Stat. 89; Pub. L. 102-54, §14(b)(11), June 13, 1991, 105 Stat. 283; renumbered §1712A and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), (6), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404–406; Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 104-262, title I, §101(d)(5), title III, §331, Oct. 9, 1996, 110 Stat. 3180, 3197; Pub. L. 106-117, title II, §205(a), Nov. 30, 1999, 113 Stat. 1563; Pub. L. 107-135, title II, §208(e)(3)(A), Jan. 23, 2002, 115 Stat. 2463; Pub. L. 110-181, div. A, title XVII, §1708(b), Jan. 28, 2008, 122 Stat. 494; Pub. L. 110-387, title IX, §901(a)(1), Oct. 10, 2008, 122 Stat. 4142; Pub. L. 111-163, title IV, §402, May 5, 2010, 124 Stat. 1156; Pub. L. 112-239, div. A, title VII, §727, Jan. 2, 2013, 126 Stat. 1809; Pub. L. 115-182, title I, §144(a)(1)(B), June 6, 2018, 132 Stat. 1430; Pub. L. 116-176, §2, Oct. 20, 2020, 134 Stat. 849; Pub. L. 116-283, div. A, title VII, §762(a), (b), title IX, §926(a)(23), Jan. 1, 2021, 134 Stat. 3724, 3725, 3830; Pub. L. 116-315, title V, §5104, Jan. 5, 2021, 134 Stat. 5027.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the National Defense Authorization Act for Fiscal Year 2013, referred to in

subsec. (a)(1)(C)(vi), is the date of enactment of Pub. L. 112-239, which was approved Jan. 2, 2013.

AMENDMENTS

2021—Subsec. (a)(1)(B). Pub. L. 116-315, §5104(a), designated existing provisions as cl. (i), redesignated former cls. (i) and (ii) as subcls. (I) and (II), respectively, redesignated former subcls. (I) and (II) of cl. (ii) as items (aa) and (bb), respectively, of subcl. (II), and added cl. (ii).

Subsec. (a)(1)(D). Pub. L. 116-283, §762(a), added subpar. (D).

Subsec. (a)(2). Pub. L. 116-315, §5104(b), designated existing provisions as subpar. (A), substituted “paragraph (1)(B)(i)” for “paragraph (1)(B)”, and added subpar. (B).

Subsec. (b)(1). Pub. L. 116-283, §762(b)(1), inserted “to an individual” after “If, on the basis of the assessment furnished” and substituted “individual” for “veteran” wherever appearing.

Subsec. (b)(2). Pub. L. 116-283, §762(b)(2), substituted “individual” for “veteran”.

Subsec. (c). Pub. L. 116-283, §926(a)(23), substituted “air, or space service” for “or air service” in introductory provisions and par. (2).

2020—Subsec. (a)(1)(A), (B). Pub. L. 116-176, §2(1), (2), substituted “clauses (i) through (vi)” for “clauses (i) through (iv)” and “in clause (vii)” for “in clause (v)”.

Subsec. (a)(1)(C)(iv) to (vii). Pub. L. 116-176, §2(3), added cls. (iv) and (v) and redesignated former cls. (iv) and (v) as (vi) and (vii), respectively.

Subsec. (h)(4), (5). Pub. L. 116-176, §2(4), added pars. (4) and (5).

2018—Subsec. (e)(1). Pub. L. 115-182 inserted “or agreements” after “contracts” and struck out “(under sections 1703(a)(2) and 1710(a)(1)(B) of this title)” after “available to the Secretary”.

2013—Subsec. (a)(1)(A). Pub. L. 112-239, §727(1)(A)(i), substituted “Upon the request of any individual referred to in subparagraph (C), the Secretary shall furnish counseling, including by furnishing counseling through a Vet Center, to the individual—” for “Upon the request of any veteran referred to in subparagraph (B), the Secretary shall furnish counseling to the veteran to assist the veteran in readjusting to civilian life. Such counseling may include a general mental and psychological assessment of the veteran to ascertain whether such veteran has mental or psychological problems associated with readjustment to civilian life.” and added cls. (i) and (ii).

Subsec. (a)(1)(B), (C). Pub. L. 112-239, §727(1)(A)(ii), added subpars. (B) and (C) and struck out former subpar. (B) which described veterans to whom subpar. (A) applied.

Subsec. (a)(2), (3). Pub. L. 112-239, §727(1)(B)–(D), redesignated par. (3) as (2), substituted “an individual described in paragraph (1)(C)” for “a veteran described in paragraph (1)(B)(iii)” and “the individual a comprehensive individual assessment as described in paragraph (1)(B)” for “the veteran a preliminary general mental health assessment”, and struck out former par. (2) which provided for counseling to certain veterans who had been in combat situations.

Subsec. (b)(1). Pub. L. 112-239, §727(2), substituted “licensed or certified mental health care provider” for “physician or psychologist” wherever appearing.

Subsec. (g). Pub. L. 112-239, §727(4), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (g)(1). Pub. L. 112-239, §727(3)(A), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “The term ‘center’ means a facility which is operated by the Department for the provision of services under this section and which (A) is situated apart from Department general health-care facilities, or (B) was so situated but has been relocated to a Department general health-care facility.”

Subsec. (g)(3). Pub. L. 112-239, §727(3)(B), added par. (3).

Subsec. (h). Pub. L. 112-239, §727(4), redesignated subsec. (g) as (h).

2010—Subsecs. (c) to (g). Pub. L. 111-163 added subsec. (c) and redesignated former subsecs. (c) to (f) as (d) to (g), respectively.

2008—Subsec. (a)(1)(B)(iii). Pub. L. 110-181, §1708(b)(1), added cl. (iii).

Subsec. (a)(3). Pub. L. 110-181, §1708(b)(2), added par. (3).

Subsecs. (c) to (e). Pub. L. 110-387, §901(a)(1)(B), redesignated subsecs. (d) to (f) as (c) to (e), respectively.

Subsec. (f). Pub. L. 110-387, §901(a)(1)(B), (C), redesignated subsec. (i) as (f) and struck out “(including a Resource Center designated under subsection (h)(3)(A) of this section)” after “means a facility” in par. (1). Former subsec. (f) redesignated (e).

Subsec. (g). Pub. L. 110-387, §901(a)(1)(A), struck out subsec. (g) which related to criteria for the closure or relocation of a center for readjustment counseling and related mental health services in existence on Jan. 1, 1988, and the submission of reports by the Secretary on the effectiveness of such services provided to Vietnam veterans and on a national plan for all centers in existence on Jan. 1, 1988.

Subsec. (i). Pub. L. 110-387, §901(a)(1)(B), redesignated subsec. (i) as (f).

2002—Subsec. (b). Pub. L. 107-135 substituted “section 1784” for “section 1711(b)” in par. (1) and “sections 1782 and 1783” for “section 1701(6)(B)” in par. (2).

1999—Subsec. (a)(1)(B)(ii). Pub. L. 106-117 substituted “January 1, 2004” for “January 1, 2000”.

1996—Subsec. (a). Pub. L. 104-262, §331(a), amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows:

“(a)(1) Upon the request of any veteran who served on active duty during the Vietnam era, the Secretary shall, within the limits of Department facilities, furnish counseling to such veteran to assist such veteran in readjusting to civilian life. Such counseling shall include a general mental and psychological assessment to ascertain whether such veteran has mental or psychological problems associated with readjustment to civilian life.

“(2)(A) The Secretary shall furnish counseling as described in paragraph (1), upon request, to any veteran who served on active duty after May 7, 1975, in an area at a time during which hostilities occurred in such area.

“(B) For the purposes of subparagraph (A) of this paragraph, the term ‘hostilities’ means an armed conflict in which members of the Armed Forces are subjected to danger comparable to the danger to which members of the Armed Forces have been subjected in combat with enemy armed forces during a period of war, as determined by the Secretary in consultation with the Secretary of Defense.”

Subsec. (b)(1). Pub. L. 104-262, §101(d)(5)(A), struck out “under the conditions specified in section 1712(a)(5)(B) of this title” after “furnished such services on an outpatient basis”.

Subsec. (c). Pub. L. 104-262, §331(b), struck out subsec. (c) which read as follows: “Upon receipt of a request for counseling under this section from any individual who has been discharged or released from active military, naval, or air service but who is not eligible for such counseling, the Secretary shall—

“(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining mental health care and services from sources outside the Department; and

“(2) if pertinent, advise such individual of such individual’s rights to apply to the appropriate military, naval, or air service and the Department for review of such individual’s discharge or release from such service.”

Subsec. (e)(1). Pub. L. 104-262, §101(d)(5)(B), substituted “sections 1703(a)(2) and 1710(a)(1)(B)” for “sections 1712(a)(1)(B) and 1703(a)(2)”.

1992—Subsecs. (d), (g)(3)(A). Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

1991—Pub. L. 102-83, §5(a), renumbered section 612A of this title as this section.

Subsec. (a). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in par. (1).

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in par. (1).

Pub. L. 102-25 designated existing provisions as par. (1) and added par. (2).

Subsec. (b)(1). Pub. L. 102-83, §5(c)(1), substituted “1712(a)(5)(B)” for “612(a)(5)(B)” and “1711(b)” for “611(b)”.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Pub. L. 102-54 substituted “section 612(a)(5)(B)” for “paragraph (1)(A)(ii) of section 612(f)”.

Subsec. (b)(2). Pub. L. 102-83, §5(c)(1), substituted “1701(6)(B)” for “601(6)(B)”.

Subsec. (c). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in pars. (1) and (2).

Subsec. (d). Pub. L. 102-83, §5(c)(1), substituted “3485” for “1685”.

Subsec. (e). Pub. L. 102-83, §5(c)(1), substituted “1712(a)(1)(B) and 1703(a)(2)” for “612(a)(1)(B) and 603(a)(2)” in par. (1).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (f). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Subsec. (g). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” and “Secretary’s” for “Administrator’s” wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Subsec. (h). Pub. L. 102-83, §4(b)(6), struck out subsec. (h) which related to carrying out a pilot program to provide and coordinate services to meet the readjustment needs of veterans on active duty during the Vietnam era.

Subsec. (i). Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

1988—Subsec. (g)(1). Pub. L. 100-322, §107(a), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “During the 24-month period ending on September 30, 1989, the Administrator shall take appropriate steps to ensure—

“(A) the orderly, gradual transition, by October 1, 1989, of that part of the program established under this section for the provision of readjustment counseling services by Veterans’ Administration personnel from a program providing such services primarily through centers located in facilities situated apart from the health-care facilities operated by the Veterans’ Administration for the provision of other health-care services under other provisions of this chapter to a program providing readjustment counseling services primarily through such health-care facilities; and

“(B) the continued availability after such date of readjustment counseling and related mental health services under this section to veterans eligible for the provision of such counseling and services who request such counseling.”

Subsec. (g)(1)(A). Pub. L. 100-687, §1501(a)(1), substituted “Except as provided in subparagraph (C) of this paragraph, the” for “The”.

Subsec. (g)(1)(C). Pub. L. 100-687, §1501(a)(2), added subpar. (C).

Subsec. (g)(2)(A). Pub. L. 100-322, §107(b), substituted “April 1, 1988” for “April 1, 1987” and struck out “(or, if the study is not then completed, whatever information from it is then available)” after “(Public Law 98-160)”.

Subsec. (g)(2)(B)(i). Pub. L. 100-322, §107(e)(1)(A), substituted “in centers is needed” for “in a program providing such services through facilities situated apart from Veterans’ Administration health-care facilities is needed”.

Subsec. (g)(2)(B)(ii). Pub. L. 100-322, §107(e)(1)(B), substituted “this subsection” for “paragraph (1) of this subsection”.

Subsec. (g)(3) to (5). Pub. L. 100-322, §107(c), added pars. (3) to (5) and struck out former pars. (3) and (4) which read as follows:

“(3) Not later than July 1, 1987, the Administrator shall submit to such committees a report containing a description of the plans made and timetable for carrying out paragraph (1) of this subsection. Such report shall be prepared taking into consideration the results of the study referred to in paragraph (2)(A) of this subsection (or, if the study is not then completed, whatever information from it is then available).

“(4) Not later than February 1, 1989, the Administrator shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience under as much of the transition as was carried out pursuant to paragraph (1) of this subsection before September 30, 1988, including such recommendations for legislative and administrative action as the Administrator considers appropriate in light of such experience.”

Subsec. (h)(3)(B). Pub. L. 100-322, §107(e)(2)(A), substituted “referred to as ‘Resource Centers’” for “referred to as ‘Centers’”.

Subsec. (h)(4), (5). Pub. L. 100-322, §107(e)(2)(B), substituted “Resource Center” for “Center” wherever appearing.

Subsec. (i). Pub. L. 100-322, §107(d), added subsec. (i). 1986—Subsec. (b)(1). Pub. L. 99-272, §1901(d)(4)(A), substituted “paragraph (1)(A)(ii)” for “clause (1)(B)”.

Subsec. (e)(1). Pub. L. 99-272, §19012(c)(3), substituted “603(a)(2)” for “601(4)(C)(ii)”.

Pub. L. 99-272, §1901(d)(4)(B), substituted “612(a)(1)(B)” for “612(f)(2)”.

Subsec. (g)(1). Pub. L. 99-576, §204(a), substituted “the 24-month period ending on September 30, 1989” for “the twelve-month period ending on September 30, 1988” in introductory provision, and substituted “orderly, gradual transition by October 1, 1989” for “orderly transition, by October 1, 1988” in subpar. (A).

Subsec. (g)(2)(A). Pub. L. 99-576, §204(b)(1), inserted “(Pub. L. 98-160) (or, if the study is not then completed, whatever information from it is then available)” after “the Veterans' Health Care Amendments of 1983”.

Subsec. (g)(3). Pub. L. 99-576, §204(b)(2), inserted at end “Such report shall be prepared taking into consideration the results of the study referred to in paragraph (2)(A) of this subsection (or, if the study is not then completed, whatever information from it is then available).”

Subsec. (g)(4). Pub. L. 99-576, §204(c), added par. (4).

Subsec. (h)(3)(A)(i). Pub. L. 99-576, §702(6), substituted “December 3, 1985,” for “the date of the enactment of this section”.

1985—Subsec. (g)(1)(B). Pub. L. 99-166, §106, which directed the substitution of “who request such counseling” for “who requested counseling before such date”, was executed by making the substitution for the phrase “who requested such counseling before such date” to reflect the probable intent of Congress.

Subsec. (h). Pub. L. 99-166, §105, added subsec. (h).

1983—Subsec. (a). Pub. L. 98-160, §101(a), struck out “if such veteran requests such counseling within two years after the date of such veteran's discharge or release from active duty, or by September 30, 1984, whichever is later” after “to assist such veteran in readjusting to civilian life”.

Subsec. (g)(1). Pub. L. 98-160, §101(b)(1), substituted “September 30, 1988” for “September 30, 1984” in provisions preceding subpar. (A).

Subsec. (g)(1)(A). Pub. L. 98-160, §101(b)(1), substituted “October 1, 1988” for “October 1, 1984”.

Subsec. (g)(2). Pub. L. 98-160, §101(b)(2), amended par. (2) generally, designating existing provisions as subpar. (A), substituting “Not later than April 1, 1987, the Administrator shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Administrator's evaluation of the effectiveness in helping to meet the readjustment needs of veterans who served on active duty during the Vietnam era of the readjustment counseling and mental

health services provided pursuant to this section (and of outreach efforts with respect to such counseling and services). Such report shall give particular attention, in light of the results of the study required by section 102 of the Veterans' Health Care Amendments of 1983, to the provision of such counseling and services to veterans with post-traumatic stress disorder and to the diagnosis and treatment of such disorder” for “Not later than April 1, 1984, the Administrator shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the plans made and actions taken to carry out this subsection”, and adding subpar. (B).

Subsec. (g)(3). Pub. L. 98-160, §101(b)(2), added par. (3).

1981—Subsec. (a). Pub. L. 97-72, §104(a)(1), substituted “or by September 30, 1984” for “or two years after the effective date of this section”.

Subsec. (g). Pub. L. 97-72, §104(b), added subsec. (g).

1979—Subsec. (d). Pub. L. 96-128 substituted “title)” for “title),”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2021 AMENDMENT

Pub. L. 116-283, div. A, title VII, §762(c), Jan. 1, 2021, 134 Stat. 3725, provided that: “The amendments made by this section [amending this section] shall take effect on the date that is one year after the date of the enactment of this Act [Jan. 1, 2021].”

EFFECTIVE DATE OF 2018 AMENDMENT

Amendment by Pub. L. 115-182 effective on the date described in section 101(b) of Pub. L. 115-182, see section 144(b) of Pub. L. 115-182, set out as a note under section 1712 of this title.

EFFECTIVE DATE OF 1986 AMENDMENT

Amendment by section 1901(d)(4) of Pub. L. 99-272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 1901(f) of Pub. L. 99-272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1981 AMENDMENT

Pub. L. 97-72, title I, §104(a)(2), Nov. 3, 1981, 95 Stat. 1049, provided that: “The amendment made by paragraph (1) [amending this section] shall take effect as of October 1, 1981.”

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-128 effective Nov. 28, 1979, see section 601(b) of Pub. L. 96-128, set out as a note under section 1114 of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1979, see section 107 of Pub. L. 96-22, set out as an Effective Date of 1979 Amendment note under section 1701 of this title.

EXPANSION OF RURAL ACCESS NETWORK FOR GROWTH ENHANCEMENT

Pub. L. 117-21, §§2, 4, June 30, 2021, 135 Stat. 292, 293, provided that:

“SEC. 2. EXPANSION OF RURAL ACCESS NETWORK FOR GROWTH ENHANCEMENT PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) EXPANSION.—The Secretary of Veterans Affairs shall establish and maintain three new centers of the RANGE Program.

“(b) LOCATIONS.—The centers established under subsection (a) shall be located in areas determined by the Secretary based on—

“(1) the need for additional mental health care for rural veterans in such areas; and

“(2) interest expressed by personnel at facilities of the Department in such areas.

“(c) TIMELINE.—The Secretary shall establish the centers under subsection (a) during fiscal year 2022.

“(d) FUNDING.—There is authorized to be appropriated \$1,200,000 for each of fiscal years 2022 through 2024 to carry out this section.

“SEC. 4. DEFINITIONS.

“In this Act [enacting this note, provisions set out as a note under section 101 of this title, and provisions not classified to the Code]:

“(1) The term ‘covered mental health care’ means mental health care that is more intensive than traditional outpatient therapy.

“(2) The term ‘PRR center’ means a psychosocial rehabilitation and recovery center of the Department of Veterans Affairs.

“(3) The term ‘RANGE Program’ means the Rural Access Network for Growth Enhancement Program of the Department of Veterans Affairs.

“(4) The term ‘rural veteran’ means a veteran who lives in a rural or highly rural area (including such an area in a Tribal or insular area), as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture.”

PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING READJUSTMENT COUNSELING AND RELATED MENTAL HEALTH SERVICES

Pub. L. 116-315, title V, § 5107(b), Jan. 5, 2021, 134 Stat. 5031, provided that:

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing, subject to paragraph (2), assistance to qualified veterans described in paragraph (3) to obtain child care so that such veterans can receive readjustment counseling and related mental health services.

“(2) LIMITATION ON PERIOD OF PAYMENTS.—Assistance may be provided to a qualified veteran under the pilot program for receipt of child care only during the period that the qualified veteran receives readjustment counseling and related health care services at a Vet Center.

“(3) QUALIFIED VETERANS.—For purposes of this subsection, a qualified veteran is a veteran who—

“(A) is the primary caretaker of a child or children; and

“(B)(i) receives from the Department regular readjustment counseling and related mental health services; or

“(ii) is in need of regular readjustment counseling and related mental health services from the Department, and but for lack of child care services, would receive such counseling and services from the Department.

“(4) LOCATIONS.—The Secretary shall carry out the pilot program in not fewer than three Readjustment Counseling Service Regions selected by the Secretary for purposes of the pilot program.

“(5) FORMS OF CHILD CARE ASSISTANCE.—

“(A) IN GENERAL.—Child care assistance under the pilot program may include the following:

“(i) Stipends for the payment of child care offered by a licensed child care center (either directly or through a voucher program) that shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 630 of the Treasury and General Government Appropriations Act, 2002 (Public Law 107-67; 115 Stat. 552) [now 40 U.S.C. 590(g)].

“(ii) Payments to private child care agencies.

“(iii) Collaboration with facilities or programs of other Federal agencies.

“(iv) Such other forms of assistance as the Secretary considers appropriate.

“(B) LOCAL AREA.—In providing child care assistance under the pilot program, the child care needs of the local area shall be considered and the head of each Vet Center may select the type of care that is most appropriate or feasible for such Vet Center.

“(C) USE OF STIPEND.—In the case that child care assistance under the pilot program is provided as a

stipend under subparagraph (A)(i), such stipend shall cover the full cost of such child care.

“(6) DURATION.—The pilot program shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

“(7) REPORT.—

“(A) IN GENERAL.—Not later than 180 days after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program.

“(B) ELEMENTS.—The report required by subparagraph (A) shall include the findings and conclusions of the Secretary regarding the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

“(8) VET CENTER DEFINED.—In this subsection, the term ‘Vet Center’ has the meaning given that term in section 1712A(h) of title 38, United States Code.”

PILOT PROGRAM TO PROVIDE VETERANS ACCESS TO COMPLEMENTARY AND INTEGRATIVE HEALTH PROGRAMS THROUGH ANIMAL THERAPY, AGRITHERAPY, SPORTS AND RECREATION THERAPY, ART THERAPY, AND POSTTRAUMATIC GROWTH PROGRAMS

Pub. L. 116-171, title II, § 203, Oct. 17, 2020, 134 Stat. 796, provided that:

“(a) IN GENERAL.—Not later than 180 days after the date on which the Creating Options for Veterans' Expedited Recovery Commission (commonly referred to as the ‘COVER Commission’) established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114-198; 38 U.S.C. 1701 note) submits its final report under subsection (e)(2) of such section, the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide complementary and integrative health programs described in subsection (b) to eligible veterans from the Department of Veterans Affairs or through the use of non-Department entities for the treatment of post-traumatic stress disorder, depression, anxiety, or other conditions as determined by the Secretary.

“(b) PROGRAMS DESCRIBED.—Complementary and integrative health programs described in this subsection may, taking into consideration the report described in subsection (a), consist of the following:

“(1) Equine therapy.

“(2) Other animal therapy.

“(3) Agritherapy.

“(4) Sports and recreation therapy.

“(5) Art therapy.

“(6) Posttraumatic growth programs.

“(c) ELIGIBLE VETERANS.—A veteran is eligible to participate in the pilot program under this section if the veteran—

“(1) is enrolled in the system of patient enrollment of the Department under section 1705(a) of title 38, United States Code; and

“(2) has received health care under the laws administered by the Secretary during the two-year period preceding the initial participation of the veteran in the pilot program.

“(d) DURATION.—

“(1) IN GENERAL.—The Secretary shall carry out the pilot program under this section for a three-year period beginning on the commencement of the pilot program.

“(2) EXTENSION.—The Secretary may extend the duration of the pilot program under this section if the Secretary, based on the results of the interim report submitted under subsection (f)(1), determines that it is appropriate to do so.

“(e) LOCATIONS.—

“(1) IN GENERAL.—The Secretary shall select not fewer than five facilities of the Department at which to carry out the pilot program under this section.

“(2) SELECTION CRITERIA.—In selecting facilities under paragraph (1), the Secretary shall ensure that—

“(A) the locations are in geographically diverse areas; and

“(B) not fewer than three facilities serve veterans in rural or highly rural areas (as determined

through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture).

“(f) REPORTS.—

“(1) INTERIM REPORT.—

“(A) IN GENERAL.—Not later than one year after the commencement of the pilot program under this section, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the progress of the pilot program.

“(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

“(i) The number of participants in the pilot program.

“(ii) The type or types of therapy offered at each facility at which the pilot program is being carried out.

“(iii) An assessment of whether participation by a veteran in the pilot program resulted in any changes in clinically relevant endpoints for the veteran with respect to the conditions specified in subsection (a).

“(iv) An assessment of the quality of life of veterans participating in the pilot program, including the results of a satisfaction survey of the participants in the pilot program, disaggregated by program under subsection (b).

“(v) The determination of the Secretary with respect to extending the pilot program under subsection (d)(2).

“(vi) Any recommendations of the Secretary with respect to expanding the pilot program.

“(2) FINAL REPORT.—Not later than 90 days after the termination of the pilot program under this section, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a final report on the pilot program.”

ESTABLISHMENT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE OF A CLINICAL PROVIDER TREATMENT TOOLKIT AND ACCOMPANYING TRAINING MATERIALS FOR COMORBIDITIES

Pub. L. 116-171, title III, § 302, Oct. 17, 2020, 134 Stat. 801, provided that:

“(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall develop a clinical provider treatment toolkit and accompanying training materials for the evidence-based management of comorbid mental health conditions, comorbid mental health and substance use disorders, and a comorbid mental health condition and chronic pain.

“(b) MATTERS INCLUDED.—In developing the clinical provider treatment toolkit and accompanying training materials under subsection (a), the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the toolkit and training materials include guidance with respect to the following:

“(1) The treatment of patients with post-traumatic stress disorder who are also experiencing an additional mental health condition, a substance use disorder, or chronic pain.

“(2) The treatment of patients experiencing a mental health condition, including anxiety, depression, or bipolar disorder, who are also experiencing a substance use disorder or chronic pain.

“(3) The treatment of patients with traumatic brain injury who are also experiencing—

“(A) a mental health condition, including post-traumatic stress disorder, anxiety, depression, or bipolar disorder;

“(B) a substance use disorder; or

“(C) chronic pain.”

ESTABLISHMENT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE OF CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF SERIOUS MENTAL ILLNESS

Pub. L. 116-171, title III, § 304, Oct. 17, 2020, 134 Stat. 802, provided that:

“(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, shall complete the development of a clinical practice guideline or guidelines for the treatment of serious mental illness, to include the following conditions:

“(1) Schizophrenia.

“(2) Schizoaffective disorder.

“(3) Persistent mood disorder, including bipolar disorder I and II.

“(4) Any other mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with major life activities as the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, considers appropriate.

“(b) MATTERS INCLUDED IN GUIDELINES.—The clinical practice guideline or guidelines developed under subsection (a) shall include the following:

“(1) Guidance contained in the 2016 Clinical Practice Guidelines for the Management of Major Depressive Disorders of the Department of Veterans Affairs and the Department of Defense.

“(2) Guidance with respect to the treatment of patients with a condition described in subsection (a).

“(3) A list of evidence-based therapies for the treatment of conditions described in subsection (a).

“(4) An appropriate guideline for the administration of pharmacological therapy, psychological or behavioral therapy, or other therapy for the management of conditions described in subsection (a).

“(c) ASSESSMENT OF EXISTING GUIDELINES.—Not later than two years after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, shall complete an assessment of the 2016 Clinical Practice Guidelines for the Management of Major Depressive Disorders to determine whether an update to such guidelines is necessary.

“(d) WORK GROUP.—

“(1) ESTABLISHMENT.—The Secretary of Veterans Affairs, the Secretary of Defense, and the Secretary of Health and Human Services shall create a work group to develop the clinical practice guideline or guidelines under subsection (a) to be known as the ‘Serious Mental Illness Work Group’ (in this subsection referred to as the ‘Work Group’).

“(2) MEMBERSHIP.—The Work Group created under paragraph (1) shall be comprised of individuals that represent Federal Government entities and non-Federal Government entities with expertise in the areas covered by the Work Group, including the following entities:

“(A) Academic institutions that specialize in research for the treatment of conditions described in subsection (a).

“(B) The Health Services Research and Development Service of the Department of Veterans Affairs.

“(C) The Office of the Assistant Secretary for Mental Health and Substance Use of the Department of Health and Human Services.

“(D) The National Institute of Mental Health.

“(E) The Indian Health Service.

“(F) Relevant organizations with expertise in researching, diagnosing, or treating conditions described in subsection (a).

“(3) RELATION TO OTHER WORK GROUPS.—The Work Group shall be created and conducted in the same

manner as other work groups for the development of clinical practice guidelines for the Department of Veterans Affairs and the Department of Defense.

“(e) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in creating the clinical practice guideline or guidelines required under subsection (a) or from ensuring that the final clinical practice guideline or guidelines developed under such subsection and subsequently updated, as appropriate, remain applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.”

PRECISION MEDICINE INITIATIVE OF DEPARTMENT OF VETERANS AFFAIRS TO IDENTIFY AND VALIDATE BRAIN AND MENTAL HEALTH BIOMARKERS

Pub. L. 116-171, title III, §305, Oct. 17, 2020, 134 Stat. 804, provided that:

“(a) **IN GENERAL.**—Beginning not later than 18 months after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs shall develop and implement an initiative of the Department of Veterans Affairs to identify and validate brain and mental health biomarkers among veterans, with specific consideration for depression, anxiety, post-traumatic stress disorder, bipolar disorder, traumatic brain injury, and such other mental health conditions as the Secretary considers appropriate. Such initiative may be referred to as the ‘Precision Medicine for Veterans Initiative’.

“(b) **MODEL OF INITIATIVE.**—The initiative under subsection (a) shall be modeled on the All of Us Precision Medicine Initiative administered by the National Institutes of Health with respect to large-scale collection of standardized data and open data sharing.

“(c) **METHODS.**—The initiative under subsection (a) shall include brain structure and function measurements, such as functional magnetic resonance imaging and electroencephalogram, and shall coordinate with additional biological methods of analysis utilized in the Million Veterans Program of the Department of Veterans Affairs.

“(d) **USE OF DATA.**—

“(1) **PRIVACY AND SECURITY.**—In carrying out the initiative under subsection (a), the Secretary shall develop robust data privacy and security measures, consistent with section 552a of title 5, United States Code (commonly known as the ‘Privacy Act of 1974’), and regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191] (parts 160, 162, and 164 of title 45, Code of Federal Regulations, or successor regulations) to ensure that information of veterans participating in the initiative is kept private and secure.

“(2) **CONSULTATION WITH THE NATIONAL INSTITUTES OF SCIENCE AND TECHNOLOGY.**—The Secretary may consult with the National Institute of Science and Technology in developing the data privacy and security measures described in paragraph (1).

“(3) **ACCESS STANDARDS.**—The Secretary shall provide access to information under the initiative consistent with the standards described in section 552a(d)(1) of title 5, United States Code, and section 164.524 of title 45, Code of Federal Regulations, or successor regulations.

“(4) **OPEN PLATFORM.**—

“(A) **AVAILABILITY OF DATA.**—The Secretary shall make de-identified data collected under the initiative available for research purposes to Federal agencies.

“(B) **CONTRACT.**—The Secretary shall contract with nongovernment entities that comply with requisite data security measures to make available for research purposes de-identified data collected under the initiative.

“(C) **ASSISTANCE.**—The Secretary shall provide assistance to a Federal agency conducting research using data collected under the initiative at the request of that agency.

“(D) **PROHIBITION ON TRANSFER OF DATA.**—Federal agencies may not disclose, transmit, share, sell, license, or otherwise transfer data collected under the initiative to any nongovernment entity other than as allowed under subparagraph (B).

“(5) **STANDARDIZATION.**—

“(A) **IN GENERAL.**—The Secretary shall ensure that data collected under the initiative is standardized.

“(B) **CONSULTATION.**—The Secretary shall consult with the National Institutes of Health and the Food and Drug Administration to determine the most effective, efficient, and cost-effective way of standardizing data collected under the initiative.

“(C) **MANNER OF STANDARDIZATION.**—In consultation with the National Institute for Science and Technology, data collected under the initiative shall be standardized in the manner in which it is collected, entered into the database, extracted, and recorded.

“(6) **MEASURES OF BRAIN FUNCTION OR STRUCTURE.**—Any measures of brain function or structure collected under the initiative shall be collected with a device that is approved by the Food and Drug Administration.

“(7) **DE-IDENTIFIED DATA DEFINED.**—In this subsection, the term ‘de-identified data’ means, with respect to data held by the Department of Veterans Affairs, that the Department—

“(A) alters, anonymizes, or aggregates the data so that there is a reasonable basis for expecting that the data could not be linked as a practical matter to a specific individual;

“(B) publicly commits to refrain from attempting to re-identify the data with a specific individual, and adopts controls to prevent such identification; and

“(C) causes the data to be covered by a contractual or other legally enforceable prohibition on each entity to which the Department discloses the data from attempting to use the data to identify a specific individual and requires the same of all onward disclosures.

“(e) **INCLUSION OF INITIATIVE IN PROGRAM.**—The Secretary shall coordinate efforts of the initiative under subsection (a) with the Million Veterans Program of the Department.”

SHORT-TERM AGREEMENTS OR CONTRACTS WITH TELECOMMUNICATIONS PROVIDERS TO EXPAND TELEMENTAL HEALTH SERVICES FOR ISOLATED VETERANS DURING A PUBLIC HEALTH EMERGENCY

Pub. L. 116-136, div. B, title X, §20004, Mar. 27, 2020, 134 Stat. 585, provided that:

“(a) **IN GENERAL.**—Notwithstanding any other provision of law, the Secretary of Veterans Affairs may enter into short-term agreements or contracts with telecommunications companies to provide temporary, complimentary or subsidized, fixed and mobile broadband services for the purposes of providing expanded mental health services to isolated veterans through telehealth or VA Video Connect during a public health emergency.

“(b) **ELIGIBILITY.**—

“(1) **IN GENERAL.**—The Secretary may expand eligibility for services described in subsection (a) from the Department of Veterans Affairs to include veterans already receiving care from the Department who may not be eligible for mental health services or other health care services delivered through telehealth or VA Video Connect.

“(2) **PRIORITY.**—For purposes of expanding eligibility under paragraph (1), the Secretary shall prioritize—

“(A) veterans who are in unserved and underserved areas;

“(B) veterans who reside in rural and highly rural areas, as defined in the Rural-Urban Commuting Areas coding system of the Department of Agriculture;

“(C) low-income veterans; and

“(D) any other veterans that the Secretary considers to be at a higher risk for suicide and mental health concerns during isolation periods due to a public health emergency.

“(c) DEFINITIONS.—In this section:

“(1) TELEHEALTH.—

“(A) IN GENERAL.—The term ‘telehealth’ means the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.

“(B) TECHNOLOGIES.—For purposes of subparagraph (A), telecommunications technologies include videoconferencing, the internet, streaming media, and terrestrial and wireless communications.

“(2) VA VIDEO CONNECT.—The term ‘VA Video Connect’ means the program of the Department of Veterans Affairs to connect veterans with their health care team from anywhere, using encryption to ensure a secure and private session.”

[For definition of “public health emergency” as used in section 20004 of Pub. L. 116-136, set out above, see section 20003 of Pub. L. 116-136, set out as a note under section 303 of this title.]

PUBLICATION OF INTERNET WEBSITE TO PROVIDE INFORMATION REGARDING MENTAL HEALTH CARE SERVICES

Pub. L. 114-2, § 3, Feb. 12, 2015, 129 Stat. 31, provided that:

“(a) IN GENERAL.—Using funds made available to the Secretary of Veterans Affairs to publish the Internet websites of the Department of Veterans Affairs, the Secretary shall survey the existing Internet websites and information resources of the Department to publish an Internet website that serves as a centralized source to provide veterans with information regarding all of the mental health care services provided by the Secretary.

“(b) ELEMENTS.—The Internet website published under subsection (a) shall provide to veterans information regarding all of the mental health care services available in the Veterans Integrated Service Network that the veteran is seeking such services, including, with respect to each medical center, Vet Center (as defined in section 1712A of title 38, United States Code), and community-based outpatient center in the Veterans Integrated Service Network—

“(1) the name and contact information of each social work office;

“(2) the name and contact information of each mental health clinic;

“(3) a list of appropriate staff; and

“(4) any other information the Secretary determines appropriate.

“(c) UPDATED INFORMATION.—The Secretary shall ensure that the information described in subsection (b) that is published on the Internet website under subsection (a) is updated not less than once every 90 days.

“(d) OUTREACH.—In carrying out this section, the Secretary shall ensure that the outreach conducted under section 1720F(i) of title 38, United States Code, includes information regarding the Internet website published under subsection (a).”

PILOT PROGRAM ON COMMUNITY OUTREACH

Pub. L. 114-2, § 5, Feb. 12, 2015, 129 Stat. 34, as amended by Pub. L. 114-92, div. A, title V, § 563, Nov. 25, 2015, 129 Stat. 829; Pub. L. 114-328, div. A, title X, § 1081(c)(1), Dec. 23, 2016, 130 Stat. 2419, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a pilot program to assist veterans transitioning from serving on active duty and to improve the access of veterans to mental health services.

“(b) LOCATIONS.—The Secretary shall carry out the pilot program under subsection (a) at not less than five Veterans Integrated Service Networks that have a large population of veterans who—

“(1) served in the reserve components of the Armed Forces; or

“(2) are transitioning into communities with an established population of veterans after having recently separated from the Armed Forces.

“(c) FUNCTIONS.—The pilot program at each Veterans Integrated Service Network described in subsection (b) shall include the following:

“(1) A community oriented veteran peer support network, carried out in partnership with an appropriate entity with experience in peer support programs, that—

“(A) establishes peer support training guidelines;

“(B) develops a network of veteran peer support counselors to meet the demands of the communities in the Veterans Integrated Service Network;

“(C) conducts training of veteran peer support counselors;

“(D) with respect to one medical center selected by the Secretary in each such Veterans Integrated Service Network, has—

“(i) a designated peer support specialist who acts as a liaison to the community oriented veteran peer network; and

“(ii) a certified mental health professional designated as the community oriented veteran peer network mentor; and

“(E) is readily available to veterans, including pursuant to the Veterans Integrated Service Network cooperating and working with State and local governments and appropriate entities.

“(2) A community outreach team for each medical center selected by the Secretary pursuant to paragraph (1)(D) that—

“(A) assists veterans transitioning into communities;

“(B) establishes a veteran transition advisory group to facilitate outreach activities;

“(C) includes the participation of appropriate community organizations, State and local governments, colleges and universities, chambers of commerce and other local business organizations, and organizations that provide legal aid or advice;

“(D) coordinates with the Veterans Integrated Service Network regarding the Veterans Integrated Service Network carrying out an annual mental health summit to assess the status of veteran mental health care in the community and to develop new or innovative means to provide mental health services to veterans; and

“(E) conducts outreach to individuals transitioning from serving on active duty in the Armed Forces who are participating in the Transition Assistance Program of the Department of Defense or other similar transition programs to inform such individuals of the community oriented veteran peer support network under paragraph (1) and other support programs and opportunities that are available to such individuals.

“(d) REPORTS.—

“(1) INITIAL REPORT.—Not later than 18 months after the date on which the pilot program under subsection (a) commences, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the pilot program. With respect to each Veterans Integrated Service Network described in subsection (b), the report shall include—

“(A) a full description of the peer support model implemented under the pilot program, participation data, and data pertaining to past and current mental health related hospitalizations and fatalities;

“(B) recommendations on implementing peer support networks throughout the Department;

“(C) whether the mental health resources made available under the pilot program for members of the reserve components of the Armed Forces is effective;

“(D) a full description of the activities and effectiveness of community outreach coordinating

teams under the pilot program, including partnerships that have been established with appropriate entities; and

“(E) the number of veterans who—

“(i) received outreach from the Department of Veterans Affairs while serving on active duty as a member of the Armed Forces; and

“(ii) participated in a peer support program under the pilot program for veterans transitioning from serving on active duty.

“(2) FINAL REPORT.—Not later than 90 days before the date on which the pilot program terminates under subsection (e), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update to the report submitted under paragraph (1).

“(e) CONSTRUCTION.—This section may not be construed to authorize the Secretary to hire additional employees of the Department to carry out the pilot program under subsection (a).

“(f) TERMINATION.—The authority of the Secretary to carry out the pilot program under subsection (a) shall terminate on the date that is 3 years after the date on which the pilot program commences.”

[Pub. L. 114-328, div. A, title X, §1081(c), Dec. 23, 2016, 130 Stat. 2419, provided that the amendment made by section 1081(c)(1) to section 563 of Pub. L. 114-92, which amended section 5 of Pub. L. 114-2, set out above, is effective as of Nov. 25, 2015, and as if included in Pub. L. 114-92 as enacted.]

PARTICIPATION OF MEMBERS OF THE ARMED FORCES IN PEER SUPPORT COUNSELING PROGRAMS OF THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 112-239, div. A, title VII, §724, Jan. 2, 2013, 126 Stat. 1805, provided that:

“(a) PARTICIPATION.—

“(1) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly enter into a memorandum of understanding providing for members of the Armed Forces described in subsection (b) to volunteer or be considered for employment as peer counselors under the following:

“(A) The peer support counseling program carried out by the Secretary of Veterans Affairs under subsection (j) of section 1720F of title 38, United States Code, as part of the comprehensive program for suicide prevention among veterans under subsection (a) of such section.

“(B) The peer support counseling program carried out by the Secretary of Veterans Affairs under section 304(a)(1) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1150; 38 U.S.C. 1712A note).

“(2) TRAINING.—Any member participating in a peer support counseling program under paragraph (1) shall receive the training for peer counselors under section 1720F(j)(2) of title 38, United States Code, or section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010, as applicable, before performing peer support counseling duties under such program.

“(b) COVERED MEMBERS.—Members of the Armed Forces described in this subsection are the following:

“(1) Members of the reserve components of the Armed Forces who are demobilizing after deployment in a theater of combat operations, including, in particular, members who participated in combat against the enemy while so deployed.

“(2) Members of the regular components of the Armed Forces separating from active duty who have been deployed in a theater of combat operations in which such members participated in combat against the enemy.”

TRANSPARENCY IN MENTAL HEALTH CARE SERVICES PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 112-239, div. A, title VII, §726, Jan. 2, 2013, 126 Stat. 1806, provided that:

“(a) MEASUREMENT OF MENTAL HEALTH CARE SERVICES.—

“(1) IN GENERAL.—Not later than December 31, 2013, the Secretary of Veterans Affairs shall develop and implement a comprehensive set of measures to assess mental health care services furnished by the Department of Veterans Affairs.

“(2) ELEMENTS.—The measures developed and implemented under paragraph (1) shall provide an accurate and comprehensive assessment of the following:

“(A) The timeliness of the furnishing of mental health care by the Department.

“(B) The satisfaction of patients who receive mental health care services furnished by the Department.

“(C) The capacity of the Department to furnish mental health care.

“(D) The availability and furnishing of evidence-based therapies by the Department.

“(b) GUIDELINES FOR STAFFING MENTAL HEALTH CARE SERVICES.—Not later than December 31, 2013, the Secretary shall develop and implement guidelines for the staffing of general and specialty mental health care services, including at community-based outpatient clinics. Such guidelines shall include productivity standards for providers of mental health care.

“(c) STUDY COMMITTEE.—

“(1) IN GENERAL.—The Secretary shall seek to enter into a contract with the National Academy of Sciences to create a study committee—

“(A) to consult with the Secretary on the Secretary's development and implementation of the measures and guidelines required by subsections (a) and (b); and

“(B) to conduct an assessment and provide an analysis and recommendations on the state of Department mental health services.

“(2) FUNCTIONS.—In entering into the contract described in paragraph (1), the Secretary shall, with respect to paragraph (1)(B), include in such contract a provision for the study committee—

“(A) to conduct a comprehensive assessment of barriers to access to mental health care by veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn;

“(B) to assess the quality of the mental health care being provided to such veterans (including the extent to which veterans are afforded choices with respect to modes of treatment) through site visits to facilities of the Veterans Health Administration (including at least one site visit in each Veterans Integrated Service Network), evaluating studies of patient outcomes, and other appropriate means;

“(C) to assess whether, and the extent to which, veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn are being offered a full range of necessary mental health services at Department health care facilities, including early intervention services for hazardous drinking, relationship problems, and other behaviors that create a risk for the development of a chronic mental health condition;

“(D) to conduct surveys or have access to Department-administered surveys of—

“(i) providers of Department mental health services;

“(ii) veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn who are receiving mental health care furnished by the Department; and

“(iii) eligible veterans who served in the Armed Forces in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn who are not using Department health care services to assess those barriers described in subparagraph (A); and

“(E) to provide to the Secretary, on the basis of its assessments as delineated in subparagraphs (A) through (C), specific, detailed recommendations—

“(i) for overcoming barriers, and improving access, to timely, effective mental health care at Department health care facilities (or, where Department facilities cannot provide such care, through contract arrangements under existing law); and

“(ii) to improve the effectiveness and efficiency of mental health services furnished by the Secretary.

“(3) PARTICIPATION BY FORMER OFFICIALS AND EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.—The Secretary shall ensure that any contract entered into under paragraph (1) provides for inclusion on any subcommittee which participates in conducting the assessments and formulating the recommendations provided for in paragraph (2) at least one former official of the Veterans Health Administration and at least two former employees of the Veterans Health Administration who were providers of mental health care.

“(4) PERIODIC REPORTS TO SECRETARY.—In entering into the contract described in paragraph (1), the Secretary shall, with respect to paragraph (1)(A), include in such contract a provision for the submittal to the Secretary of periodic reports and provision of other consultation to the Secretary by the study committee to assist the Secretary in carrying out subsections (a) and (b).

“(5) REPORTS TO CONGRESS.—Not later than 30 days after receiving a report under paragraph (4), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the plans of the Secretary to implement such recommendations submitted to the Secretary by the study committee as the Secretary considers appropriate. Such report shall include a description of each recommendation submitted to the Secretary that the Secretary does not plan to carry out and an explanation of why the Secretary does not plan to carry out such recommendation.

“(d) PUBLICATION.—

“(1) IN GENERAL.—The Secretary shall make available to the public on an Internet website of the Department the following:

“(A) The measures and guidelines developed and implemented under this section.

“(B) An assessment of the performance of the Department using such measures and guidelines.

“(2) QUARTERLY UPDATES.—The Secretary shall update the measures, guidelines, and assessment made available to the public under paragraph (1) not less frequently than quarterly.

“(e) SEMIANNUAL REPORTS.—

“(1) IN GENERAL.—Not later than June 30, 2013, and not less frequently than twice each year thereafter, the Secretary shall submit to the committees of Congress specified in subsection (c)(5) a report on the Secretary's progress in developing and implementing the measures and guidelines required by this section.

“(2) ELEMENTS.—Each report submitted under paragraph (1) shall include the following:

“(A) A description of the development and implementation of the measures required by subsection (a) and the guidelines required by subsection (b).

“(B) A description of the progress made by the Secretary in developing and implementing such measures and guidelines.

“(C) An assessment of the mental health care services furnished by the Department, using the measures developed and implemented under subsection (a).

“(D) An assessment of the effectiveness of the guidelines developed and implemented under subsection (b).

“(E) Such recommendations for legislative or administrative action as the Secretary may have to improve the effectiveness and efficiency of the mental health care services furnished under laws administered by the Secretary.

“(f) IMPLEMENTATION REPORT.—

“(1) IN GENERAL.—Not later than 30 days before the date on which the Secretary begins implementing the measures and guidelines required by this section, the Secretary shall submit to the committees of Congress specified in subsection (c)(5) a report on the Secretary's planned implementation of such measures and guidelines.

“(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

“(A) A detailed description of the measures and guidelines that the Secretary plans to implement under this section.

“(B) A description of the rationale for each measure and guideline the Secretary plans to implement under this section.

“(C) A discussion of each measure and guideline that the Secretary considered under this section but chose not to implement.

“(D) The number of current vacancies in mental health care provider positions in the Department.

“(E) An assessment of how many additional positions are needed to meet current or expected demand for mental health services furnished by the Department.”

PILOT PROGRAM ON COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS NEWLY SEPARATED FROM SERVICE

Pub. L. 111-163, title II, §203, May 5, 2010, 124 Stat. 1143, as amended by Pub. L. 113-175, title I, §102, Sept. 26, 2014, 128 Stat. 1902; Pub. L. 114-58, title I, §109, Sept. 30, 2015, 129 Stat. 533; Pub. L. 114-228, title I, §107, Sept. 29, 2016, 130 Stat. 937; Pub. L. 115-62, title I, §108, Sept. 29, 2017, 131 Stat. 1162; Pub. L. 115-251, title I, §108, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116-159, div. E, title I, §5106, Oct. 1, 2020, 134 Stat. 748, provided that:

“(a) PILOT PROGRAM REQUIRED.—

“(1) IN GENERAL.—Commencing not later than 180 days after the date of the enactment of this Act [May 5, 2010], the Secretary of Veterans Affairs shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a pilot program to evaluate the feasibility and advisability of providing reintegration and readjustment services described in subsection (b) in group retreat settings to women veterans who are recently separated from service in the Armed Forces after a prolonged deployment.

“(2) PARTICIPATION AT ELECTION OF VETERAN.—The participation of a veteran in the pilot program under this section shall be at the election of the veteran.

“(b) COVERED SERVICES.—The services provided to a woman veteran under the pilot program shall include the following:

“(1) Information on reintegration into the veteran's family, employment, and community.

“(2) Financial counseling.

“(3) Occupational counseling.

“(4) Information and counseling on stress reduction.

“(5) Information and counseling on conflict resolution.

“(6) Such other information and counseling as the Secretary considers appropriate to assist a woman veteran under the pilot program in reintegration into the veteran's family, employment, and community.

“(c) LOCATIONS.—The Secretary shall carry out the pilot program at not fewer than three locations selected by the Secretary for purposes of the pilot program.

“(d) TERMINATION.—The authority to carry out a pilot program under this section shall terminate on September 30, 2022.

“(e) REPORT.—Not later than March 31, 2018, the Secretary shall submit to Congress a report on the pilot program. The report shall contain the findings and conclusions of the Secretary as a result of the pilot program, and shall include such recommendations for the continuation or expansion of the pilot program as the Secretary considers appropriate.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for each of fiscal years 2010, 2011, 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2022, \$2,000,000 to carry out the pilot program.”

PROGRAM ON READJUSTMENT AND MENTAL HEALTH CARE SERVICES FOR VETERANS WHO SERVED IN OPERATION ENDURING FREEDOM AND OPERATION IRAQI FREEDOM

Pub. L. 111-163, title III, § 304, May 5, 2010, 124 Stat. 1150, as amended by Pub. L. 112-239, div. A, title VII, § 730(b)(1), Jan. 2, 2013, 126 Stat. 1814, provided that:

“(a) PROGRAM REQUIRED.—Not later than 180 days after the date of the enactment of this Act [May 5, 2010], the Secretary of Veterans Affairs shall establish a program to provide—

“(1) to veterans of Operation Enduring Freedom and Operation Iraqi Freedom, particularly veterans who served in such operations while in the National Guard and the Reserves—

“(A) peer outreach services;

“(B) peer support services;

“(C) readjustment counseling and services described in section 1712A of title 38, United States Code; and

“(D) mental health services; and

“(2) to members of the immediate family of veterans described in paragraph (1), during the 3-year period beginning on the date of the return of such veterans from deployment in Operation Enduring Freedom or Operation Iraqi Freedom, education, support, counseling, and mental health services to assist in—

“(A) the readjustment of such veterans to civilian life;

“(B) in the case such veterans have an injury or illness incurred during such deployment, the recovery of such veterans from such injury or illness; and

“(C) the readjustment of the family following the return of such veterans.

“(b) CONTRACTS WITH COMMUNITY MENTAL HEALTH CENTERS AND OTHER QUALIFIED ENTITIES.—In carrying out the program required by subsection (a), the Secretary may contract with community mental health centers and other qualified entities to provide the services required by such subsection only in areas the Secretary determines are not adequately served by other health care facilities or vet centers of the Department of Veterans Affairs. Such contracts shall require each contracting community health center or entity—

“(1) to the extent practicable, to use telehealth services for the delivery of services required by subsection (a);

“(2) to the extent practicable, to employ veterans trained under subsection (c) in the provision of services covered by that subsection;

“(3) to participate in the training program conducted in accordance with subsection (d);

“(4) to comply with applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services required by subsection (a);

“(5) for each veteran for whom a community mental health center or other qualified entity provides mental health services under such contract, to provide the Department with such clinical summary information as the Secretary shall require;

“(6) to submit annual reports to the Secretary containing, with respect to the program required by subsection (a) and for the last full calendar year ending before the submittal of such report—

“(A) the number of the veterans served, veterans diagnosed, and courses of treatment provided to veterans as part of the program required by subsection (a); and

“(B) demographic information for such services, diagnoses, and courses of treatment; and

“(7) to meet such other requirements as the Secretary shall require.

“(c) TRAINING OF VETERANS FOR PROVISION OF PEER-OUTREACH AND PEER-SUPPORT SERVICES.—In carrying out the program required by subsection (a), the Secretary shall contract with a national not-for-profit mental health organization to carry out a national program of training for veterans described in subsection (a) to provide the services described in subparagraphs (A) and (B) of paragraph (1) of such subsection.

“(d) TRAINING OF CLINICIANS FOR PROVISION OF SERVICES.—The Secretary shall conduct a training program for clinicians of community mental health centers or entities that have contracts with the Secretary under subsection (b) to ensure that such clinicians can provide the services required by subsection (a) in a manner that—

“(1) recognizes factors that are unique to the experience of veterans who served on active duty in Operation Enduring Freedom or Operation Iraqi Freedom (including their combat and military training experiences); and

“(2) uses best practices and technologies.

“(e) PROVISION OF PEER OUTREACH AND PEER SUPPORT SERVICES AT DEPARTMENT MEDICAL CENTERS.—The Secretary shall carry out the services required by subparagraphs (A) and (B) of subsection (a)(1) at each Department medical center.

“(f) VET CENTER DEFINED.—In this section, the term ‘vet center’ means a center for readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.”

[Pub. L. 112-239, div. A, title VII, § 730(b)(2), Jan. 2, 2013, 126 Stat. 1814, provided that: “The Secretary of Veterans Affairs shall commence carrying out the services required by subparagraphs (A) and (B) of subsection (a)(1) of such section [section 304 of Pub. L. 111-163, set out above] at each Department of Veterans Affairs medical center, as required by subsection (e) of such section (as added by paragraph (1)), not later than 270 days after the date of the enactment of this Act [Jan. 2, 2013].”]

ELIGIBILITY OF MEMBERS OF THE ARMED FORCES WHO SERVE IN OPERATION ENDURING FREEDOM OR OPERATION IRAQI FREEDOM FOR COUNSELING AND SERVICES THROUGH READJUSTMENT COUNSELING SERVICE

Pub. L. 111-163, title IV, § 401, May 5, 2010, 124 Stat. 1156, provided that:

“(a) IN GENERAL.—Any member of the Armed Forces, including a member of the National Guard or Reserve, who serves on active duty in the Armed Forces in Operation Enduring Freedom or Operation Iraqi Freedom is eligible for readjustment counseling and related mental health services under section 1712A of title 38, United States Code, through the Readjustment Counseling Service of the Veterans Health Administration.

“(b) NO REQUIREMENT FOR CURRENT ACTIVE DUTY SERVICE.—A member of the Armed Forces who meets the requirements for eligibility for counseling and services under subsection (a) is entitled to counseling and services under that subsection regardless of whether or not the member is currently on active duty in the Armed Forces at the time of receipt of counseling and services under that subsection.

“(c) REGULATIONS.—The eligibility of members of the Armed Forces for counseling and services under subsection (a) shall be subject to such regulations as the Secretary of Defense and the Secretary of Veterans Affairs shall jointly prescribe for purposes of this section.

“(d) SUBJECT TO AVAILABILITY OF APPROPRIATIONS.—The provision of counseling and services under subsection (a) shall be subject to the availability of appropriations for such purpose.”

PILOT PROGRAM ON PEER OUTREACH AND SUPPORT FOR VETERANS AND USE OF COMMUNITY MENTAL HEALTH CENTERS AND INDIAN HEALTH SERVICE FACILITIES

Pub. L. 110-387, title I, § 107, Oct. 10, 2008, 122 Stat. 4116, provided that:

“(a) PILOT PROGRAM REQUIRED.—Commencing not later than 180 days after the date of the enactment of

this Act [Oct. 10, 2008], the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility [sic] and advisability of providing to veterans of Operation Iraqi Freedom and Operation Enduring Freedom, and, in particular, veterans who served in such operations as a member of the National Guard or Reserve, the following:

“(1) Peer outreach services.

“(2) Peer support services provided by licensed providers of peer support services or veterans who have personal experience with mental illness.

“(3) Readjustment counseling services described in section 1712A of title 38, United States Code.

“(4) Other mental health services.

“(b) PROVISION OF CERTAIN SERVICES.—In providing services described in paragraphs (3) and (4) of subsection (a) under the pilot program to veterans who reside in rural areas and do not have adequate access through the Department of Veterans Affairs to the services described in such paragraphs, the Secretary shall, acting through the Office of Mental Health Services and the Office of Rural Health, provide such services as follows:

“(1) Through community mental health centers under contracts or other agreements if entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for the provision of such services for purposes of the pilot program.

“(2) Through the Indian Health Service, or an Indian tribe or tribal organization that has entered into an agreement with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) [now 25 U.S.C. 5301 et seq.], if a memorandum of understanding is entered into by the Secretary of Veterans Affairs and the Secretary of Health and Human Services for purposes of the pilot program.

“(3) Through other appropriate entities under contracts or other agreements entered into by the Secretary of Veterans Affairs for the provision of such services for purposes of the pilot program.

“(c) DURATION.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program.

“(d) PROGRAM LOCATIONS.—

“(1) IN GENERAL.—The pilot program shall be carried out within areas selected by the Secretary for the purpose of the pilot program in at least three Veterans Integrated Service Networks (VISNs).

“(2) RURAL GEOGRAPHIC LOCATIONS.—The locations selected shall be in rural geographic locations that, as determined by the Secretary, lack access to comprehensive mental health services through the Department of Veterans Affairs.

“(3) QUALIFIED PROVIDERS.—In selecting locations for the pilot program, the Secretary shall select locations in which an adequate number of licensed mental health care providers with credentials equivalent to those of Department mental health care providers are available in Indian Health Service facilities, community mental health centers, and other entities for participation in the pilot program.

“(e) PARTICIPATION IN PROGRAM.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall—

“(1) provide the services described in paragraphs (3) and (4) of subsection (a) to eligible veterans, including, to the extent practicable, telehealth services that link the center or facility with Department of Veterans Affairs clinicians;

“(2) use the clinical practice guidelines of the Veterans Health Administration or the Department of Defense in the provision of such services; and

“(3) meet such other requirements as the Secretary shall require.

“(f) COMPLIANCE WITH DEPARTMENT PROTOCOLS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in

the pilot program under subsection (b) shall comply with—

“(1) applicable protocols of the Department before incurring any liability on behalf of the Department for the provision of services as part of the pilot program; and

“(2) access and quality standards of the Department relevant to the provision of services as part of the pilot program.

“(g) PROVISION OF CLINICAL INFORMATION.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall, in a timely fashion, provide the Secretary with such clinical information on each veteran for whom such health center or facility provides mental health services under the pilot program as the Secretary shall require.

“(h) TRAINING.—

“(1) TRAINING OF VETERANS.—As part of the pilot program, the Secretary shall carry out a program of training for veterans described in subsection (a) to provide the services described in paragraphs (1) and (2) of such subsection.

“(2) TRAINING OF CLINICIANS.—

“(A) IN GENERAL.—The Secretary shall conduct a training program for clinicians of community mental health centers, Indian Health Service facilities, or other entities participating in the pilot program under subsection (b) to ensure that such clinicians can provide the services described in paragraphs (3) and (4) of subsection (a) in a manner that accounts for factors that are unique to the experiences of veterans who served on active duty in Operation Iraqi Freedom or Operation Enduring Freedom (including their combat and military training experiences).

“(B) PARTICIPATION IN TRAINING.—Personnel of each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall participate in the training program conducted pursuant to subparagraph (A).

“(i) ANNUAL REPORTS.—Each community mental health center, facility of the Indian Health Service, or other entity participating in the pilot program under subsection (b) shall submit to the Secretary on an annual basis a report containing, with respect to the provision of services under subsection (b) and for the last full calendar year ending before the submission of such report—

“(1) the number of—

“(A) veterans served; and

“(B) courses of treatment provided; and

“(2) demographic information for such services, diagnoses, and courses of treatment.

“(j) PROGRAM EVALUATION.—

“(1) IN GENERAL.—The Secretary shall, through Department of Veterans Affairs Mental Health Services investigators and in collaboration with relevant program offices of the Department, design and implement a strategy for evaluating the pilot program.

“(2) ELEMENTS.—The strategy implemented under paragraph (1) shall assess the impact that contracting with community mental health centers, the Indian Health Service, and other entities participating in the pilot program under subsection (b) has on the following:

“(A) Access to mental health care by veterans in need of such care.

“(B) The use of telehealth services by veterans for mental health care needs.

“(C) The quality of mental health care and substance use disorder treatment services provided to veterans in need of such care and services.

“(D) The coordination of mental health care and other medical services provided to veterans.

“(k) DEFINITIONS.—In this section:

“(1) The term ‘community mental health center’ has the meaning given such term in section 410.2 of title 42, Code of Federal Regulations (as in effect on

the day before the date of the enactment of this Act [Oct. 10, 2008].

“(2) The term ‘eligible veteran’ means a veteran in need of mental health services who—

“(A) is enrolled in the Department of Veterans Affairs health care system; and

“(B) has received a referral from a health professional of the Veterans Health Administration to a community mental health center, a facility of the Indian Health Service, or other entity for purposes of the pilot program.

“(3) The term ‘Indian Health Service’ means the organization established by section 601(a) of the Indian Health Care Improvement Act (25 U.S.C. 1661(a)).

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.”

RESEARCH PROGRAM ON COMORBID POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE USE DISORDERS

Pub. L. 110-387, title II, §201, Oct. 10, 2008, 122 Stat. 4119, provided that:

“(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall, through the Office of Research and Development, carry out a program of research into comorbid post-traumatic stress disorder (PTSD) and substance use disorder.

“(b) DISCHARGE THROUGH NATIONAL CENTER FOR POSTTRAUMATIC STRESS DISORDER.—The research program required by subsection (a) shall be carried out by the National Center for Posttraumatic Stress Disorder. In carrying out the program, the Center shall—

“(1) develop protocols and goals with respect to research under the program; and

“(2) coordinate research, data collection, and data dissemination under the program.

“(c) RESEARCH.—The program of research required by subsection (a) shall address the following:

“(1) Comorbid post-traumatic stress disorder and substance use disorder.

“(2) The systematic integration of treatment for post-traumatic stress disorder with treatment for substance use disorder.

“(3) The development of protocols to evaluate care of veterans with comorbid post-traumatic stress disorder and substance use disorder.

“(d) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2012, \$2,000,000 to carry out this section.

“(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall be made available to the National Center on Posttraumatic Stress Disorder for the purpose specified in that paragraph.

“(3) SUPPLEMENT NOT SUPPLANT.—Any amount made available to the National Center on Posttraumatic Stress Disorder for a fiscal year under paragraph (2) is in addition to any other amounts made available to the National Center on Posttraumatic Stress Disorder for such year under any other provision of law.”

PILOT PROGRAM ON PROVISION OF READJUSTMENT AND TRANSITION ASSISTANCE TO VETERANS AND THEIR FAMILIES IN COOPERATION WITH VET CENTERS

Pub. L. 110-387, title III, §302, Oct. 10, 2008, 122 Stat. 4120, provided that:

“(a) PILOT PROGRAM.—The Secretary of Veterans Affairs shall carry out, through a non-Department of Veterans Affairs entity, a pilot program to assess the feasibility [sic] and advisability of providing readjustment and transition assistance described in subsection (b) to veterans and their families in cooperation with centers under section 1712A of title 38, United States Code (commonly referred to as ‘Vet Centers’).

“(b) READJUSTMENT AND TRANSITION ASSISTANCE.—Readjustment and transition assistance described in this subsection is assistance as follows:

“(1) Readjustment and transition assistance that is preemptive, proactive, and principle-centered.

“(2) Assistance and training for veterans and their families in coping with the challenges associated with making the transition from military to civilian life.

“(c) NON-DEPARTMENT OF VETERANS AFFAIRS ENTITY.—

“(1) IN GENERAL.—The Secretary shall carry out the pilot program through any for-profit or non-profit organization selected by the Secretary for purposes of the pilot program that has demonstrated expertise and experience in the provision of assistance and training described in subsection (b).

“(2) CONTRACT OR AGREEMENT.—The Secretary shall carry out the pilot program through a non-Department entity described in paragraph (1) pursuant to a contract or other agreement entered into by the Secretary and the entity for purposes of the pilot program.

“(d) COMMENCEMENT OF PILOT PROGRAM.—The pilot program shall commence not later than 180 days after the date of the enactment of this Act [Oct. 10, 2008].

“(e) DURATION OF PILOT PROGRAM.—The pilot program shall be carried out during the three-year period beginning on the date of the commencement of the pilot program, and may be carried out for additional one-year periods thereafter.

“(f) LOCATION OF PILOT PROGRAM.—

“(1) IN GENERAL.—The Secretary shall provide assistance under the pilot program in cooperation with 10 centers described in subsection (a) designated by the Secretary for purposes of the pilot program.

“(2) DESIGNATIONS.—In designating centers described in subsection (a) for purposes of the pilot program, the Secretary shall designate centers so as to provide a balanced geographical representation of such centers throughout the United States, including the District of Columbia, the Commonwealth of Puerto Rico, tribal lands, and other territories and possessions of the United States.

“(g) PARTICIPATION OF CENTERS.—A center described in subsection (a) that is designated under subsection (f) for participation in the pilot program shall participate in the pilot program by promoting awareness of the assistance and training available to veterans and their families through—

“(1) the facilities and other resources of such center;

“(2) the non-Department of Veterans Affairs entity selected pursuant to subsection (c); and

“(3) other appropriate mechanisms.

“(h) ADDITIONAL SUPPORT.—In carrying out the pilot program, the Secretary may enter into contracts or other agreements, in addition to the contract or agreement described in subsection (c), with such other non-Department of Veterans Affairs entities meeting the requirements of subsection (c) as the Secretary considers appropriate for purposes of the pilot program.

“(i) REPORT ON PILOT PROGRAM.—

“(1) REPORT REQUIRED.—Not later than three years after the date of the enactment of this Act [Oct. 10, 2008], the Secretary shall submit to the congressional veterans affairs committees a report on the pilot program.

“(2) ELEMENTS.—Each report under paragraph (1) shall include the following:

“(A) A description of the activities under the pilot program as of the date of such report, including the number of veterans and families provided assistance under the pilot program and the scope and nature of the assistance so provided.

“(B) A current assessment of the effectiveness of the pilot program.

“(C) Any recommendations that the Secretary considers appropriate for the extension or expansion of the pilot program.

“(3) CONGRESSIONAL VETERANS AFFAIRS COMMITTEES DEFINED.—In this subsection, the term ‘congressional veterans affairs committees’ means—

“(A) the Committees on Veterans' Affairs and Appropriations of the Senate; and

“(B) the Committees on Veterans' Affairs and Appropriations of the House of Representatives.

“(j) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated for the Department of Veterans Affairs for each of fiscal years 2009 through 2011 \$1,000,000 to carry out this section.

“(2) AVAILABILITY.—Amounts authorized to be appropriated by paragraph (1) shall remain available until expended.”

IMPROVEMENT AND EXPANSION OF MENTAL HEALTH SERVICES

Pub. L. 109-461, title II, §203, Dec. 22, 2006, 120 Stat. 3410, provided that:

“(a) REQUIRED CAPACITY FOR COMMUNITY-BASED OUTPATIENT CLINICS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that each community-based outpatient clinic of the Department of Veterans Affairs has the capacity to provide, or monitor the provision of, mental health services to enrolled veterans who, as determined by the Secretary, are in need of such services.

“(2) SETTINGS.—In carrying out paragraph (1), the Secretary shall ensure that mental health services are provided through—

“(A) a community-based outpatient clinic of the Department by an employee of the Department;

“(B) referral to another facility of the Department;

“(C) contract with an appropriate mental health professional in the community; or

“(D) telemental health services.

“(b) CLINICAL TRAINING AND PROTOCOLS.—

“(1) COLLABORATION.—The National Center on Post-Traumatic Stress Disorder of the Department of Veterans Affairs shall collaborate with the Secretary of Defense—

“(A) to enhance the clinical skills of military clinicians on matters relating to post-traumatic stress disorder through training, treatment protocols, web-based interventions, and the development of evidence-based interventions; and

“(B) to promote pre-deployment resilience and post-deployment readjustment among members of the Armed Forces serving in Operation Iraqi Freedom and Operation Enduring Freedom.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for the Department of Veterans Affairs for fiscal year 2007 \$2,000,000 to carry out this subsection.

“(c) MENTAL HEALTH OUTREACH.—The Secretary of Veterans Affairs shall—

“(1) develop additional educational materials on post-traumatic stress disorder; and

“(2) undertake additional efforts to educate veterans about post-traumatic stress disorder.

“(d) REVIEW OF PTSD CLINICAL GUIDELINES.—The Secretary of Veterans Affairs shall—

“(1) review the clinical guidelines of the Department of Veterans Affairs on post-traumatic stress disorder and all appropriate protocols related to post-traumatic stress disorder;

“(2) revise such guidelines and protocols as the Secretary considers appropriate to ensure that clinicians are able to effectively distinguish between diagnoses with similar symptoms that may manifest as post-traumatic stress disorder, including traumatic brain injury; and

“(3) develop performance measures for the treatment of post-traumatic stress disorder among veterans.”

EXPANSION OF TELEHEALTH SERVICES

Pub. L. 109-461, title II, §205, Dec. 22, 2006, 120 Stat. 3411, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall increase the number of facilities of the Readjust-

ment Counseling Service that are capable of providing health services and counseling through telehealth linkages with facilities of the Veterans Health Administration.

“(b) PLAN.—Not later than July 1, 2007, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to implement the requirement in subsection (a). The plan shall specify which facilities of the Readjustment Counseling Service will have the capabilities described in subsection (a) as of the end of each of fiscal years 2007, 2008, and 2009.”

EXPANSION OF OUTREACH ACTIVITIES OF VET CENTERS

Pub. L. 109-461, title II, §215, Dec. 22, 2006, 120 Stat. 3424, provided that:

“(a) ADDITIONAL OUTREACH WORKERS.—The Secretary of Veterans Affairs shall employ not fewer than 100 veterans for the purpose of providing outreach to veterans on the availability of readjustment counseling and related mental health services for veterans under section 1712A of title 38, United States Code.

“(b) CONSTRUCTION WITH CURRENT OUTREACH PROGRAM.—The veterans employed under subsection (a) are in addition to any veterans employed by the Secretary for the purpose described in that subsection under the February 2004 program of the Department of Veterans Affairs to provide outreach described in that subsection.

“(c) ASSIGNMENT TO VET CENTERS.—The Secretary may assign any veteran employed under subsection (a) to any center for the provision of readjustment counseling and related mental health services under section 1712A of title 38, United States Code, that the Secretary considers appropriate in order to meet the purpose described in that subsection.

“(d) INAPPLICABILITY AND TERMINATION OF LIMITATION ON DURATION OF EMPLOYMENT.—Any limitation on the duration of employment of veterans under the program described in subsection (b) is hereby terminated and shall not apply to veterans employed under such program or under this section.

“(e) EMPLOYMENT STATUS.—Veterans employed under subsection (a) shall be employed in career conditional status, which is the employment status in which veterans are employed under the program described in subsection (b).”

STUDY OF POST-TRAUMATIC STRESS DISORDER IN VIETNAM VETERANS

Pub. L. 106-419, title II, §212, Nov. 1, 2000, 114 Stat. 1843, provided that:

“(a) STUDY ON POST-TRAUMATIC STRESS DISORDER.—Not later than 10 months after the date of the enactment of this Act [Nov. 1, 2000], the Secretary of Veterans Affairs shall enter into a contract with an appropriate entity to carry out a study on post-traumatic stress disorder.

“(b) FOLLOW-UP STUDY.—The contract under subsection (a) shall provide for a follow-up study to the study conducted in accordance with section 102 of the Veterans Health Care Amendments of 1983 (Public Law 98-160) [set out as a note below]. Such follow-up study shall use the data base and sample of the previous study.

“(c) INFORMATION TO BE INCLUDED.—The study conducted pursuant to this section shall be designed to yield information on—

“(1) the long-term course of post-traumatic stress disorder;

“(2) any long-term medical consequences of post-traumatic stress disorder;

“(3) whether particular subgroups of veterans are at greater risk of chronic or more severe problems with such disorder; and

“(4) the services used by veterans who have post-traumatic stress disorder and the effect of those services on the course of the disorder.

“(d) REPORT.—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and

House of Representatives a report on the results of the study under this section. The report shall be submitted no later than October 1, 2004."

SPECIALIZED MENTAL HEALTH SERVICES

Pub. L. 106-117, title I, § 116, Nov. 30, 1999, 113 Stat. 1559, as amended by Pub. L. 108-170, title I, § 108, Dec. 6, 2003, 117 Stat. 2046, provided that:

"(a) IMPROVEMENT TO SPECIALIZED MENTAL HEALTH SERVICES.—The Secretary [of Veterans Affairs], in furtherance of the responsibilities of the Secretary under section 1706(b) of title 38, United States Code, shall carry out a program to expand and improve the provision of specialized mental health services to veterans. The Secretary shall establish the program in consultation with the Committee on Care of Severely Chronically Mentally Ill Veterans established pursuant to section 7321 of title 38, United States Code.

"(b) COVERED PROGRAMS.—For purposes of this section, the term 'specialized mental health services' includes programs relating to—

"(1) the treatment of post-traumatic stress disorder; and

"(2) substance use disorders.

"(c) FUNDING.—(1) In carrying out the program described in subsection (a), the Secretary shall identify, from funds available to the Department [of Veterans Affairs] for medical care, an amount of not less than \$25,000,000 in each of fiscal years 2004, 2005, and 2006 to be available to carry out the program and to be allocated to facilities of the Department pursuant to subsection (d).

"(2) In identifying available amounts pursuant to paragraph (1), the Secretary shall ensure that, after the allocation of those funds under subsection (d), the total expenditure for programs relating to (A) the treatment of post-traumatic stress disorder, and (B) substance use disorders is not less than \$25,000,000 in excess of the baseline amount.

"(3)(A) For purposes of paragraph (2), the baseline amount is the amount of the total expenditures on such programs for the most recent fiscal year for which final expenditure amounts are known, adjusted to reflect any subsequent increase in applicable costs to deliver such services in the Veterans Health Administration, as determined by the Committee on Care of Severely Chronically Mentally Ill Veterans.

"(B) For purposes of this paragraph, in fiscal years 2004, 2005, and 2006, the fiscal year used to determine the baseline amount shall be fiscal year 2003.

"(d) ALLOCATION OF FUNDS TO DEPARTMENT FACILITIES.—(1) In each of fiscal years 2004, 2005, and 2006, the Secretary shall allocate funds identified pursuant to subsection (c)(1) to individual medical facilities of the Department as the Secretary determines appropriate based upon proposals submitted by those facilities for the use of those funds for improvements to specialized mental health services.

"(2) In allocating funds to facilities in a fiscal year under paragraph (1), the Secretary shall ensure that—

"(A) not less than \$10,000,000 is allocated by direct grants to programs that are identified by the Mental Health Strategic Health Care Group and the Committee on Care of Severely Chronically Mentally Ill Veterans;

"(B) not less than \$5,000,000 is allocated for programs on post-traumatic stress disorder; and

"(C) not less than \$5,000,000 is allocated for programs on substance use disorder.

"(3) The Secretary shall provide that the funds to be allocated under this section during each of fiscal years 2004, 2005, and 2006 are funds for a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

"(e) REPORT.—Not later than 12 months after the date of the enactment of this Act [Nov. 30, 1999], the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report describing the implementation of this section. The Secretary shall include in the report information on

the allocation of funds to facilities of the Department under the program and a description of the improvements made with those funds to specialized mental health services for veterans."

MARRIAGE AND FAMILY COUNSELING FOR PERSIAN GULF WAR VETERANS

Pub. L. 102-405, title I, § 121, Oct. 9, 1992, 106 Stat. 1978, provided that:

"(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—

"(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 des-

ignated 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.”

POST-TRAUMATIC STRESS DISORDER PROGRAM PLANNING

Pub. L. 102-405, title I, § 123, Oct. 9, 1992, 106 Stat. 1981, provided that:

“(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 [Oct. 9, 1992], 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 [former] section 1712A(a)(2)(B) of such title) occurred in such area.”

UPDATES OF REPORTS ON POST-TRAUMATIC STRESS DISORDER

Pub. L. 102-405, title I, § 122(b), Oct. 9, 1992, 106 Stat. 1981, directed Special Committee on Post-Traumatic-Stress Disorder, not later than Oct. 1, 1992, and Oct. 1, 1993, to concurrently submit to Secretary and Committees on Veterans' Affairs of 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, and directed Secretary, not later than 90 days after receiving each of the reports to submit to the committees any comments concerning the report that the Secretary considered appropriate. Similar provisions were contained in Pub. L. 101-237, title II, § 201(e), Dec. 18, 1989, 103 Stat. 2066, as amended by Pub. L. 101-366, title II, § 204, Aug. 15, 1990, 104 Stat. 439.

AUTHORIZATION FOR RELOCATION OF CERTAIN FACILITIES

Pub. L. 100-687, div. B, title XV, § 1501(b), Nov. 18, 1988, 102 Stat. 4132, related to relocation of 17 Veterans' Administration Readjustment Counseling Service Vet Centers from their locations away from general Veterans' Administration health-care facilities to other such locations.

PROHIBITION OF DELEGATION OF DUTIES

Pub. L. 100-322, title I, § 107(f), May 20, 1988, 102 Stat. 496, as amended by Pub. L. 100-527, § 10(4), Oct. 25, 1988, 102 Stat. 2641; Pub. L. 102-40, § 2(b), May 7, 1991, 105 Stat. 187; Pub. L. 102-83, § 5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that: “The Chief Medical Director [now Under Secretary for Health] of the Department of Veterans Affairs may not delegate the function of making recommendations under [former] section 1712A(g)(3)(A) of title 38, United States Code, as amended by subsection (c).”

POST-TRAUMATIC-STRESS DISORDER; DIAGNOSIS AND TREATMENT; EDUCATION AND TRAINING OF HEALTH-CARE PERSONNEL; COORDINATION WITH READJUSTMENT COUNSELING; SPECIAL COMMITTEE; NATIONAL CENTER; COMPILATION AND PUBLICATION OF RESEARCH RESULTS; REPORTS TO CONGRESSIONAL COMMITTEES

Pub. L. 98-528, title I, § 110, Oct. 19, 1984, 98 Stat. 2691, as amended by Pub. L. 106-117, title II, § 206, Nov. 30, 1999, 113 Stat. 1563; Pub. L. 108-170, title IV, § 405(e), Dec. 6, 2003, 117 Stat. 2063; Pub. L. 110-387, § 202, Oct. 10, 2008, 122 Stat. 4120; Pub. L. 112-260, title II, § 204, Jan. 10, 2013, 126 Stat. 2424, provided that:

“(a)(1) The Under Secretary for Health of the Department of Veterans Affairs may designate special programs within the Veterans Health Administration for the diagnosis and treatment of post-traumatic-stress disorder (hereinafter in this section referred to as ‘PTSD’).

“(2) The Under Secretary for Health shall direct (A) that (in addition to providing diagnostic and treatment services for PTSD) Department programs designated under paragraph (1) (hereinafter in this section referred to as ‘designated PTSD programs’) carry out activities

to promote the education and training of health-care personnel (including health-care personnel not working for the Department or the Federal Government) in the causes, diagnosis, and treatment of PTSD, and (B) that (when appropriate) the provision of treatment services under such program be coordinated with the provision of readjustment counseling services under section 1712A of title 38, United States Code.

“(b)(1) The Under Secretary for Health shall establish in the Veterans Health Administration a Special Committee on Post-Traumatic-Stress Disorder (hereinafter in this section referred to as the ‘Special Committee’). The Under Secretary for Health shall appoint qualified employees of the Veterans Health Administration to serve on the Special Committee.

“(2) The Special Committee shall assess, and carry out a continuing assessment of, the capacity of the Department to provide diagnostic and treatment services for PTSD to veterans eligible for health care furnished by the Department.

“(3) The Special Committee shall also advise the Under Secretary for Health regarding the development of policies, the provision of guidance, and the coordination of services for the diagnosis and treatment of PTSD (A) in designated PTSD programs, (B) in inpatient psychiatric programs and outpatient mental health programs other than designated PTSD programs, and (C) in readjustment counseling programs of the Department.

“(4) The Special Committee shall also make recommendations to the Under Secretary for Health for guidance with respect to PTSD regarding—

“(A) appropriate diagnostic and treatment methods;

“(B) referral for and coordination of followup care;

“(C) the evaluation of PTSD treatment programs;

“(D) the conduct of research concerning such diagnosis and treatment (taking into account the provisions of subsection (c));

“(E) special programs of education and training for employees of the Veterans Health Administration and the Veterans Benefits Administration (also taking into account such provisions);

“(F) the appropriate allocation of resources for all such activities; and

“(G) any specific steps that should be taken to improve such diagnosis and treatment and to correct any deficiencies in the operations of designated PTSD programs.

“(c) The Under Secretary for Health shall establish and operate in the Veterans Health Administration a National Center on Post-Traumatic-Stress Disorder. The National Center (1) shall carry out and promote the training of health care and related personnel in, and research into, the causes and diagnosis of PTSD and the treatment of veterans for PTSD, and (2) shall serve as a resource center for, and promote and seek to coordinate the exchange of information regarding, all research and training activities carried out by the Department, and by other Federal and non-Federal entities, with respect to PTSD.

“(d) The Under Secretary for Health shall regularly compile and publish the results of research that has been conducted relating to PTSD.

“(e)(1) Not later than March 1, 2000, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section. The report shall include the following:

“(A) A list of the members of the Special Committee.

“(B) A list of all designated PTSD programs and other programs providing treatment for PTSD, together with a description of the resources that have been allocated for the development and operation of each such program, a description of the education and training that has been provided for Department health-care personnel in such programs and elsewhere within the Department in the diagnosis and treatment of PTSD, and specification of the funding that

has been allocated to each such program and elsewhere within the Department to support research relating to PTSD.

“(C) The assessment of the Under Secretary for Health of the Department, after consultation with the Special Committee, regarding the capability of the Department to meet the needs for inpatient and outpatient PTSD diagnosis and treatment (both through designated PTSD programs and otherwise) of veterans who served in the Republic of Vietnam during the Vietnam era, former prisoners of war, and other veterans eligible for health care from the Department and the efficacy of the treatment so provided, as well as a description of the results of any evaluations that have been made of PTSD treatment programs.

“(D) The plans of the Special Committee for further assessments of the capability of the Department to diagnose and treat veterans with PTSD.

“(E) The recommendations made by the Special Committee to the Under Secretary for Health and the views of the Under Secretary for Health on such recommendations.

“(F) A summary of the results of research conducted by the Department relating to PTSD.

“(G) A description of the steps taken, plans made (and a timetable for their execution), and resources to be applied to implement subsections (b) and (c).

“(H) The assessment of the Administrator [now Secretary] of the capacity of the Department to meet in all geographic areas of the United States the needs described in subparagraph (C) and any plans and timetable for increasing that capacity (including the costs of such action).

“(2) Not later than February 1, 2001, and May 1 of each year through 2016, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing information updating the reports submitted under this subsection since the enactment of the Veterans' Millennium Health Care and Benefits Act [Nov. 30, 1999].”

STUDY OF POST-TRAUMATIC STRESS DISORDER AND OTHER POST-WAR PSYCHOLOGICAL PROBLEMS

Pub. L. 98-160, title I, § 102, Nov. 21, 1983, 97 Stat. 994, as amended by Pub. L. 99-576, title II, § 216, Oct. 28, 1986, 100 Stat. 3259, directed Administrator of Veterans' Affairs to provide for the conducting of a comprehensive study of prevalence and incidence in population of Vietnam veterans of post-traumatic stress disorder and other psychological problems of readjusting to civilian life and effects of such problems on such veterans and directed Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives not later than Oct. 1, 1986, a report on results of study.

READJUSTMENT COUNSELING AND RELATED MENTAL HEALTH SERVICES FOR VETERANS OF WAR DECLARED AFTER JUNE 13, 1979

Pub. L. 96-22, title I, § 103(b), June 13, 1979, 93 Stat. 50, as amended by Pub. L. 102-83, §§ 5(c)(2), 6(d), Aug. 6, 1991, 105 Stat. 406, 407, provided that: “In the event of a declaration of war by the Congress after June 13, 1979, the Secretary of Veterans Affairs, not later than six months after the date of such declaration, shall determine and recommend to the Congress whether eligibility for the readjustment counseling and related mental health services provided for in section 1712A [formerly 612A] of title 38, United States Code (as added by subsection (a) of this section) should be extended to the veterans of such war.”

Executive Documents

EX. ORD. NO. 13822. SUPPORTING OUR VETERANS DURING THEIR TRANSITION FROM UNIFORMED SERVICE TO CIVILIAN LIFE

Ex. Ord. No. 13822, Jan. 9, 2018, 83 F.R. 1513, provided:

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

SECTION 1. *Policy.* It is the policy of the United States to support the health and well-being of uniformed service members and veterans. After serving our Nation, veterans deserve long, fulfilling civilian lives. Accordingly, our Government must improve mental healthcare and access to suicide prevention resources available to veterans, particularly during the critical 1-year period following the transition from uniformed service to civilian life. Most veterans' experience in uniform increases their resilience and broadens the skills they bring to the civilian workforce. Unfortunately, in some cases within the first year following transition, some veterans can have difficulties reintegrating into civilian life after their military experiences and some tragically take their own lives. Veterans, in their first year of separation from uniformed service, experience suicide rates approximately two times higher than the overall veteran suicide rate. To help prevent these tragedies, all veterans should have seamless access to high-quality mental healthcare and suicide prevention resources as they transition, with an emphasis on the 1-year period following separation.

SEC. 2. *Implementation.* (a) In furtherance of the policy described in section 1 of this order, I hereby direct the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security to collaborate to address the complex challenges faced by our transitioning uniformed service members and veterans.

(b) Within 60 days of the date of this order, the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security shall submit to the President, through the Assistant to the President for Domestic Policy, a Joint Action Plan that describes concrete actions to provide, to the extent consistent with law, seamless access to mental health treatment and suicide prevention resources for transitioning uniformed service members in the year following discharge, separation, or retirement.

(c) Within 180 days of the date of this order, the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Homeland Security shall submit to the President, through the Assistant to the President for Domestic Policy, a status report on the implementation of the Joint Action Plan and how the proposed reforms have been effective in improving mental health treatment for all transitioning uniformed service members and veterans. The report shall include:

(i) preliminary progress of reforms implemented by the Joint Action Plan;

(ii) any additional reforms that could help further address the problems that obstruct veterans' access to resources and continuous mental healthcare treatment, including any suggestions for legislative and regulatory reforms; and

(iii) a timeline describing next steps and the results anticipated from continued and additional reforms.

SEC. 3. *General Provisions.* (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP.

§ 1712B. Counseling for former prisoners of war

The Secretary may establish a program under which, upon the request of a veteran who is a

former prisoner of war, the Secretary, within the limits of Department facilities, furnishes counseling to such veteran to assist such veteran in overcoming the psychological effects of the veteran's detention or internment as a prisoner of war.

(Added Pub. L. 99-166, title I, §107(a), Dec. 3, 1985, 99 Stat. 945, §612B; renumbered §1712B and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 612B of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

§ 1712C. Dental insurance plan for veterans and survivors and dependents of veterans

(a) IN GENERAL.—The Secretary shall establish and administer a dental insurance plan for veterans and survivors and dependents of veterans described in subsection (b).

(b) COVERED VETERANS AND SURVIVORS AND DEPENDENTS.—The veterans and survivors and dependents of veterans described in this subsection are as follows:

(1) Any veteran who is enrolled in the system of annual patient enrollment under section 1705 of this title.

(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1781 of this title.

(c) ADMINISTRATION.—The Secretary shall contract with a dental insurer to administer the dental insurance plan under this section.

(d) BENEFITS.—The dental insurance plan under this section shall provide such benefits for dental care and treatment as the Secretary considers appropriate for the dental insurance plan, including diagnostic services, preventative services, endodontics and other restorative services, surgical services, and emergency services.

(e) ENROLLMENT.—(1) Enrollment in the dental insurance plan under this section shall be voluntary.

(2) Enrollment in the dental insurance plan shall be for such minimum period as the Secretary shall prescribe for purposes of this section.

(f) PREMIUMS.—(1) Premiums for coverage under the dental insurance plan under this section shall be in such amount or amounts as the Secretary shall prescribe to cover all costs associated with carrying out this section.

(2) The Secretary shall adjust the premiums payable under this section for coverage under the dental insurance plan on an annual basis. Each individual covered by the dental insurance plan at the time of such an adjustment shall be notified of the amount and effective date of such adjustment.

(3) Each individual covered by the dental insurance plan shall pay the entire premium for coverage under the dental insurance plan, in addition to the full cost of any copayments.

(g) VOLUNTARY DISENROLLMENT.—(1) With respect to enrollment in the dental insurance plan under this section, the Secretary shall—

(A) permit the voluntary disenrollment of an individual in the dental insurance plan if the disenrollment occurs during the 30-day period beginning on the date of the enrollment of the individual in the dental insurance plan; and

(B) permit the voluntary disenrollment of an individual in the dental insurance plan for such circumstances as the Secretary shall prescribe for purposes of this subsection, but only to the extent such disenrollment does not jeopardize the fiscal integrity of the dental insurance plan.

(2) The circumstances prescribed under paragraph (1)(B) shall include the following:

(A) If an individual enrolled in the dental insurance plan relocates to a location outside the jurisdiction of the dental insurance plan that prevents use of the benefits under the dental insurance plan.

(B) If an individual enrolled in the dental insurance plan is prevented by a serious medical condition from being able to obtain benefits under the dental insurance plan.

(C) Such other circumstances as the Secretary shall prescribe for purposes of this subsection.

(3) The Secretary shall establish procedures for determinations on the permissibility of voluntary disenrollments under paragraph (1)(B). Such procedures shall ensure timely determinations on the permissibility of such disenrollments.

(h) RELATIONSHIP TO DENTAL CARE PROVIDED BY SECRETARY.—Nothing in this section shall affect the responsibility of the Secretary to provide dental care under section 1712 of this title, and the participation of an individual in the dental insurance plan under this section shall not affect the entitlement of the individual to outpatient dental services and treatment, and related dental appliances, under such section 1712.

(i) REGULATIONS.—The dental insurance plan under this section shall be administered under such regulations as the Secretary shall prescribe.

(Added Pub. L. 114-218, §2(a)(1), July 29, 2016, 130 Stat. 842; amended Pub. L. 117-42, §2, Sept. 30, 2021, 135 Stat. 342.)

Editorial Notes

AMENDMENTS

2021—Subsec. (j). Pub. L. 117-42 struck out subsec. (j). Text read as follows: “This section terminates on December 31, 2021.”

[§ 1713. Renumbered § 1781]

Editorial Notes

PRIOR PROVISIONS

A prior section 1713 was renumbered section 3513 of this title.

§ 1714. Fitting and training in use of prosthetic appliances; guide dogs; service dogs

(a)(1) Any veteran who is entitled to a prosthetic appliance shall be furnished such fitting

and training, including institutional training, in the use of such appliance as may be necessary, whether in a Department facility or other training institution, or by outpatient treatment, including such service under contract, and including travel and incidental expenses (under the terms and conditions set forth in section 111 of this title) to and from such veteran's home to such hospital or training institution.

(2) In furnishing prosthetic appliances under paragraph (1), the Secretary shall ensure women veterans are able to access clinically appropriate prosthetic appliances through each medical facility of the Department.

(b) The Secretary may provide guide dogs trained for the aid of the blind to veterans who are enrolled under section 1705 of this title. The Secretary may also provide such veterans with mechanical or electronic equipment for aiding them in overcoming the disability of blindness.

(c) The Secretary may, in accordance with the priority specified in section 1705 of this title, provide—

(1) service dogs trained for the aid of the hearing impaired to veterans who are hearing impaired and are enrolled under section 1705 of this title;

(2) service dogs trained for the aid of persons with spinal cord injury or dysfunction or other chronic impairment that substantially limits mobility to veterans with such injury, dysfunction, or impairment who are enrolled under section 1705 of this title; and

(3) service dogs trained for the aid of persons with mental illnesses, including post-traumatic stress disorder, to veterans with such illnesses who are enrolled under section 1705 of this title.

(d) In the case of a veteran provided a dog under subsection (b) or (c), the Secretary may pay travel and incidental expenses for that veteran under the terms and conditions set forth in section 111 of this title to and from the veteran's home for expenses incurred in becoming adjusted to the dog.

(e) The Secretary may provide a service dog to a veteran under subsection (c)(3) regardless of whether the veteran has a mobility impairment.

(f)(1) The Secretary shall provide to any veteran described in paragraph (2) a commercially available veterinary insurance policy for each dog provided to such veteran under subsection (b) or (c).

(2) A veteran described in this paragraph is a veteran who—

(A) is diagnosed with post-traumatic stress disorder or a visual, hearing, or substantial mobility impairment;

(B) has received a dog under subsection (b) or (c) in connection with such disorder or impairment; and

(C) meets such other requirements as the Secretary may prescribe.

(Pub. L. 85–857, Sept. 2, 1958, 72 Stat. 1143, § 614; Pub. L. 93–82, title I, § 103(b), Aug. 2, 1973, 87 Stat. 181; Pub. L. 94–581, title II, § 210(a)(5), Oct. 21, 1976, 90 Stat. 2862; Pub. L. 96–151, title II, § 201(c), Dec. 20, 1979, 93 Stat. 1093; renumbered § 1714 and amended Pub. L. 102–83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404–406;

Pub. L. 107–135, title II, § 201(a), (b)(1), Jan. 23, 2002, 115 Stat. 2456, 2457; Pub. L. 111–117, div. E, title II, § 229, Dec. 16, 2009, 123 Stat. 3307; Pub. L. 116–315, title V, § 5108(a), Jan. 5, 2021, 134 Stat. 5032; Pub. L. 117–37, § 3(a), Aug. 25, 2021, 135 Stat. 331.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1714 was renumbered section 3514 of this title.

Provisions similar to those comprising subsec. (a) of this section were classified to section 613 of this title prior to repeal by section 103(b) of Pub. L. 93–82.

AMENDMENTS

2021—Subsec. (a). Pub. L. 116–315 designated existing provisions as par. (1) and added par. (2).

Subsecs. (e), (f). Pub. L. 117–37 added subsecs. (e) and (f).

2009—Subsec. (c)(3). Pub. L. 111–117 added par. (3).

2002—Pub. L. 107–135, § 201(b)(1), substituted “guide dogs; service dogs” for “seeing-eye dogs” in section catchline.

Subsec. (b). Pub. L. 107–135, § 201(a)(1), struck out “seeing-eye or” after “may provide”, substituted “who are enrolled under section 1705 of this title” for “who are entitled to disability compensation, and may pay travel and incidental expenses (under the terms and conditions set forth in section 111 of this title) to and from their homes and incurred in becoming adjusted to such seeing-eye or guide dogs”, and substituted “disability” for “handicap”.

Subsecs. (c), (d). Pub. L. 107–135, § 201(a)(2), added subsecs. (c) and (d).

1991—Pub. L. 102–83, § 5(a), renumbered section 614 of this title as this section.

Subsec. (a). Pub. L. 102–83, § 4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

Subsec. (b). Pub. L. 102–83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

1979—Subsec. (a). Pub. L. 96–151, § 201(c)(1), substituted provisions respecting travel and incidental expenses for provisions respecting necessary travel expenses.

Subsec. (b). Pub. L. 96–151, § 201(c)(2), substituted provisions respecting travel and incidental expenses for provisions respecting all necessary travel expenses.

1976—Subsec. (a). Pub. L. 94–581, § 210(a)(5)(A), substituted “such veteran’s home” for “his home”.

Subsec. (b). Pub. L. 94–581, § 210(a)(5)(B), substituted “and may pay” for “and he may pay”.

1973—Pub. L. 93–82 designated existing provisions as subsec. (b) and added subsec. (a).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2021 AMENDMENT

Pub. L. 117–37, § 3(b), Aug. 25, 2021, 135 Stat. 332, provided that: “Section 1714(f) of title 38, United States Code, as added by subsection (a), shall apply with respect to a veteran provided a dog by the Secretary of Veterans Affairs on or after the date of the enactment of this Act [Aug. 25, 2021].”

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96–151 effective Jan. 1, 1980, see section 206 of Pub. L. 96–151, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94–581 effective Oct. 21, 1976, see section 211 of Pub. L. 94–581, set out as a note under section 111 of this title.

EFFECTIVE DATE

Section effective Sept. 1, 1973, see section 501 of Pub. L. 93–82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM
ON DOG TRAINING THERAPY

Pub. L. 117-37, §2, Aug. 25, 2021, 135 Stat. 329, provided that:

“(a) IN GENERAL.—Not later than 180 days after the date of the enactment of the Act [probably means “this Act”, approved Aug. 25, 2021], the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide canine training to eligible veterans diagnosed with post-traumatic stress disorder (in this section referred to as ‘PTSD’) as an element of a complementary and integrative health program for such veterans.

“(b) DURATION; MEDICAL CENTERS.—

“(1) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a 5-year period beginning on the date of the commencement of the pilot program.

“(2) MEDICAL CENTERS.—The Secretary shall ensure that such pilot program is carried out by not fewer than five medical centers of the Department of Veterans Affairs located in geographically diverse areas.

“(c) AGREEMENTS WITH ENTITIES.—In carrying out the pilot program under subsection (a), the Secretary shall seek to enter into agreements with nongovernmental entities that the Secretary determines have the demonstrated ability to provide the canine training specified in subsection (a).

“(d) REQUIRED CONDITIONS.—The Secretary shall include in any agreement under subsection (c) conditions requiring that the nongovernmental entity seeking to enter into the agreement—

“(1) submits to the Secretary certification that the entity is an accredited service dog training organization;

“(2) agrees to ensure that veterans participating in the pilot program under subsection (a) receive training from certified service dog training instructors for a period of time determined appropriate by the entity;

“(3) agrees to ensure that veterans participating in such pilot program are prohibited from having access to a dog under such pilot program at any time during such participation without the supervision of a certified service dog training instructor;

“(4) agrees to ensure that veterans participating in such pilot program receive training in skills unique to the needs of the veteran to address or alleviate PTSD symptoms of the veteran;

“(5) agrees not to use shock collars or prong collars as training tools and to use positive reinforcement training; and

“(6) agrees to provide any follow-up training support specified in subsection (e)(2), as applicable.

“(e) ADOPTION OF DOG.—

“(1) IN GENERAL.—A veteran who has participated in the pilot program under subsection (a) may adopt a dog that the veteran assisted in training during such pilot program if the veteran and the veteran’s health provider (in consultation with the entity that provided the canine training with respect to the dog under such pilot program) determine that it is in the best interest of the veteran.

“(2) FOLLOW-UP TRAINING SUPPORT.—If a veteran adopts a dog under paragraph (1), the entity that provided the canine training with respect to the dog under the pilot program shall provide follow-up training support for the life of the dog. Such support shall include the provision of a contact plan between the veteran and the entity that enables the veteran to seek and receive assistance from the entity to ensure the dog is being properly cared for.

“(f) ELIGIBILITY FOR OTHER CARE AND TREATMENT.—Participation in the pilot program under subsection (a) may not preclude a veteran from receiving any other medical care or treatment for PTSD furnished by the Department, including therapy, for which the veteran is otherwise eligible.

“(g) COLLECTION OF DATA.—In carrying out this section, the Secretary shall—

“(1) develop metrics and other appropriate means to measure, with respect to veterans participating in the pilot program under subsection (a)—

“(A) the number of such veterans participating;

“(B) the satisfaction of such veterans with the pilot program;

“(C) whether participation in the pilot program resulted in any clinically relevant improvements for such veterans, as determined by the health care provider or clinical team that referred the veteran to participate in the pilot program; and

“(D) such other factors as the Secretary may determine appropriate; and

“(2) establish processes to document and track the progress of such veterans under the pilot program with respect to health benefits and improvements.

“(h) REPORT BY SECRETARY.—Not later than 1 year before the date on which the pilot program under subsection (a) terminates, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report containing the recommendations of the Secretary regarding—

“(1) whether to extend or make permanent the pilot program; and

“(2) the feasibility and advisability of expanding the pilot program to address mental health conditions other than PTSD.

“(i) GAO BRIEFING AND STUDY.—

“(1) BRIEFING.—Not later than 1 year after the date of the commencement of the pilot program under subsection (a), the Comptroller General of the United States shall provide to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a briefing on the methodology established for the pilot program.

“(2) REPORT.—Not later than 270 days after the date on which the pilot program terminates, the Comptroller General shall submit to the committees specified in paragraph (1) a report on the pilot program. Such report shall include an evaluation of the approach and methodology used for the pilot program with respect to—

“(A) assisting veterans with PTSD; and

“(B) measuring relevant metrics, such as reduction in scores under the Clinician Administered PTSD Scale (CAPS), improvement in psychosocial function, and therapeutic compliance.

“(j) DEFINITIONS.—In this section:

“(1) The term ‘accredited service dog training organization’ means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 [26 U.S.C. 501(c)(3)] that—

“(A) provides service dogs to veterans with PTSD; and

“(B) is accredited by an accrediting organization with demonstrated experience, national scope, and recognized leadership and expertise in the training of service dogs and education in the use of service dogs (as determined by the Secretary).

“(2) The term ‘eligible veteran’ means a veteran who—

“(A) is enrolled in the patient enrollment system in the Department of Veterans Affairs under section 1705 of title 38, United States Code; and

“(B) has been recommended for participation in the pilot program under subsection (a) by a qualified mental health care provider or clinical team based on medical judgment that the veteran may benefit from such participation with respect to the diagnosed PTSD of the veteran.

“(3) The term ‘service dog training instructor’ means an instructor who provides the direct training of veterans with PTSD in the art and science of service dog training and handling.”

PROVISION BY DEPARTMENT OF VETERANS AFFAIRS OF PROSTHETIC APPLIANCES THROUGH NON-DEPARTMENT PROVIDERS DURING PUBLIC HEALTH EMERGENCY

Pub. L. 116-136, div. B, title X, §20007, Mar. 27, 2020, 134 Stat. 587, provided that: “The Secretary of Veterans

Affairs shall ensure that, to the extent practicable, veterans who are receiving or are eligible to receive a prosthetic appliance under section 1714 or 1719 of title 38, United States Code, are able to receive such an appliance that the Secretary determines is needed from a non-Department of Veterans Affairs provider under a contract with the Department during a public health emergency."

[For definition of "public health emergency" as used in section 20007 of Pub. L. 116-136, set out above, see section 20003 of Pub. L. 116-136, set out as a note under section 303 of this title.]

§ 1715. Tobacco for hospitalized veterans

The Secretary may furnish tobacco to veterans receiving hospital or domiciliary care.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1143, §615; renumbered §1715 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 615 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Statutory Notes and Related Subsidiaries

USE OF TOBACCO PRODUCTS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES

Pub. L. 102-585, title V, §526, Nov. 4, 1992, 106 Stat. 4961, provided that:

"(a) IN GENERAL.—The Secretary of Veterans Affairs shall take appropriate actions to ensure that, consistent with medical requirements and limitations, each facility of the Department described in subsection (b)—

"(1) establishes and maintains—

"(A) a suitable indoor area in which patients or residents may smoke and which is ventilated in a manner that, to the maximum extent feasible, prevents smoke from entering other areas of the facility; or

"(B) an area in a building that—

"(i) is detached from the facility;

"(ii) is accessible to patients or residents of the facility; and

"(iii) has appropriate heating and air conditioning; and

"(2) provides access to an area established and maintained under paragraph (1), consistent with medical requirements and limitations, for patients or residents of the facility who are receiving care or services and who desire to smoke tobacco products.

"(b) COVERED FACILITIES.—A Department facility referred to in subsection (a) is any Department of Veterans Affairs medical center, nursing home, or domiciliary care facility.

"(c) REPORTS.—(1) Not later than 180 days after the date of the enactment of this Act [Nov. 4, 1992], the Comptroller General shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the feasibility of the establishment and maintenance of areas for smoking in Department facilities under this section. The report shall include information on—

"(A) the cost of, and a proposed schedule for, the establishment of such an area at each Department facility covered by this section;

"(B) the extent to which the ventilating system of each facility is adequate to ensure that use of the area for smoking does not result in health problems for other patients or residents of the facility; and

"(C) the effect of the establishment and maintenance of an area for smoking in each facility on the

accreditation score issued for the facility by the Joint Commission on the Accreditation of Health Organizations.

"(2) Not later than 120 days after the effective date of this section, the Secretary shall submit to the committees referred to in paragraph (1) a report on the implementation of this section. The report shall include a description of the actions taken at each covered facility to ensure compliance with this section.

"(d) EFFECTIVE DATE.—The requirement to establish and maintain areas for smoking under subsection (a) shall take effect 60 days after the date on which the Comptroller General submits to the committees referred to in subsection (c)(1) that report required under that subsection."

§ 1716. Hospital care by other agencies of the United States

When so specified in an appropriation or other Act, the Secretary may make allotments and transfers to the Departments of Health and Human Services (Public Health Service), the Army, Navy, Air Force, or Interior, for disbursement by them under the various headings of their appropriations, of such amounts as are necessary for the care and treatment of veterans entitled to hospitalization from the Department under this chapter. The amounts to be charged the Department for care and treatment of veterans in hospitals shall be calculated on the basis of a per diem rate approved by the Office of Management and Budget.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1143, §616; Pub. L. 94-581, title II, §202(g), Oct. 21, 1976, 90 Stat. 2856; Pub. L. 97-295, §4(95)(A), Oct. 12, 1982, 96 Stat. 1313; renumbered §1716 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 616 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration" in two places.

1982—Pub. L. 97-295 substituted "Health and Human Services" for "Health, Education, and Welfare".

1976—Pub. L. 94-581 substituted "Office of Management and Budget" for "Bureau of the Budget".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1717. Home health services; invalid lifts and other devices

(a)(1) As part of medical services furnished to a veteran under section 1710(a) of this title, the Secretary may furnish such home health services as the Secretary finds to be necessary or appropriate for the effective and economical treatment of the veteran.

(2) Improvements and structural alterations may be furnished as part of such home health services only as necessary to assure the continuation of treatment for the veteran's disability or to provide access to the home or to essential

lavatory and sanitary facilities. The cost of such improvements and structural alterations (or the amount of reimbursement therefor) under this subsection may not exceed—

(A) in the case of medical services furnished under section 1710(a)(1) of this title, or for a disability described in section 1710(a)(2)(C) of this title—

(i) in the case of a veteran who first applies for benefits under this paragraph before May 5, 2010, \$4,100; or

(ii) in the case of a veteran who first applies for benefits under this paragraph on or after May 5, 2010, \$6,800; and

(B) in the case of medical services furnished under any other provision of section 1710(a) of this title—

(i) in the case of a veteran who first applies for benefits under this paragraph before May 5, 2010, \$1,200; or

(ii) in the case of a veteran who first applies for benefits under this paragraph on or after May 5, 2010, \$2,000.

(3) The Secretary may furnish home health services to a veteran in any setting in which the veteran is residing. The Secretary may not furnish such services in such a manner as to relieve any other person or entity of a contractual obligation to furnish services to the veteran. When home health services are furnished in a setting other than the veteran's home, such services may not include any structural improvement or alteration.

(b) The Secretary may furnish an invalid lift, or any type of therapeutic or rehabilitative device, as well as other medical equipment and supplies (excluding medicines), if medically indicated, to any veteran who is receiving (1) compensation under section 1114(l)–(p) of this title (or the comparable rates provided pursuant to section 1134 of this title), or (2) pension under chapter 15 of this title by reason of being in need of regular aid and attendance.

(c) The Secretary may furnish devices for assisting in overcoming the handicap of deafness (including telecaptioning television decoders) to any veteran who is profoundly deaf and is entitled to compensation on account of hearing impairment.

(d)(1) In the case of a member of the Armed Forces who, as determined by the Secretary, has a disability permanent in nature incurred or aggravated in the line of duty in the active military, naval, air, or space service, the Secretary may furnish improvements and structural alterations for such member for such disability or as otherwise described in subsection (a)(2) while such member is hospitalized or receiving outpatient medical care, services, or treatment for such disability if the Secretary determines that such member is likely to be discharged or released from the Armed Forces for such disability.

(2) The furnishing of improvements and alterations under paragraph (1) in connection with the furnishing of medical services described in subparagraph (A) or (B) of subsection (a)(2) shall be subject to the limitation specified in the applicable subparagraph.

(Added Pub. L. 86–211, § 5, Aug. 29, 1959, 73 Stat. 435, § 617; amended Pub. L. 88–450, § 6(a), (c), Aug.

19, 1964, 78 Stat. 504; Pub. L. 90–77, title I, § 109, Aug. 31, 1967, 81 Stat. 180; Pub. L. 90–493, § 3(a), Aug. 19, 1968, 82 Stat. 809; Pub. L. 97–295, § 4(18), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 98–528, title I, § 107, Oct. 19, 1984, 98 Stat. 2690; Pub. L. 99–576, title II, § 202(2), Oct. 28, 1986, 100 Stat. 3254; Pub. L. 100–322, title I, § 101(d), May 20, 1988, 102 Stat. 491; renumbered § 1717 and amended Pub. L. 102–83, §§ 4(b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404–406; Pub. L. 102–405, title I, § 101(a), Oct. 9, 1992, 106 Stat. 1973; Pub. L. 104–262, title I, § 101(d)(6), Oct. 9, 1996, 110 Stat. 3180; Pub. L. 105–114, title IV, § 402(b), Nov. 21, 1997, 111 Stat. 2294; Pub. L. 110–289, div. B, title VI, § 2601, July 30, 2008, 122 Stat. 2858; Pub. L. 111–163, title V, § 516(a), May 5, 2010, 124 Stat. 1166; Pub. L. 111–275, title X, § 1001(c)(1), Oct. 13, 2010, 124 Stat. 2896; Pub. L. 116–283, div. A, title IX, § 926(a)(24), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

AMENDMENTS

2021—Subsec. (d)(1). Pub. L. 116–283 substituted “air, or space service” for “or air service”.

2010—Subsec. (a)(2)(A), (B). Pub. L. 111–275 substituted “May 5, 2010” for “the date of the Caregivers and Veterans Omnibus Health Services Act of 2010” wherever appearing.

Pub. L. 111–163 added subpars. (A) and (B) and struck out former subpars. (A) and (B) which read as follows:

“(A) \$4,100 in the case of medical services furnished under section 1710(a)(1) of this title, or for a disability described in section 1710(a)(2)(C) of this title; or

“(B) \$1,200 in the case of medical services furnished under any other provision of section 1710(a) of this title.”

2008—Subsec. (d). Pub. L. 110–289 added subsec. (d).

1997—Subsec. (a)(1). Pub. L. 105–114, § 402(b)(1), substituted “treatment of the veteran” for “treatment of the veteran's disability”.

Subsec. (a)(2)(B). Pub. L. 105–114, § 402(b)(2), substituted “section 1710(a)” for “section 1710(a)(2)”.

1996—Subsec. (a)(1). Pub. L. 104–262, § 101(d)(6)(A), substituted “section 1710(a)” for “section 1712(a)”.

Subsec. (a)(2)(A). Pub. L. 104–262, § 101(d)(6)(B)(i), substituted “section 1710(a)(1) of this title, or for a disability described in section 1710(a)(2)(C) of this title” for “paragraph (1) of section 1712(a) of this title”.

Subsec. (a)(2)(B). Pub. L. 104–262, § 101(d)(6)(B)(ii), substituted “section 1710(a)(2)” for “section 1712”.

1992—Subsec. (a)(2). Pub. L. 102–405 substituted “\$4,100” for “\$2,500” in subpar. (A) and “\$1,200” for “\$600” in subpar. (B).

1991—Pub. L. 102–83, § 5(a), renumbered section 617 of this title as this section.

Subsec. (a). Pub. L. 102–83, § 5(c)(1), substituted “1712(a)” for “612(a)” in pars. (1) and (2)(A) and “1712” for “612” in par. (2)(B).

Pub. L. 102–83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing in pars. (1) and (3).

Subsec. (b). Pub. L. 102–83, § 5(c)(1), substituted “1114(l)–(p)” for “314(l)–(p)” and “1134” for “334”.

Pub. L. 102–83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Subsec. (c). Pub. L. 102–83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

1988—Pub. L. 100–322, § 101(d)(3), substituted “Home health services; invalid” for “Invalid” in section catchline.

Subsec. (a). Pub. L. 100–322, § 101(d)(1)(B), added subsec. (a). Former subsec. (a) redesignated (b).

Subsec. (a)(3). Pub. L. 100–322, § 101(d)(2), transferred subsec. (k) of section 612 of this title to subsec. (a) of this section and redesignated it as par. (3).

Subsecs. (b), (c). Pub. L. 100–322, § 101(d)(1)(A), redesignated subsecs. (a) and (b) as (b) and (c), respectively.

1986—Subsec. (a)(3) [formerly §612(k)]. Pub. L. 99-576 added subsec. (k). See 1988 Amendment note above.

1984—Pub. L. 98-528 designated existing provision as subsec. (a) and added subsec. (b).

1982—Pub. L. 97-295 substituted “section 314(l)-(p) of this title (or the comparable rates provided pursuant to section 334 of this title)” for “subsections 314(l)-(p) (or the comparable rates provided pursuant to section 334) of this title”.

1968—Pub. L. 90-493 substituted “Invalid lifts and other devices” for “Invalid lifts and other devices for pensioners” in section catchline, and inserted provisions authorizing the Administrator to furnish lifts and other devices to any veteran who is receiving compensation under subsections 314(l)-(p) (or the comparable rates provided pursuant to section 334) of this title.

1967—Subsec. (b). Pub. L. 90-77 substituted “to any veteran in receipt of pension under chapter 15 of this title based on need of regular aid and attendance” for “to any veteran who is eligible to receive an invalid lift under subsection (a) of this section, or who would be so eligible, but for the fact that he has such a lift”.

1964—Pub. L. 88-450 inserted “and other devices” in section catchline, designated existing provisions of section as subsec. (a), and added subsec. (b).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1992 AMENDMENT

Pub. L. 102-405, title I, §101(b), Oct. 9, 1992, 106 Stat. 1973, provided that: “The amendments made by subsection (a) [amending this section] 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.”

EFFECTIVE DATE OF 1988 AMENDMENT

Amendment by Pub. L. 100-322 applicable with respect to furnishing of medical services to veterans who apply for such services after June 30, 1988, see section 101(i) of Pub. L. 100-322, set out as a note under section 1703 of this title.

EFFECTIVE DATE OF 1967 AMENDMENT

Amendment by Pub. L. 90-77 effective first day of first calendar month which begins more than ten days after Aug. 31, 1967, see section 405 of Pub. L. 90-77, set out as a note under section 101 of this title.

EFFECTIVE DATE

Section effective July 1, 1960, see section 10 of Pub. L. 86-211, set out as an Effective Date of 1959 Amendment note under section 1521 of this title.

APPLICABILITY OF INCREASE IN GRANT LIMITS

Pub. L. 111-163, title V, §516(b), May 5, 2010, 124 Stat. 1167, provided that: “A veteran who exhausts such veteran’s eligibility for benefits under section 1717(a)(2) of such title [probably means 38 U.S.C. 1717(a)(2)] before the date of the enactment of this Act [May 5, 2010], is not entitled to additional benefits under such section by reason of the amendments made by subsection (a) [amending this section].”

Pub. L. 102-405, title I, §101(c), Oct. 9, 1992, 106 Stat. 1973, provided that: “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) [amending this section].”

§ 1718. Therapeutic and rehabilitative activities

(a) In providing rehabilitative services under this chapter, the Secretary, upon the recommendation of the Under Secretary for Health, may use the services of patients and members in

Department health care facilities for therapeutic and rehabilitative purposes. Such patients and members shall not under these circumstances be held or considered as employees of the United States for any purpose. The Secretary shall prescribe the conditions for the use of such services.

(b)(1) In furnishing rehabilitative services under this chapter, the Secretary, upon the recommendation of the Under Secretary for Health, may enter into a contract or other arrangement with any appropriate source (whether or not an element of the Department of Veterans Affairs or of any other Federal entity) to provide for therapeutic work for patients and members in Department health care facilities.

(2) Notwithstanding any other provision of law, the Secretary may also furnish rehabilitative services under this subsection through contractual arrangements with nonprofit entities to provide for such therapeutic work for such patients. The Secretary shall establish appropriate fiscal, accounting, management, record-keeping, and reporting requirements with respect to the activities of any such nonprofit entity in connection with such contractual arrangements.

(c)(1) There is hereby established in the Treasury of the United States a revolving fund known as the Department of Veterans Affairs Special Therapeutic and Rehabilitation Activities Fund (hereinafter in this section referred to as the “fund”) for the purpose of furnishing rehabilitative services authorized in subsection (b) or (d). Such amounts of the fund as the Secretary may determine to be necessary to establish and maintain operating accounts for the various rehabilitative services activities may be deposited in checking accounts in other depositories selected or established by the Secretary.

(2) All funds received by the Department under contractual arrangements made under subsection (b) or (d), or by nonprofit entities described in subsection (b)(2), shall be deposited in or credited to the fund, and the Secretary shall distribute out of the fund moneys to participants at rates not less than the wage rates specified in the Fair Labor Standards Act of 1938 (29 U.S.C. 201 et seq.) and regulations prescribed thereunder for work of similar character.

(3) The Under Secretary for Health shall prepare, for inclusion in the annual report submitted to Congress under section 529 of this title, a description of the scope and achievements of activities carried out under this section (including pertinent data regarding productivity and rates of distribution) during the prior twelve months and an estimate of the needs of the program of therapeutic and rehabilitation activities to be carried out under this section for the ensuing fiscal year.

(d) In providing to a veteran rehabilitative services under this chapter, the Secretary may furnish the veteran with the following:

(1) Work skills training and development services.

(2) Employment support services.

(3) Job development and placement services.

(e) In providing rehabilitative services under this chapter, the Secretary shall take appropriate action to make it possible for the patient

to take maximum advantage of any benefits to which such patient is entitled under chapter 31, 34, or 35 of this title, and, if the patient is still receiving treatment of a prolonged nature under this chapter, the provision of rehabilitative services under this chapter shall be continued during, and coordinated with, the pursuit of education and training under such chapter 31, 34, or 35.

(f) The Secretary shall prescribe regulations to ensure that the priorities set forth in section 1705 of this title shall be applied, insofar as practicable, to participation in therapeutic and rehabilitation activities carried out under this section.

(g)(1) The Secretary may not consider any of the matters stated in paragraph (2) as a basis for the denial or discontinuance of a rating of total disability for purposes of compensation or pension based on the veteran's inability to secure or follow a substantially gainful occupation as a result of disability.

(2) Paragraph (1) applies to the following:

(A) A veteran's participation in an activity carried out under this section.

(B) A veteran's receipt of a distribution as a result of participation in an activity carried out under this section.

(C) A veteran's participation in a program of rehabilitative services that (i) is provided as part of the veteran's care furnished by a State home and (ii) is approved by the Secretary as conforming appropriately to standards for activities carried out under this section.

(D) A veteran's receipt of payment as a result of participation in a program described in subparagraph (C).

(3) A distribution of funds made under this section and a payment made to a veteran under a program of rehabilitative services described in paragraph (2)(C) shall be considered for the purposes of chapter 15 of this title to be a donation from a public or private relief or welfare organization.

(Added Pub. L. 87-574, §2(1), Aug. 6, 1962, 76 Stat. 308, §618; amended Pub. L. 94-581, title I, §105(a), Oct. 21, 1976, 90 Stat. 2845; Pub. L. 98-543, title III, §303, Oct. 24, 1984, 98 Stat. 2748; Pub. L. 99-576, title II, §205, Oct. 28, 1986, 100 Stat. 3256; Pub. L. 102-54, §§10, 14(b)(12), June 13, 1991, 105 Stat. 273, 284; renumbered §1718 and amended Pub. L. 102-83, §§2(c)(3), 4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 402, 404-406; Pub. L. 102-86, title V, §506(a)(1), Aug. 14, 1991, 105 Stat. 426; Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 102-585, title IV, §401, Nov. 4, 1992, 106 Stat. 4953; Pub. L. 103-446, title XII, §1201(i)(1), Nov. 2, 1994, 108 Stat. 4688; Pub. L. 104-262, title I, §101(d)(7), Oct. 9, 1996, 110 Stat. 3180; Pub. L. 108-170, title I, §104(b), Dec. 6, 2003, 117 Stat. 2045; Pub. L. 109-444, §8(a)(1), Dec. 21, 2006, 120 Stat. 3313; Pub. L. 109-461, title X, §§1004(a)(1), 1006(b), Dec. 22, 2006, 120 Stat. 3465, 3468.)

Editorial Notes

REFERENCES IN TEXT

The Fair Labor Standards Act of 1938, referred to in subsec. (c)(2), is act June 25, 1938, ch. 676, 52 Stat. 1060,

as amended, which is classified generally to chapter 8 (§201 et seq.) of Title 29, Labor. For complete classification of this Act to the Code, see section 201 of Title 29 and Tables.

AMENDMENTS

2006—Subsec. (c)(2). Pub. L. 109-461, §1006(b), provided that as of the enactment of Pub. L. 109-461, the amendments made by Pub. L. 109-444 were deemed for all purposes not to have taken effect and that Pub. L. 109-444 ceased to be in effect. See Amendment notes below and section 1006(b) of Pub. L. 109-461, set out as a Coordination of Provisions With Pub. L. 109-444 note under section 101 of this title.

Pub. L. 109-461, §1004(a)(1), inserted “of 1938” after “Act”.

Pub. L. 109-444, which inserted “of 1938” after “Act”, was terminated by Pub. L. 109-461, §1006(b). See Amendment notes above.

2003—Subsec. (c)(1). Pub. L. 108-170, §104(b)(2)(A), substituted “subsection (b) or (d)” for “subsection (b) of this section”.

Subsec. (c)(2). Pub. L. 108-170, §104(b)(2)(B), substituted “subsection (b) or (d)” for “subsection (b) of this section” and “subsection (b)(2)” for “paragraph (2) of such subsection”.

Subsecs. (d) to (g). Pub. L. 108-170, §104(b)(1), added subsec. (d) and redesignated former subsecs. (d) to (f) as (e) to (g), respectively.

1996—Subsec. (e). Pub. L. 104-262 substituted “section 1705” for “section 1712(i)”.

1994—Subsec. (c)(1). Pub. L. 103-446 substituted “Department of Veterans Affairs” for “Department”.

1992—Subsecs. (a), (b)(1), (c)(3). Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

Subsec. (f). Pub. L. 102-585 amended subsec. (f) generally. Prior to amendment, subsec. (f) read as follows:

“(1) Neither a veteran's participation in an activity carried out under this section nor a veteran's receipt of a distribution as a result of such participation may be considered as a basis for the denial or discontinuance of a rating of total disability for purposes of compensation or pension based on the veteran's inability to secure or follow a substantially gainful occupation as a result of disability.

“(2) A distribution of funds made under this section shall be considered for purposes of chapter 15 of this title to be a donation from a public or private relief or welfare organization.”

1991—Pub. L. 102-83, §5(a), renumbered section 618 of this title as this section.

Subsec. (a). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans' Administration”.

Subsec. (b)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans' Administration”.

Pub. L. 102-54, §10(a), substituted “a contract or other arrangement with any appropriate source (whether or not an element of the Department of Veterans Affairs or of any other Federal entity)” for “contractual arrangements with private industry or other sources outside the Veterans' Administration”.

Subsec. (b)(2). Pub. L. 102-86 amended subsec. (b)(2) of this section as in effect before the redesignations made by Pub. L. 102-83, §5, by substituting “arrangements” for “arangements” in first sentence.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Subsec. (c)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans' Administration”.

Pub. L. 102-54, §10(b), substituted “furnishing rehabilitative services authorized in” for “carrying out the provisions of”.

Subsec. (c)(2). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Subsec. (c)(3). Pub. L. 102-83, §2(c)(3), substituted "section 529" for "section 214".

Pub. L. 102-54, §14(b)(12), inserted "and" after "productivity".

Subsec. (d). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Subsec. (e). Pub. L. 102-83, §5(c)(1), substituted "1712(i)" for "612(i)".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

1986—Subsec. (a). Pub. L. 99-576, §205(1), substituted "may use" for "may utilize", "purposes. Such" for "purposes, at nominal remuneration, and such", and "use" for "utilization".

Subsec. (b)(1). Pub. L. 99-576, §205(2), struck out "for remuneration" after "therapeutic work".

Subsec. (c)(2), (3). Pub. L. 99-576, §205(3), substituted "distribute" for "pay" in par. (2), and substituted "rates of distribution" for "and wage rates" in par. (3).

Subsec. (f). Pub. L. 99-576, §205(4), designated existing provisions as par. (1), substituted "a distribution" for "remuneration", and added par. (2).

1984—Subsec. (f). Pub. L. 98-543 added subsec. (f).

1976—Subsec. (a). Pub. L. 94-581, §105(a)(1), (2), designated existing provisions as subsec. (a) and substituted "In providing rehabilitative services under this chapter, the" for "The" and "health care facilities" for "hospitals and domiciliaries".

Subsecs. (b) to (e). Pub. L. 94-581, §105(a)(3), added subsecs. (b) to (e).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

DEMONSTRATION PROGRAM OF COMPENSATED WORK THERAPY AND THERAPEUTIC TRANSITIONAL HOUSING

Pub. L. 102-54, §7, June 13, 1991, 105 Stat. 269, as amended by Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406; Pub. L. 102-86, title V, §501, Aug. 14, 1991, 105 Stat. 424; Pub. L. 103-452, title I, §103(f), Nov. 2, 1994, 108 Stat. 4787; Pub. L. 104-110, title I, §102(b), Feb. 13, 1996, 110 Stat. 769, authorized Secretary of Veterans' Affairs, between Oct. 1, 1991, and Dec. 31, 1997, to carry out compensated work therapy and therapeutic transitional housing demonstration program, prior to repeal by Pub. L. 105-114, title II, §202(c)(1), Nov. 21, 1997, 111 Stat. 2287.

SETTLEMENT OF CLAIMS

Pub. L. 94-581, title I, §105(b), Oct. 21, 1976, 90 Stat. 2846, as amended by Pub. L. 97-258, §4(b), Sept. 13, 1982, 96 Stat. 1067; Pub. L. 102-83, §6(a), Aug. 6, 1991, 105 Stat. 407, provided that:

"(1) The Secretary of Veterans Affairs may settle claims made by the Department of Veterans Affairs against any private nonprofit corporation organized under the laws of any State, for the use of facilities and personnel of the Department in work projects as a part of a therapeutic or rehabilitation program for patients and members in health care facilities of the Department, and to execute a binding release of all claims by the United States against any such corporation, in such amounts, and upon such terms and conditions as the Secretary considers appropriate.

"(2) For the purposes of this subsection, notwithstanding section 3302 of title 31, or any other provision of law, the Secretary may utilize any funds received under any settlement made pursuant to paragraph (1) of this subsection for any purpose agreed upon by the Secretary and such corporation."

§ 1719. Repair or replacement of certain prosthetic and other appliances

The Secretary may repair or replace any artificial limb, truss, brace, hearing aid, spectacles, or similar appliance (not including dental appliances) reasonably necessary to a veteran and belonging to such veteran which was damaged or destroyed by a fall or other accident caused by a service-connected disability for which such veteran is in receipt of, or but for the receipt of retirement pay would be entitled to, disability compensation.

(Added Pub. L. 87-850, §1(a), Oct. 23, 1962, 76 Stat. 1126, §619; amended Pub. L. 94-581, title II, §210(a)(6), Oct. 21, 1976, 90 Stat. 2862; renumbered §1719 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 619 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

1976—Pub. L. 94-581 substituted "belonging to such veteran" for "belonging to him".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE

Pub. L. 87-850, §2, Oct. 23, 1962, 76 Stat. 1126, provided that: "The amendment made by this Act [enacting this section] shall apply only with respect to the repair or replacement of artificial limbs, trusses, braces, hearing aids, spectacles, and similar devices damaged or destroyed after the date of enactment of this Act [Oct. 23, 1962]."

§ 1720. Transfers for nursing home care; adult day health care

(a)(1) Subject to subsection (b) of this section, the Secretary may transfer to a non-Department nursing home, for care at the expense of the United States—

(A) a veteran—

(i) who has been furnished care by the Secretary in a facility under the direct jurisdiction of the Secretary; and

(ii) who the Secretary determines—

(I) requires a protracted period of nursing home care which can be furnished in the non-Department nursing home; and

(II) in the case of a veteran who has been furnished hospital care in a facility under the direct jurisdiction of the Secretary, has received maximum benefits from such care; and

(B) a member of the Armed Forces—

(i) who has been furnished care in a hospital of the Armed Forces;

(ii) who the Secretary concerned determines has received maximum benefits from such care but requires a protracted period of nursing home care; and

(iii) who upon discharge from the Armed Forces will become a veteran.

(2) The Secretary may transfer a person to a nursing home under this subsection only if the Secretary determines that the cost to the United States of the care of such person in the nursing home will not exceed—

(A) the amount equal to 45 percent of the cost of care furnished by the Department in a general hospital under the direct jurisdiction of the Secretary (as such cost may be determined annually by the Secretary); or

(B) the amount equal to 50 percent of such cost, if such higher amount is determined to be necessary by the Secretary (upon the recommendation of the Under Secretary for Health) to provide adequate care.

(3) Nursing home care may not be furnished under this subsection at the expense of the United States for more than six months in the aggregate in connection with any one transfer except—

(A) in the case of a veteran—

(i) who is transferred to a non-Department nursing home from a hospital under the direct jurisdiction of the Secretary; and

(ii) whose hospitalization was primarily for a service-connected disability;

(B) in a case in which the nursing home care is required for a service-connected disability; or

(C) in a case in which, in the judgment of the Secretary, a longer period of nursing home care is warranted.

(4) A veteran who is furnished care by the Secretary in a hospital or domiciliary facility in Alaska or Hawaii may be furnished nursing home care at the expense of the United States under this subsection even if such hospital or domiciliary facility is not under the direct jurisdiction of the Secretary.

(b) No veteran may be transferred or admitted to any institution for nursing home care under this section, unless such institution is determined by the Secretary to meet such standards as the Secretary may prescribe. The standards prescribed and any report of inspection of institutions furnishing care to veterans under this section made by or for the Secretary shall, to the extent possible, be made available to all Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting such institutions.

(c)(1)(A) In furnishing nursing home care, adult day health care, or other extended care services under this section, the Secretary may enter into agreements for furnishing such care or services with—

(i) in the case of the medicare program, a provider of services that has entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a));

(ii) in the case of the medicaid program, a provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.); and

(iii) a provider of services eligible to enter into a contract pursuant to section 1745(a) of this title that is not otherwise described in clause (i) or (ii).

(B) In entering into an agreement under subparagraph (A) with a provider of services de-

scribed in clause (i) of that subparagraph or a provider described in clause (ii) of that subparagraph, the Secretary may use the procedures available for entering into provider agreements under section 1866(a) of the Social Security Act.

(2) In applying the provisions of section 6704(a) of title 41 with respect to any contract entered into under this section to provide nursing home care of veterans, the payment of wages not less than those specified in section 6(b) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(b)) shall be deemed to constitute compliance with such provisions.

(d)(1) Subject to subsection (b) of this section, the Secretary may authorize for any veteran requiring nursing home care for a service-connected disability direct admission for such care at the expense of the United States to any non-Department nursing home. The Secretary may also authorize a direct admission to such a nursing home for nursing home care for any veteran who has been discharged from a hospital under the direct jurisdiction of the Secretary and who is currently receiving medical services as part of home health services from the Department.

(2) Direct admission authorized by paragraph (1) of this subsection may be authorized upon determination of need therefor—

(A) by a physician employed by the Department; or

(B) in areas where no such physician is available, by a physician carrying out such function under contract or fee arrangement,

based on an examination by such physician.

(3) The amount which may be paid for such care and the length of care available under this subsection shall be the same as authorized under subsection (a) of this section.

(e)(1) The cost of intermediate care for purposes of payment by the United States pursuant to subsection (a)(2)(B) of this section shall be determined by the Secretary except that the rate of reimbursement shall be commensurately less than that provided for nursing home care.

(2) For the purposes of this section, the term "non-Department nursing home" means a public or private institution not under the direct jurisdiction of the Secretary which furnishes nursing home care.

(f)(1)(A) The Secretary may furnish adult day health care services to a veteran enrolled under section 1705(a) of this title who would otherwise require nursing home care.

(B) The Secretary may provide in-kind assistance (through the services of Department employees and the sharing of other Department resources) to a facility furnishing care to veterans under subparagraph (A) of this paragraph. Any such in-kind assistance shall be provided under a contract or agreement between the Secretary and the facility concerned. The Secretary may provide such assistance only for use solely in the furnishing of adult day health care and only if, under such contract or agreement, the Department receives reimbursement for the full cost of such assistance, including the cost of services and supplies and normal depreciation and amortization of equipment. Such reimbursement may be made by reduction in the charges to the United States or by payment to the United States. Any funds received through such

reimbursement shall be credited to funds allotted to the Department facility that provided the assistance.

(2) The Secretary may conduct, at facilities over which the Secretary has direct jurisdiction, programs for the furnishing of adult day health care to veterans who are eligible for such care under paragraph (1) of this subsection, except that necessary travel and incidental expenses (or transportation in lieu thereof) may be furnished under such a program only under the terms and conditions set forth in section 111 of this title. The furnishing of care under any such program shall be subject to the limitations that are applicable to the duration of adult day health care furnished under paragraph (1) of this subsection.

(g) The Secretary may contract with appropriate entities to provide specialized residential care and rehabilitation services to a veteran of Operation Enduring Freedom or Operation Iraqi Freedom who the Secretary determines suffers from a traumatic brain injury, has an accumulation of deficits in activities of daily living and instrumental activities of daily living, and because of these deficits, would otherwise require admission to a nursing home even though such care would generally exceed the veteran's nursing needs.

(Added Pub. L. 88-450, §2(a), Aug. 19, 1964, 78 Stat. 500, §620; amended Pub. L. 90-429, July 26, 1968, 82 Stat. 446; Pub. L. 90-612, §§1, 3, Oct. 21, 1968, 82 Stat. 1202; Pub. L. 91-101, Oct. 30, 1969, 83 Stat. 167; Pub. L. 93-82, title I, §104, Aug. 2, 1973, 87 Stat. 182; Pub. L. 94-581, title I, §106, title II, §§202(h), 210(a)(7), Oct. 21, 1976, 90 Stat. 2847, 2856, 2863; Pub. L. 97-295, §4(19), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 98-160, title I, §103(a)(1), (2), Nov. 21, 1983, 97 Stat. 995; Pub. L. 99-166, title I, §108(a)-(c), Dec. 3, 1985, 99 Stat. 946, 947; Pub. L. 99-272, title XIX, §1901(d)(5), Apr. 7, 1986, 100 Stat. 379; Pub. L. 100-322, title I, §§103(b), 111(a), May 20, 1988, 102 Stat. 493, 499; renumbered §1720 and amended Pub. L. 102-83, §§4(a)(2)(A)(ii), (3)-(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 403-406; Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 104-262, title I, §101(d)(8), Oct. 9, 1996, 110 Stat. 3180; Pub. L. 105-114, title IV, §402(c), Nov. 21, 1997, 111 Stat. 2294; Pub. L. 106-117, title I, §101(d), Nov. 30, 1999, 113 Stat. 1549; Pub. L. 108-170, title I, §105, Dec. 6, 2003, 117 Stat. 2045; Pub. L. 111-163, title V, §507, May 5, 2010, 124 Stat. 1161; Pub. L. 111-350, §5(j)(1), Jan. 4, 2011, 124 Stat. 3850; Pub. L. 112-154, title I, §105(b), Aug. 6, 2012, 126 Stat. 1170.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (c)(1)(A)(ii), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

PRIOR PROVISIONS

Prior section 1720 was renumbered section 3520 of this title.

AMENDMENTS

2012—Subsec. (c)(1)(A)(iii). Pub. L. 112-154 added cl. (iii).

2011—Subsec. (c)(2). Pub. L. 111-350 substituted “section 6704(a) of title 41” for “section 2(b)(1) of the Service Contract Act of 1965 (41 U.S.C. 351(b)(1))”.

2010—Subsec. (g). Pub. L. 111-163 added subsec. (g).

2003—Subsec. (c). Pub. L. 108-170, §105(a), designated existing provisions as par. (2) and added par. (1).

Subsec. (f)(1)(B). Pub. L. 108-170, §105(b), inserted “or agreement” after “contract” in two places.

1999—Subsec. (f)(1)(A). Pub. L. 106-117 amended subpar. (A) generally. Prior to amendment, subpar. (A) read as follows: “The Secretary is authorized to furnish adult day health care as provided for in this subsection. For the purpose only of authorizing the furnishing of such care and specifying the terms and conditions under which it may be furnished to veterans needing such care—

“(i) references to ‘nursing home care’ in subsections (a) through (d) of this section shall be deemed to be references to ‘adult day health care’; and

“(ii) a veteran who is eligible for medical services under paragraph (1), (2), or (3) of section 1710(a) of this title shall be deemed to be a veteran described in subsection (a)(1) of this section.”

1997—Subsec. (a)(1)(A)(i). Pub. L. 105-114 substituted “care” for “hospital care, nursing home care, or domiciliary care”.

1996—Subsec. (f)(1)(A)(ii). Pub. L. 104-262, §101(d)(8)(A), substituted “paragraph (1), (2), or (3) of section 1710(a)” for “section 1712(a)(1)(B)”.

Subsec. (f)(3). Pub. L. 104-262, §101(d)(8)(B), struck out par. (3) which read as follows: “Adult day health care may not be furnished under this section after September 30, 1991.”

1992—Subsec. (a)(2)(B). Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

1991—Pub. L. 102-83, §5(a), renumbered section 620 of this title as this section.

Subsec. (a). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing in par. (1) introductory provisions and subpar. (A) and pars. (2) to (4).

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans’ Administration” wherever appearing in pars. (1) and (3)(A)(i).

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in par. (2)(A).

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (d)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans’ Administration”.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

Subsec. (d)(2)(A). Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

Subsec. (e). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in pars. (1) and (2).

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans’ Administration” in par. (2).

Subsec. (f)(1)(A). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

Subsec. (f)(1)(A)(ii). Pub. L. 102-83, §5(c)(1), substituted “1712(a)(1)(B)” for “612(a)(1)(B)”.

Subsec. (f)(1)(B). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” before “may” in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Pub. L. 102-83, §4(a)(2)(A)(ii), substituted “Secretary” for “Veterans’ Administration” in second sentence.

Subsec. (f)(2). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

1988—Subsec. (e)(1). Pub. L. 100-322, §103(b), struck out “For the purposes of this section, the term ‘nursing home care’ includes intermediate care, as determined by the Administrator in accordance with regulations which the Administrator shall prescribe.” at beginning and struck out “(as defined in section 101(28) of this title)” after “provided for nursing home care”.

Subsec. (f)(3). Pub. L. 100-322, §111(a), substituted “September 30, 1991” for “September 30, 1988”.

1986—Subsec. (f)(1)(A)(ii). Pub. L. 99-272 substituted “612(a)(1)(B)” for “612(f)(2)”.

1985—Subsec. (a). Pub. L. 99-166, §108(a), amended subsec. (a) generally. Prior to amendment, subsec. (a) read as follows: “Subject to subsection (b) and except as provided in subsection (e) of this section, the Administrator may transfer—

“(1) Any veteran who has been furnished care by the Administrator in a hospital under the direct jurisdiction of the Administrator, and

“(2) Any person (A) who has been furnished care in any hospital of any of the Armed Forces, (B) who the appropriate Secretary concerned has determined has received maximum hospital benefits but requires a protracted period of nursing home care, and (C) who upon discharge therefrom will become a veteran to any public or private institution not under the jurisdiction of the Administrator which furnishes nursing home care, for care at the expense of the United States, only if the Administrator determines that—

“(i) such veteran has received maximum benefits from such care in such hospital, but will require a protracted period of nursing home care which can be furnished in such institution, and

“(ii) the cost of such nursing home care in such institution will not exceed 45 percent of the cost of care furnished by the Veterans’ Administration in a general hospital under the direct and exclusive jurisdiction of the Administrator, as such cost may be determined annually by the Administrator, or not to exceed 50 percent of such cost where determined necessary by the Administrator, upon recommendation of the Chief Medical Director, to provide adequate care.

Nursing home care may not be furnished pursuant to this section at the expense of the United States for more than six months in the aggregate in connection with any one transfer, except (I) in the case of the veteran whose hospitalization was primarily for a service-connected disability, or (II) where in the judgment of the Administrator a longer period is warranted in the case of any other veteran. Any veteran who is furnished care by the Administrator in a hospital in Alaska or Hawaii may be furnished nursing home care under the provisions of this section even if such hospital is not under the direct jurisdiction of the Administrator.”

Subsec. (d). Pub. L. 99-166, §108(b), designated existing first sentence as par. (1), substituted “to any non-Veterans’ Administration nursing home” for “to any public or private institution not under the jurisdiction of the Administrator which furnishes nursing home care”, inserted “The Administrator may also authorize a direct admission to such a nursing home for nursing home care for any veteran who has been discharged from a hospital under the direct jurisdiction of the Administrator and who is currently receiving medical services as part of home health services from the Veterans’ Administration.”, substituted par. (2) for “Such admission may be authorized upon determination of need therefor by a physician employed by the Veterans’ Administration or, in areas where no such physician is available, carrying out such function under contract or fee arrangement based on an examination by such physician.”, and designated existing last sentence as par. (3).

Subsec. (e). Pub. L. 99-166, §108(c), designated existing provisions as par. (1), substituted “subsection (a)(2)(B)” for “subsection (a)(ii)” in second sentence, and added par. (2).

1983—Pub. L. 98-160, §103(a)(2), inserted “; adult day health care” in section catchline.

Subsec. (f). Pub. L. 98-160, §103(a)(1), added subsec. (f). 1982—Subsec. (a)(ii). Pub. L. 97-295, §4(19)(A), substituted “percent” for “per centum” wherever appearing.

Subsec. (c). Pub. L. 97-295, §4(19)(B), inserted “(41 U.S.C. 351(b)(1))” after “the Service Contract Act of 1965” and substituted “(29 U.S.C. 206(b))” for “, as amended,”.

1976—Subsec. (a). Pub. L. 94-581, §§106(1)–(3), 202(h), inserted “and except as provided in subsection (e)” after “subsection (b)” in provisions preceding par. (1), substituted “direct jurisdiction” for “direct and exclusive jurisdiction” in par. (1), substituted “45 per centum” for “40 per centum” and “annually” for “from time to time” in cl. (ii) and inserted “, or not to exceed 50 per centum of such cost where determined necessary by the Administrator, upon recommendation of the Chief Medical Director, to provide adequate care” at the end thereof, and substituted “direct jurisdiction” for “direct and exclusive jurisdiction” in provisions following cl. (ii).

Subsec. (b). Pub. L. 94-581, §210(a)(7), substituted “such standards as the Administrator may prescribe” for “such standards as he may prescribe”.

Subsec. (e). Pub. L. 94-581, §106(4), added subsec. (e). 1973—Subsec. (a). Pub. L. 93-82, §104(a), (b), designated cls. (1) and (2) as (i) and (ii), respectively, and in provisions preceding cl. (i) as so designated, substituted authority of the Administrator to transfer veterans and other persons under pars. (1) and (2), for authority of the Administrator to transfer veterans who have been furnished care by the Administrator in a hospital under the direct and exclusive jurisdiction of the Administrator, to any public or private institution not under the jurisdiction of the Administrator which furnishes nursing home care for care at the expense of the United States, and in the provisions following cl. (ii) as so designated, substituted designations (I) and (II) for designations (A) and (B).

Subsec. (b). Pub. L. 93-82, §104(c), inserted provisions relating to the admissions of veterans to institutions for nursing home care and for the furnishing of standards and reports to Federal, State and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting such institutions.

Subsec. (d). Pub. L. 93-82, §104(d), added subsec. (d).

1969—Subsec. (a). Pub. L. 91-101 inserted provision authorizing the furnishing of nursing home care for more than six months in the aggregate in connection with any one transfer in the case of a veteran whose hospitalization was primarily for a service-connected disability.

1968—Subsec. (a). Pub. L. 90-612, §1, authorized furnishing of nursing home care to veterans who are being furnished care by the Administrator in hospitals in Alaska or Hawaii even if the hospitals involved are not under the direct and exclusive jurisdiction of the Administrator.

Subsec. (a)(2). Pub. L. 90-429 substituted “40 per centum” for “one-third”.

Subsec. (c). Pub. L. 90-612, §3, added subsec. (c).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2012 AMENDMENT

Pub. L. 112-154, title I, §105(c), Aug. 6, 2012, 126 Stat. 1170, provided that:

“(1) IN GENERAL.—The amendments made by this section [amending this section and section 1745 of this title] shall apply to care provided on or after the date that is 180 days after the date of the enactment of this Act [Aug. 6, 2012].

“(2) MAINTENANCE OF PRIOR METHODOLOGY OF REIMBURSEMENT FOR CERTAIN STATE HOMES.—In the case of a State home that provided nursing home care on the day before the date of the enactment of this Act for which the State home was eligible for pay under section 1745(a)(1) of title 38, United States Code, at the request of any State home, the Secretary shall offer to enter

into a contract (or agreement described in such section) with such State home under such section, as amended by subsection (a), for payment for nursing home care provided by such State home under such section that reflects the overall methodology of reimbursement for such care that was in effect for such State home on the day before the date of the enactment of this Act."

EFFECTIVE DATE OF 1986 AMENDMENT

Amendment by Pub. L. 99-272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99-272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

COMPARISON STUDY BETWEEN ADULT DAY HEALTH CARE AND NURSING HOME CARE

Pub. L. 100-322, title I, §111(b), (c), May 20, 1988, 102 Stat. 499, directed Administrator to conduct a study of medical efficacy and cost-effectiveness of furnishing adult day health care under subsec. (f) of this section as an alternative to nursing home care and the comparative advantages and disadvantages of providing such care through facilities that are not under direct jurisdiction of Administrator and through facilities that are under direct jurisdiction of Administrator, with Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives an interim report on the study not later than Feb. 1, 1988, a final report on such study not later than Feb. 1, 1991.

Pub. L. 98-160, title I, §103(b), (c), Nov. 21, 1983, 97 Stat. 996, which provided for a study and report, not later than Feb. 1, 1988, of the medical efficacy and cost-effectiveness of furnishing adult day health care as an alternative for nursing home care and of the comparative advantages and disadvantages of providing such care in Veterans' Administration or in other facilities, was repealed by Pub. L. 100-322, title I, §111(d), May 20, 1988, 102 Stat. 499.

§ 1720A. Treatment and rehabilitative services for persons with drug or alcohol dependency

(a) The Secretary, in consultation with the Secretary of Labor and the Director of the Office of Personnel Management, may take appropriate steps to (1) urge all Federal agencies and appropriate private and public firms, organizations, agencies, and persons to provide appropriate employment and training opportunities for veterans who have been provided treatment and rehabilitative services under this title for alcohol or drug dependence or abuse disabilities and have been determined by competent medical authority to be sufficiently rehabilitated to be employable, and (2) provide all possible assistance to the Secretary of Labor in placing such veterans in such opportunities.

(b) Upon receipt of an application for treatment and rehabilitative services under this title for an alcohol or drug dependence or abuse disability from any individual who has been discharged or released from active military, naval, air, or space service but who is not eligible for such treatment and services, the Secretary shall—

(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining treatment and rehabilitative services from sources outside the Department; and

(2) if pertinent, advise such individual of such individual's rights to apply to the appropriate military, naval, air, or space service and the Department for review of such individual's discharge or release from such service.

(c)(1) Any person serving in the active military, naval, air, or space service who is determined by the Secretary concerned to have an alcohol or drug dependence or abuse disability may be transferred to any facility in order for the Secretary to furnish care or treatment and rehabilitative services for such disability. Care and services provided to a member so transferred shall be provided as if such member were a veteran. Any transfer of any such member for such care and services shall be made pursuant to such terms as may be agreed upon by the Secretary concerned and the Secretary, subject to the provisions of sections 1535 and 1536 of title 31.

(2) No person serving in the active military, naval, air, or space service may be transferred pursuant to an agreement made under paragraph (1) of this subsection unless such person requests such transfer in writing for a specified period of time. No such person transferred pursuant to such a request may be furnished such care and services by the Secretary beyond the period of time specified in such request unless such person requests in writing an extension for a further specified period of time and such request is approved by the Secretary.

(d)(1) The Secretary shall ensure that each medical center of the Department develops and carries out a plan to provide treatment for substance use disorders, either through referral or direct provision of services, to veterans who require such treatment.

(2) Each plan under paragraph (1) shall make available clinically proven substance abuse treatment methods, including opioid substitution therapy, to veterans with respect to whom a qualified medical professional has determined such treatment methods to be appropriate.

(Added Pub. L. 96-22, title I, §104(a), June 13, 1979, 93 Stat. 50, §620A; amended Pub. L. 96-128, title V, §501(c), Nov. 28, 1979, 93 Stat. 987; Pub. L. 97-251, §6, Sept. 8, 1982, 96 Stat. 716; Pub. L. 97-258, §3(k)(1), Sept. 13, 1982, 96 Stat. 1065; Pub. L. 99-108, §3, Sept. 30, 1985, 99 Stat. 481; Pub. L. 99-166, title I, §101(a), (b)(1), Dec. 3, 1985, 99 Stat. 942, 943; Pub. L. 100-687, div. B, title XV, §1509, Nov. 18, 1988, 102 Stat. 4137; Pub. L. 100-689, title V, §502(a)(1), (b), Nov. 18, 1988, 102 Stat. 4179; Pub. L. 102-54, §14(b)(13), June 13, 1991, 105 Stat. 284; renumbered §1720A and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-86, title III, §303, Aug. 14, 1991, 105 Stat. 416; Pub. L. 103-452, title I, §103(b), Nov. 2, 1994, 108 Stat. 4786; Pub. L. 104-110, title I, §101(b), Feb. 13, 1996, 110 Stat. 768; Pub. L. 105-114, title II, §202(b), Nov. 21, 1997, 111 Stat. 2287; Pub. L. 106-117, title I, §114, Nov. 30, 1999, 113 Stat. 1558; Pub. L. 106-419, title IV,

§ 404(a)(4), Nov. 1, 2000, 114 Stat. 1864; Pub. L. 107-95, § 8(c), Dec. 21, 2001, 115 Stat. 920; Pub. L. 116-283, div. A, title IX, § 926(a)(25), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

AMENDMENTS

2021—Subsecs. (b), (c). Pub. L. 116-283 substituted “air, or space service” for “or air service” in two places.

2001—Subsec. (d). Pub. L. 107-95 added subsec. (d).

2000—Subsec. (c)(1). Pub. L. 106-419 substituted “for such disability. Care and services provided to a member so transferred” for “for such disability unless such transfer is during the last thirty days of such member’s enlistment period or tour of duty, in which case such care and services provided to such member”.

1999—Subsec. (c)(1). Pub. L. 106-117, § 114(a), substituted “may be transferred” for “may not be transferred” in first sentence.

Pub. L. 106-117, § 114(a)(2), which directed the amendment of first sentence of par. (1) by striking out “unless such transfer is during the last thirty days of such member’s enlistment or tour of duty”, could not be executed because that phrase did not appear.

Subsec. (c)(2). Pub. L. 106-117, § 114(b), struck out “during the last thirty days of such person’s enlistment period or tour of duty” before period at end of first sentence.

1997—Pub. L. 105-114, § 202(b)(2), substituted “Treatment and rehabilitative services for persons with drug and alcohol dependency” for “Treatment and rehabilitation for alcohol or drug dependence or abuse disabilities” in section catchline.

Subsecs. (a) to (d). Pub. L. 105-114, § 202(b)(1), redesignated subsecs. (b) to (d) as (a) to (c), respectively, and struck out former subsec. (a) which read as follows:

“(a)(1) The Secretary, in furnishing hospital, nursing home, and domiciliary care and medical and rehabilitative services under this chapter, may contract with care and treatment and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence or abuse disabilities.

“(2) Before furnishing such care and services to any veteran through a contract facility as authorized by paragraph (1) of this subsection, the Secretary shall approve (in accordance with criteria which the Secretary shall prescribe by regulation) the quality and effectiveness of the program operated by such facility for the purpose for which such veteran is to be furnished such care and services.”

Subsecs. (e) to (g). Pub. L. 105-114, § 202(b)(1)(B), struck out subsecs. (e) to (g) which read as follows:

“(e) The Secretary may not furnish care and treatment and rehabilitative services under subsection (a) of this section after December 31, 1997.

“(f)(1) During the period beginning on December 1, 1988, and ending on October 1, 1997, the Secretary shall conduct an ongoing clinical evaluation in order to determine the long-term results of drug and alcohol abuse treatment furnished to veterans in contract residential treatment facilities under this section.

“(2) The evaluation shall include an assessment of the following:

“(A) The long-term results of treatment referred to in paragraph (1) of this subsection on drug and alcohol use by veterans who may have received such treatment.

“(B) The need for hospitalization of such veterans for drug and alcohol abuse after completion of the residential treatment.

“(C) The employment status and income of such veterans.

“(D) The extent of any criminal activity of such veterans.

“(E) Whether certain models and methods of residential treatment for drug and alcohol abuse are

more successful for veterans with specific abuses, specific levels of resources available to them, and specific needs than are other models and methods.

“(3) To the extent feasible, the Secretary shall select for consideration in the evaluation veterans whose treatment for drug and alcohol abuse in contract residential treatment facilities under such section represents a variety of models and methods of residential drug and alcohol abuse treatment.

“(4) The Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives the following reports on the evaluation under this subsection:

“(A) Not later than February 1, 1993, an interim report containing information obtained during the first four years of the evaluation and any conclusions that the Secretary has drawn on the basis of that information.

“(B) Not later than March 31, 1998, a final report containing information obtained during the evaluation and the determinations and conclusions of the Secretary based on that information.

“(g) The authority of the Secretary to enter into contracts under this section shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.”

1996—Subsec. (e). Pub. L. 104-110 substituted “December 31, 1997” for “December 31, 1995”.

1994—Subsec. (e). Pub. L. 103-452 substituted “December 31, 1995” for “December 31, 1994”.

1991—Pub. L. 102-83, § 5(a), renumbered section 620A of this title as this section.

Subsecs. (a), (b). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (c). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

Pub. L. 102-83, § 4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in pars. (1) and (2).

Subsec. (d). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (e). Pub. L. 102-86 amended subsec. (e) of this section as in effect before the redesignations made by Pub. L. 102-83, § 5, by substituting “December 31, 1994” for “September 30, 1991”.

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Subsec. (f). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Pub. L. 102-84 struck out “during the period” before “beginning” in par. (1).

Subsec. (g). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

1988—Subsec. (e). Pub. L. 100-689, § 502(a)(1), substituted “1991” for “1988”.

Subsec. (f). Pub. L. 100-689, § 502(b), amended subsec. (f) generally. Prior to amendment, subsec. (f) read as follows:

“(1) The Administrator shall monitor the performance of each contract facility furnishing care and services under the program carried out under subsection (a) of this section.

“(2) The Administrator shall use the results of such monitoring to determine—

“(A) with respect to the program, the medical advantages and cost-effectiveness that result from furnishing such care and services; and

“(B) with respect to such contract facilities generally, the level of success under the program, considering—

“(i) the rate of successful rehabilitation for veterans furnished care and services under the program;

“(ii) the rate of readmission to contract facilities under the program or to Veterans’ Administration health-care facilities by such veterans for care or services for disabilities referred to in subsection (a) of this section;

“(iii) whether the care and services furnished under the program obviated the need of such veterans for hospitalization for such disabilities;

“(iv) the average duration of the care and services furnished such veterans under the program;

“(v) the ability of the program to aid in the transition of such veterans back into their communities; and

“(vi) any other factor that the Administrator considers appropriate.

“(3) The Administrator shall maintain records of—

“(A) the total cost for the care and services furnished by each contract facility under the program;

“(B) the average cost per veteran for the care and services furnished under the program; and

“(C) the appropriateness of such costs, by comparison to—

“(i) the average charges for the same types of care and services furnished generally by other comparable halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities; and

“(ii) the historical costs for such care and services for the period of time that the program carried out under subsection (a) of this section was a pilot program, taking into account economic inflation.

“(4) Not later than February 1, 1988, the Administrator shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience under the program carried out under this section during fiscal years 1984 through 1987. The report shall include—

“(A) a description of the care and services furnished;

“(B) the matters referred to in paragraphs (1), (2), and (3) of this subsection; and

“(C) the Administrator's findings, assessment, and recommendations regarding the program under this section.”

Subsec. (f)(1). Pub. L. 100-687 substituted “during the period beginning on December 1, 1988, and ending on October 1, 1997” for “before October 1, 1997” in par. (1) as amended by Pub. L. 100-689 above.

1985—Pub. L. 99-166, §101(b)(1), struck out “; pilot program” after “disabilities” in section catchline.

Subsec. (a)(1). Pub. L. 99-166, §101(a)(1), struck out “may conduct a pilot program under which the Administrator” before “may contract” in first sentence, and struck out second sentence relating to the planning, designing, and conducting of a pilot program by the Chief Medical Director so as to demonstrate any medical advantages and cost effectiveness that might result from furnishing care and services to disabled veterans in contract facilities as authorized by this section, rather than in facilities over which the Administrator had jurisdiction.

Subsec. (e). Pub. L. 99-166, §101(a)(2), substituted “September 30, 1988” for “October 31, 1985”.

Pub. L. 99-108 substituted “October 31, 1985” for “the last day of the fifth fiscal year following the fiscal year in which the pilot program authorized by such subsection is initiated”.

Subsec. (f). Pub. L. 99-166, §101(a)(3), amended subsec. (f) generally. Prior to amendment, subsec. (f) read as follows: “Not later than March 31, 1984, the Administrator shall report to the Committee on Veterans' Affairs of the Senate and House of Representatives on the findings and recommendations of the Administrator pertaining to the operation through September 30, 1983, of the pilot program authorized by this section.”

1982—Subsec. (d)(1). Pub. L. 97-258 substituted “sections 1535 and 1536 of title 31” for “the Act of March 4, 1915 (31 U.S.C 686)” after “provisions of”.

Subsec. (f). Pub. L. 97-251 substituted “March 31, 1984” and “September 30, 1983” for “March 31, 1983” and “September 30, 1982”, respectively.

1979—Subsec. (a)(1). Pub. L. 96-128, §501(c)(1), substituted “treatment facilities for” for “treatment facilities of”.

Subsec. (d)(2). Pub. L. 96-128, §501(c)(2), substituted “such request unless” for “such request, unless”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-128 effective Nov. 28, 1979, see section 601(b) of Pub. L. 96-128, set out as a note under section 1114 of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1979, see section 107 of Pub. L. 96-22, set out as an Effective Date of 1979 Amendment note under section 1701 of this title.

SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

Pub. L. 110-387, title I, §§102-105, Oct. 10, 2008, 122 Stat. 4112-4114, provided that:

“SEC. 102. FINDINGS ON SUBSTANCE USE DISORDERS AND MENTAL HEALTH.

“Congress makes the following findings:

“(1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use disorder, with similar rates of acknowledged problems with alcohol use disorder among members of the National Guard.

“(2) The effects of substance use disorder are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.

“(3) While veterans suffering from mental health conditions, chronic physical illness, and polytrauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.

“(4) While the Veterans Health Administration has dramatically increased health services for veterans from 1996 through 2006, the number of veterans receiving specialized substance use disorder treatment services decreased 18 percent during that time. No comparable decrease in the national rate of substance use disorder has been observed during that time.

“(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

“(6) According to a 2006 report by the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and the Fiscal Year 2007 National Mental Health Program Monitoring System report shows that little progress has been made in restoring these services to their pre-1996 levels.

“SEC. 103. EXPANSION OF SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure the provision of such services and treatment to each veteran enrolled in the health care system of the Department of Veterans Affairs who is in need of services and treatments for a substance use disorder as follows:

“(1) Screening for substance use disorder in all settings, including primary care settings.

“(2) Short term motivational counseling services.

“(3) Marital and family counseling.

“(4) Intensive outpatient or residential care services.

“(5) Relapse prevention services.

“(6) Ongoing aftercare and outpatient counseling services.

- “(7) Opiate substitution therapy services.
- “(8) Pharmacological treatments aimed at reducing craving for drugs and alcohol.
- “(9) Detoxification and stabilization services.
- “(10) Coordination with groups providing peer to peer counseling.

“(11) Such other services as the Secretary considers appropriate.

“(b) PROVISION OF SERVICES.—

“(1) ALLOCATION OF RESOURCES FOR PROVISION OF SERVICES.—The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care, treatment, and services described in subsection (a) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

“(2) MANNER OF PROVISION.—The services and treatment described in subsection (a) may be provided to a veteran described in such subsection—

“(A) at Department of Veterans Affairs medical centers or clinics;

“(B) by referral to other facilities of the Department that are accessible to such veteran; or

“(C) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

“(c) ALTERNATIVES IN CASE OF SERVICES DENIED DUE TO CLINICAL NECESSITY.—If the Secretary denies the provision to a veteran of services or treatment for a substance use disorder due to clinical necessity, the Secretary shall provide the veteran such other services or treatment as are medically appropriate.

“SEC. 104. CARE FOR VETERANS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

“(a) IN GENERAL.—If the Secretary of Veterans Affairs provides a veteran inpatient or outpatient care for a substance use disorder and a comorbid mental health disorder, the Secretary shall ensure that treatment for such disorders is provided concurrently—

“(1) through a service provided by a clinician or health professional who has training and expertise in treatment of substance use disorders and mental health disorders;

“(2) by separate substance use disorder and mental health disorder treatment services when there is appropriate coordination, collaboration, and care management between such treatment services; or

“(3) by a team of clinicians with appropriate expertise.

“(b) TEAM OF CLINICIANS WITH APPROPRIATE EXPERTISE DEFINED.—In this section, the term ‘team of clinicians with appropriate expertise’ means a team consisting of the following:

“(1) Clinicians and health professionals with expertise in treatment of substance use disorders and mental health disorders who act in coordination and collaboration with each other.

“(2) Such other professionals as the Secretary considers appropriate for the provision of treatment to veterans for substance use and mental health disorders.

“SEC. 105. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

“(a) FINDINGS.—Congress makes the following findings:

“(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

“(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who return as veterans to civilian life.

“(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

“(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

“(5) Veterans living in rural areas may find access to treatment for substance use disorder limited.

“(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

“(b) IN GENERAL.—Not later than October 1, 2009, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program shall be available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

“(c) ELEMENTS OF PILOT PROGRAM.—

“(1) IN GENERAL.—In carrying out the pilot program under this section, the Secretary shall ensure that—

“(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department of Veterans Affairs;

“(B) the Internet website is accessible from remote locations, especially rural areas; and

“(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

“(2) CONSIDERATION OF SIMILAR PROJECTS.—In designing the pilot program under this section, the Secretary shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of [for] Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2304) [10 U.S.C. 1074 note].

“(3) LOCATION OF PILOT PROGRAM.—The Secretary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

“(4) CONTRACT AUTHORITY.—The Secretary may enter into contracts with qualified entities or organizations to carry out the pilot program required under this section.

“(d) DURATION OF PILOT PROGRAM.—The pilot program required by subsection (a) shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

“(e) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program, and shall include in that report—an assessment of the feasibility and advisability of continuing or expanding the pilot program, of any cost savings or other benefits associated with the pilot program, and any other recommendations.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of Veterans Affairs \$1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.”

RATIFICATION OF ACTIONS DURING PERIOD OF EXPIRED AUTHORITY

Any action taken by Secretary of Veterans Affairs before Feb. 13, 1996, under provision of law amended by title I of Pub. L. 104-110 that was taken during period

beginning on date on which authority of Secretary under such provision of law expired and ending on Feb. 13, 1996, considered to have same force and effect as if such amendment had been in effect at time of that action, see section 103 of Pub. L. 104-110, set out as a note under section 1710 of this title.

REPORT ON CONSOLIDATION OF CERTAIN PROGRAMS

Pub. L. 104-110, title II, § 202(a), Feb. 13, 1996, 110 Stat. 770, provided that: "The Secretary of Veterans Affairs shall submit to Congress, not later than March 1, 1997, a report on the advantages and disadvantages of consolidating into one program the following three programs:

"(1) The alcohol and drug abuse contract care program under section 1720A of title 38, United States Code.

"(2) The program to provide community-based residential care to homeless chronically mentally ill veterans under section 115 of the Veterans' Benefits and Services Act of 1988 [Pub. L. 100-322] (38 U.S.C. 1712 note).

"(3) The demonstration program under section 7 of Public Law 102-54 (38 U.S.C. 1718 note)."

LOANS TO ORGANIZATIONS PROVIDING TRANSITIONAL HOUSING FOR SUBSTANCE ABUSERS

Pub. L. 102-54, § 8, June 13, 1991, 105 Stat. 271, provided that:

"(a) LOAN PROGRAM.—The Secretary of Veterans Affairs may make loans in accordance with this section to assist in the provision of transitional housing exclusively to veterans who are in (or who recently have been in) a program for the treatment of substance abuse.

"(b) LOAN RECIPIENTS.—A loan under this section may only be made to a nonprofit organization under selection criteria promulgated by the Secretary and only to assist that organization in leasing housing units for use as a group residence for the purposes described in subsection (a). The amount of such a loan that is used with respect to any single residential unit may not exceed \$4,500. In making loans under this subsection, the Secretary shall, except to the extent that the Secretary determines that it is infeasible to do so, ensure that—

"(1) each loan is repaid within two years after the date on which the loan is made;

"(2) each loan is repaid through monthly installments and that a reasonable penalty is assessed for each failure to pay an installment by the date specified in the loan agreement involved; and

"(3) each loan is made only to a nonprofit private entity which agrees that, in the operation of each residence established with the assistance of the loan—

"(A) the use of alcohol or any illegal drug in the residence will be prohibited;

"(B) any resident who violates the prohibition in subclause (A) of this clause will be expelled from the residence;

"(C) the costs of maintaining the residence, including fees for rent and utilities, will be paid by the residents;

"(D) the residents will, through a majority vote of the residents, otherwise establish policies governing the conditions of residence, including the manner in which applications for residence are approved; and

"(E) the residence will be operated solely as a residence for not less than six veterans.

"(c) FUNDING.—Loans under this section shall be made from the special account of the General Post Fund of the Department of Veterans Affairs established for purposes of this section. The amount of such loans outstanding at any time may not exceed \$100,000. Amounts received as payment of principal and interest on such loans shall be deposited in that account. The operation of the loan program under this section shall

be separately accounted for, and shall be separately stated in the documents accompanying the President's budget for each fiscal year.

"(d) TERMS AND CONDITIONS.—Loans under this section shall be made on such terms and conditions, including interest, as the Secretary prescribes.

"(e) REPORT.—After the end of the 15-month period beginning on the date the first loan is extended under this section, the Secretary shall issue a report on the Department's experience under the section. The report shall include the following information:

"(1) The default rate on loans extended under this section.

"(2) The manner in which loan payments are collected.

"(3) The number of facilities at which loans have been extended.

"(4) The adequacy of the amount of funds in the special account referred to in subsection (c)."

EVALUATION OF VETERANS' ADMINISTRATION INPATIENT AND OUTPATIENT DRUG AND ALCOHOL TREATMENT PROGRAMS

Pub. L. 100-690, title II, § 2501, Nov. 18, 1988, 102 Stat. 4232, directed Administrator of Veterans' Affairs to conduct an evaluation of inpatient and outpatient drug and alcohol treatment programs operated by the Veterans' Administration, such evaluation to include a determination of medical advantages and cost-effectiveness of such programs, taking into consideration rates of readmission and the rate of successful rehabilitation, and authorized appropriations for this purpose for fiscal years 1989, 1990, and 1991.

RATIFICATION FOR LAPSED PERIOD

Pub. L. 100-689, title V, § 502(a)(2), Nov. 18, 1988, 102 Stat. 4179, ratified actions by the Administrator of Veterans' Affairs in providing, during the period beginning Oct. 1, 1988, and ending Nov. 18, 1988, for care and treatment and rehabilitative services under this section.

§ 1720B. Respite care

(a) The Secretary may furnish respite care services to a veteran who is enrolled to receive care under section 1710 of this title.

(b) For the purpose of this section, the term "respite care services" means care and services which—

(1) are of limited duration;

(2) are furnished on an intermittent basis to a veteran who is suffering from a chronic illness and who resides primarily at home; and

(3) are furnished for the purpose of helping the veteran to continue residing primarily at home.

(c) In furnishing respite care services, the Secretary may enter into contract arrangements.

(Added Pub. L. 99-576, title II, § 201(a)(1), Oct. 28, 1986, 100 Stat. 3254, § 620B; amended Pub. L. 101-237, title II, § 201(a), Dec. 18, 1989, 103 Stat. 2066; renumbered § 1720B and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-585, title V, § 502, Nov. 4, 1992, 106 Stat. 4955; Pub. L. 106-117, title I, § 101(e), Nov. 30, 1999, 113 Stat. 1549.)

Editorial Notes

AMENDMENTS

1999—Subsec. (a). Pub. L. 106-117, § 101(e)(1), substituted "enrolled" for "eligible".

Subsec. (b). Pub. L. 106-117, § 101(e)(2), in introductory provisions, substituted "the term 'respite care services' means care and services" for "the term 'respite care'".

means hospital or nursing home care", in par. (1) substituted "are" for "is", in par. (2) substituted "are" for "is" and struck out "in a Department facility" after "furnished", and in par. (3) substituted "are" for "is". Subsec. (c). Pub. L. 106-117, §101(e)(3), added subsec. (c).

1992—Subsec. (c). Pub. L. 102-585 struck out subsec. (c) which read as follows: "The authority provided by this section terminates on September 30, 1992."

1991—Pub. L. 102-83, §5(a), renumbered section 620B of this title as this section.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted "1710" for "610".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Subsec. (b)(2). Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

1989—Subsec. (c). Pub. L. 101-237 substituted "September 30, 1992" for "September 30, 1989".

Statutory Notes and Related Subsidiaries

RATIFICATION OF ACTIONS OF SECRETARY OF VETERANS AFFAIRS DURING TRANSITION PERIODS

Pub. L. 101-237, title VI, §604, Dec. 18, 1989, 103 Stat. 2097, ratified actions of the Secretary of Veterans Affairs in carrying out this section, section 115 of Pub. L. 100-322 [38 U.S.C. 1712 note], section 618 of Pub. L. 100-440 [5 U.S.C. 6302 note], or section 1829 [now 3729] of this title, by contract or otherwise, during the period beginning Dec. 1, 1989, and ending Dec. 18, 1989.

Pub. L. 101-110, §3(b), Oct. 6, 1989, 103 Stat. 682, ratified actions of the Secretary of Veterans Affairs in carrying out this section, section 115 of Pub. L. 100-322 [38 U.S.C. 1712 note], section 618 of Pub. L. 100-440 [5 U.S.C. 6302 note], or section 1829 [now 3729] of this title, by contract or otherwise, during the period beginning Oct. 1, 1989, and ending Oct. 6, 1989.

INTERIM EXTENSION OF RESPITE CARE PROGRAM

Pub. L. 101-110, §1(a), Oct. 6, 1989, 103 Stat. 682, provided that: "Notwithstanding the provisions of subsection (c) of section 620B [now 1720B] of title 38, United States Code, the authority provided by such section shall terminate on November 30, 1989."

REPORT

Pub. L. 99-576, title II, §201(b), Oct. 28, 1986, 100 Stat. 3254, provided that if the Administrator of Veterans' Affairs furnished respite care under this section, the Administrator was to conduct an evaluation of the health efficacy and cost-effectiveness of furnishing such care and submit to the Committees on Veterans' Affairs of the Senate and House of Representatives not later than Feb. 1, 1989, a report containing the results of such evaluation and appropriate recommendations.

§ 1720C. Noninstitutional alternatives to nursing home care

(a) The Secretary may furnish medical, rehabilitative, and health-related services in non-institutional settings for veterans who are eligible under this chapter for, and are in need of, nursing home care. The Secretary shall give priority for participation in such program to veterans who—

(1) are in receipt of, or are in need of, nursing home care primarily for the treatment of a service-connected disability; or

(2) have a service-connected disability rated at 50 percent or more.

(b)(1) Under the program conducted pursuant to subsection (a), the Secretary shall (A) furnish appropriate health-related services solely through contracts with appropriate public and private agencies that provide such services, and

(B) designate Department health-care employees to furnish case management services to veteran furnished services under the program.

(2) For the purposes of paragraph (1), the term "case management services" includes the coordination and facilitation of all services furnished to a veteran by the Department of Veterans Affairs, either directly or through contract, including assessment of needs, planning, referral (including referral for services to be furnished by the Department, either directly or through a contract, or by an entity other than the Department), monitoring, reassessment, and followup.

(c) The Secretary may provide in-kind assistance (through the services of Department of Veterans Affairs employees and the sharing of other Department resources) to a facility furnishing services to veterans under subsection (b)(1)(A). Any such in-kind assistance shall be provided under a contract between the Department and the facility concerned. The Secretary may provide such assistance only for use solely in the furnishing of appropriate services under this section and only if, under such contract, the Department receives reimbursement for the full cost of such assistance (including the cost of services and supplies and normal depreciation and amortization of equipment). Such reimbursement may be made by reduction in the charges to the United States or by payment to the United States. Any funds received through such reimbursement shall be credited to funds allotted to the Department facility that provided the assistance.

(d) The total cost of providing services or in-kind assistance in the case of any veteran for any fiscal year under the program may not exceed 65 percent of the cost that would have been incurred by the Department during that fiscal year if the veteran had been furnished, instead, nursing home care under section 1710 of this title during that fiscal year.

(e) The authority of the Secretary to enter into contracts under this section shall be effective for any fiscal year only to the extent that appropriations are available.

(Added Pub. L. 101-366, title II, §201(a)(1), Aug. 15, 1990, 104 Stat. 437, §620C; renumbered §1720C and amended Pub. L. 102-83, §5(a), (c)(1), Aug. 6, 1991, 105 Stat. 406; Pub. L. 103-452, title I, §103(c), Nov. 2, 1994, 108 Stat. 4786; Pub. L. 104-110, title I, §101(c), Feb. 13, 1996, 110 Stat. 768; Pub. L. 105-114, title II, §206(a)-(b)(2), Nov. 21, 1997, 111 Stat. 2289.)

Editorial Notes

AMENDMENTS

1997—Pub. L. 105-114, §206(b)(2), struck out "pilot program" after "home care" in section catchline.

Subsec. (a). Pub. L. 105-114, §206(a), substituted "The Secretary may furnish" for "During the period through December 31, 1997, the Secretary may conduct a pilot program for the furnishing of".

Subsec. (b)(1). Pub. L. 105-114, §206(b)(1), substituted "Under the program" for "Under the pilot program".

Subsec. (d). Pub. L. 105-114, §206(b)(1), substituted "under the program" for "under the pilot program".

1996—Subsec. (a). Pub. L. 104-110 substituted "December 31, 1997" for "September 30, 1995" in introductory provisions.

1994—Subsec. (a). Pub. L. 103-452, in introductory provisions, substituted “During the period through September 30, 1995,” for “During the four-year period beginning on October 1, 1990,” and “care. The Secretary shall give priority for participation in such program to veterans who” for “care and who”.

1991—Pub. L. 102-83, §5(a), renumbered section 620C of this title as this section.

Subsec. (d). Pub. L. 102-83, §5(c)(1), substituted “1710” for “610”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1994 AMENDMENT

Pub. L. 103-452, title I, §103(c)(1), Nov. 2, 1994, 108 Stat. 4786, provided that the amendment made by that section is effective Oct. 1, 1994.

RATIFICATION OF ACTIONS DURING PERIOD OF EXPIRED AUTHORITY

Any action taken by Secretary of Veterans Affairs before Feb. 13, 1996, under provision of law amended by title I of Pub. L. 104-110 that was taken during period beginning on date on which authority of Secretary under such provision of law expired and ending on Feb. 13, 1996, considered to have same force and effect as if such amendment had been in effect at time of that action, see section 103 of Pub. L. 104-110, set out as a note under section 1710 of this title.

REPORT TO CONGRESSIONAL COMMITTEES

Pub. L. 101-366, title II, §201(b), Aug. 15, 1990, 104 Stat. 438, as amended by Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406; Pub. L. 103-452, title I, §103(g), Nov. 2, 1994, 108 Stat. 4787, required the Secretary of Veterans Affairs, not later than Feb. 1, 1995, to submit to Congress a report setting forth the Secretary's evaluation, findings, and conclusions regarding the conduct, through Sept. 30, 1993, of the pilot program required by this section and the results of the furnishing of care under the pilot program for the participating veterans.

§ 1720D. Counseling and treatment for sexual trauma

(a)(1) The Secretary shall operate a program under which the Secretary provides counseling and appropriate care and services, to include care for physical health conditions, as appropriate, to former members of the Armed Forces who the Secretary determines require such counseling and care and services to treat a condition, which in the judgment of a health care professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the former member of the Armed Forces was serving on duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10).

(2)(A) In operating the program required by paragraph (1), the Secretary may, in consultation with the Secretary of Defense, provide counseling and care and services to members of the Armed Forces (including members of the National Guard and Reserves) to treat a condition described in that paragraph that was suffered by the member while serving on duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10).

(B) A member described in subparagraph (A) shall not be required to obtain a referral before receiving counseling and care and services under this paragraph.

(3) In furnishing counseling to an individual under this subsection, the Secretary may provide such counseling pursuant to a contract with a qualified mental health professional if (A) in the judgment of a mental health professional employed by the Department, the receipt of counseling by that individual in facilities of the Department would be clinically inadvisable, or (B) Department facilities are not capable of furnishing such counseling to that individual economically because of geographical inaccessibility.

(b)(1) The Secretary shall give priority to the establishment and operation of the program to provide counseling and care and services under subsection (a). In the case of a former member of the Armed Forces eligible for counseling and care and services under subsection (a), the Secretary shall ensure that the former member of the Armed Forces is furnished counseling and care and services under this section in a way that is coordinated with the furnishing of such care and services under this chapter.

(2) In establishing a program to provide counseling under subsection (a), the Secretary shall—

(A) provide for appropriate training of mental health professionals and such other health care personnel as the Secretary determines necessary to carry out the program effectively;

(B) seek to ensure that such counseling is furnished in a setting that is therapeutically appropriate, taking into account the circumstances that resulted in the need for such counseling; and

(C) provide referral services to assist former members of the Armed Forces who are not eligible for services under this chapter to obtain those from sources outside the Department.

(c) The Secretary shall provide information on the counseling and treatment available under this section. Efforts by the Secretary to provide such information—

(1) shall include availability of a toll-free telephone number (commonly referred to as an 800 number);

(2) shall ensure that information about the counseling and treatment available under this section—

(A) is revised and updated as appropriate;

(B) is made available and visibly posted at appropriate facilities of the Department; and

(C) is made available through appropriate public information services; and

(3) shall include coordination with the Secretary of Defense seeking to ensure that members of the Armed Forces and individuals who are being separated from active military, naval, air, or space service are provided appropriate information about programs, requirements, and procedures for applying for counseling and treatment under this section.

(d)(1) The Secretary shall carry out a program to provide graduate medical education, training, certification, and continuing medical education for mental health professionals and other health care professionals who provide counseling, care, and services under subsection (a).

(2) In carrying out the program required by paragraph (1), the Secretary shall ensure that—

(A) all mental health professionals and other health care professionals described in such paragraph have been trained in a consistent manner; and

(B) training described in such paragraph includes principles of evidence-based treatment and care for sexual trauma and post-traumatic stress disorder.

(e) Each year, the Secretary shall submit to Congress an annual report on the counseling, care, and services provided pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:

(1) The number of mental health professionals, graduate medical education trainees, and primary care providers who have been certified under the program required by subsection (d) and the amount and nature of continuing medical education provided under such program to such professionals, trainees, and providers who are so certified.

(2) The number of individuals who received counseling and care and services under subsection (a) from professionals and providers who received training under subsection (d), disaggregated by—

(A) former members of the Armed Forces;

(B) members of the Armed Forces (including members of the National Guard and Reserves) on active duty; and

(C) for each of subparagraphs (A) and (B)—

(i) men; and

(ii) women.

(3) The number of graduate medical education, training, certification, and continuing medical education courses provided by reason of subsection (d).

(4) The number of trained full-time equivalent employees required in each facility of the Department to meet the needs of individuals requiring treatment and care for sexual trauma and post-traumatic stress disorder.

(5) Such recommendations for improvements in the treatment of individuals with sexual trauma and post-traumatic stress disorder as the Secretary considers appropriate, including specific recommendations for individuals specified in subparagraphs (A), (B), and (C) of paragraph (2).

(6) Such other information as the Secretary considers appropriate.

(f) In this section, the term “sexual harassment” means unsolicited verbal or physical contact of a sexual nature which is threatening in character.

(g) In this section, the term “former member of the Armed Forces” includes the following:

(1) A veteran.

(2) An individual described in section 1720I(b) of this title.

(Added Pub. L. 102-585, title I, § 102(a)(1), Nov. 4, 1992, 106 Stat. 4945; amended Pub. L. 103-452, title I, § 101(a)-(d), (f)(1), (2)(A), (g)(1), Nov. 2, 1994, 108 Stat. 4783, 4784; Pub. L. 105-368, title IX, § 902, Nov. 11, 1998, 112 Stat. 3360; Pub. L. 106-117, title I, § 115(a)-(c), Nov. 30, 1999, 113 Stat. 1558; Pub. L. 108-422, title III, § 301, Nov. 30, 2004, 118 Stat. 2382; Pub. L. 111-163, title II, § 202, May 5, 2010, 124

Stat. 1142; Pub. L. 113-146, title IV, §§ 401-402(c), Aug. 7, 2014, 128 Stat. 1789, 1790; Pub. L. 115-91, div. A, title VII, § 707, Dec. 12, 2017, 131 Stat. 1436; Pub. L. 116-283, div. A, title IX, § 926(a)(26), Jan. 1, 2021, 134 Stat. 3830; Pub. L. 116-315, title V, §§ 5301, 5303(c), Jan. 5, 2021, 134 Stat. 5037, 5041.)

Editorial Notes

AMENDMENTS

2021—Subsec. (a)(1). Pub. L. 116-315, § 5301(a)(1)(A), (2), (3), (b)(1)(A), inserted “, to include care for physical health conditions, as appropriate,” after “counseling and appropriate care and services” and substituted “former members of the Armed Forces” for “veterans”, “treat a condition” for “overcome psychological trauma”, “health care professional” for “mental health professional”, “former member of the Armed Forces” for “veteran”, and “duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10)” for “active duty, active duty for training, or inactive duty training”.

Subsec. (a)(2)(A). Pub. L. 116-315, § 5301(a)(1)(B), (b)(1)(B), substituted “treat a condition” for “overcome psychological trauma” and “duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10)” for “active duty, active duty for training, or inactive duty training”.

Subsec. (b). Pub. L. 116-315, § 5301(a)(2), (3), substituted “former member of the Armed Forces” for “veteran” in two places in par. (1) and “former members of the Armed Forces” for “veterans” par. (2)(C).

Subsec. (c)(3). Pub. L. 116-283 substituted “air, or space service” for “or air service”.

Subsec. (d)(1), (2)(A). Pub. L. 116-315, § 5301(b)(2), inserted “and other health care professionals” after “mental health professionals”.

Subsec. (e)(2)(A). Pub. L. 116-315, § 5301(a)(3), substituted “former members of the Armed Forces” for “veterans”.

Subsec. (f). Pub. L. 116-315, § 5303(c), struck out “repeated,” before “unsolicited”.

Subsec. (g). Pub. L. 116-315, § 5301(a)(4), added subsec. (g).

2017—Subsec. (a)(2)(A). Pub. L. 115-91 struck out “on active duty” before “to overcome psychological trauma” and inserted before period at end “that was suffered by the member while serving on active duty, active duty for training, or inactive duty training”.

2014—Subsec. (a)(1). Pub. L. 113-146, § 401, substituted “, active duty for training, or inactive duty training” for “or active duty for training”.

Subsec. (a)(2). Pub. L. 113-146, § 402(a)(2), added par. (2). Former par. (2) redesignated (3).

Subsec. (a)(3). Pub. L. 113-146, § 402(a)(1), (3), redesignated par. (2) as (3), substituted “an individual” for “a veteran”, and substituted “that individual” for “that veteran” in two places.

Subsec. (c). Pub. L. 113-146, § 402(b)(1), struck out “to veterans” after “treatment available” in introductory provisions and par. (2).

Subsec. (c)(3). Pub. L. 113-146, § 402(b)(2), inserted “members of the Armed Forces and” before “individuals”.

Subsec. (e). Pub. L. 113-146, § 402(c)(1), struck out “to veterans” after “services provided” in introductory provisions.

Subsec. (e)(2). Pub. L. 113-146, § 402(c)(2)(A), (B), substituted “individuals” for “women veterans” and “training under subsection (d), disaggregated by—” for “training under subsection (d),” and added subpars. (A) to (C).

Subsec. (e)(4). Pub. L. 113-146, § 402(c)(3), substituted “individuals” for “veterans”.

Subsec. (e)(5). Pub. L. 113-146, § 402(c)(4), substituted “individuals” for “women veterans” and inserted “, including specific recommendations for individuals specified in subparagraphs (A), (B), and (C) of paragraph (2)” before period at end.

2010—Subsecs. (d) to (f). Pub. L. 111-163 added subsecs. (d) and (e) and redesignated former subsec. (d) as (f).

2004—Subsec. (a)(1). Pub. L. 108-422, §301(a)(1), (b), substituted “The” for “During the period through December 31, 2004, the” and inserted “or active duty for training” before period at end.

Subsec. (a)(2). Pub. L. 108-422, §301(a)(2), struck out “, during the period through December 31, 2004,” after “the Secretary may”.

1999—Subsec. (a)(1). Pub. L. 106-117, §115(a)(1), (b)(1), substituted “December 31, 2004” for “December 31, 2001” and “shall operate a program under which the Secretary provides counseling and appropriate care and services to veterans who the Secretary determines require such counseling and care and services” for “may provide counseling to a veteran who the Secretary determines requires such counseling”.

Subsec. (a)(2), (3). Pub. L. 106-117, §115(a)(2), (b)(2), redesignated par. (3) as (2), substituted “December 31, 2004” for “December 31, 2001”, and struck out former par. (2) which read as follows: “During the period referred to in paragraph (1), the Secretary may provide appropriate care and services to a veteran for an injury, illness, or other psychological condition that the Secretary determines to be the result of a physical assault, battery, or harassment referred to in that paragraph.”

Subsec. (c). Pub. L. 106-117, §115(c)(1), inserted “and treatment” after “counseling” in first sentence.

Subsec. (c)(2), (3). Pub. L. 106-117, §115(c), added par. (2), redesignated former par. (2) as (3), and inserted “and treatment” after “counseling”.

1998—Subsec. (a)(1), (3). Pub. L. 105-368 substituted “December 31, 2001” for “December 31, 1998”.

1994—Pub. L. 103-452, §101(f)(2)(A), substituted “and treatment” for “to women veterans” in section catchline.

Subsec. (a)(1). Pub. L. 103-452, §101(b)(1), (f)(1)(A), substituted “December 31, 1998,” for “December 31, 1995,” and struck out “woman” after “counseling to”.

Subsec. (a)(2). Pub. L. 103-452, §101(a), added par. (2) and struck out former par. (2) which read as follows: “To be eligible to receive counseling under this subsection, a veteran must seek such counseling from the Secretary within two years after the date of the veteran’s discharge or release from active military, naval, or air service.”

Subsec. (a)(3). Pub. L. 103-452, §101(b)(2), substituted “December 31, 1998,” for “December 31, 1994.”

Subsec. (b). Pub. L. 103-452, §101(c), redesignated subsec. (c) as (b) and struck out former subsec. (b) which read as follows: “In providing services to a veteran under subsection (a), the period for which counseling is provided may not exceed one year from the date of the commencement of the furnishing of such counseling to the veteran. However, the Secretary may authorize a longer period in any case if, in the judgment of the Secretary, a longer period of counseling is required.”

Subsec. (b)(1). Pub. L. 103-452, §101(d), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “The Secretary shall give priority to the establishment and operation of the program to provide counseling under subsection (a). In the case of a veteran eligible for such counseling who requires other care or services under this chapter for trauma described in subsection (a)(1), the Secretary shall ensure that the veteran is furnished counseling under this section in a way that is coordinated with the furnishing of such other care and services under this chapter.”

Subsec. (b)(2)(C). Pub. L. 103-452, §101(f)(1)(B), struck out “women” after “assist”.

Subsec. (c). Pub. L. 103-452, §101(f)(1)(B), struck out “women” after “available to” in introductory provisions.

Pub. L. 103-452, §101(c)(2), redesignated subsec. (d) as (c). Former subsec. (c) redesignated (b).

Subsec. (c)(1). Pub. L. 103-452, §101(g)(1), amended par. (1) generally. Prior to amendment, par. (1) read as follows: “may include establishment of an information system involving the use of a toll-free telephone number (commonly referred to as an 800 number), and”.

Subsec. (c)(2). Pub. L. 103-452, §101(f)(1)(C), substituted “individuals” for “women”.

Subsecs. (d), (e). Pub. L. 103-452, §101(c)(2), redesignated subsec. (e) as (d). Former subsec. (d) redesignated (c).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2014 AMENDMENT

Pub. L. 113-146, title IV, §402(d), Aug. 7, 2014, 128 Stat. 1790, provided that: “The amendments made by this section [amending this section] shall take effect on the date that is 1 year after the date of the enactment of this Act [Aug. 7, 2014].”

STUDY AND TASK FORCE ON VETERANS EXPERIENCING INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT

Pub. L. 116-315, title V, §5305, Jan. 5, 2021, 134 Stat. 5043, provided that:

“(a) NATIONAL BASELINE STUDY.—

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs, in consultation with the Attorney General, shall conduct a national baseline study to examine the scope of the problem of intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans.

“(2) MATTERS INCLUDED.—The study under paragraph (1) shall—

“(A) include a literature review of all relevant research on intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans;

“(B) examine the prevalence of the experience of intimate partner violence among—

“(i) women veterans;

“(ii) veterans who are minority group members (as defined in section 544 of title 38, United States Code, and including other minority populations as the Secretary determines appropriate);

“(iii) urban and rural veterans;

“(iv) veterans who are enrolled in a program under section 1720G of title 38, United States Code;

“(v) veterans who are in intimate relationships with other veterans; and

“(vi) veterans who are described in more than one clause of this subparagraph;

“(C) examine the prevalence of the perpetration of intimate partner violence by veterans; and

“(D) include recommendations to address the findings of the study.

“(3) REPORT.—Not later than 30 days after the date on which the Secretary completes the study under paragraph (1), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on such study.

“(b) TASK FORCE.—

“(1) IN GENERAL.—Not later than 90 days after the date on which the Secretary completes the study under subsection (a), the Secretary, in consultation with the Attorney General and the Secretary of Health and Human Services, shall establish a national task force (in this section referred to as the ‘Task Force’) to develop a comprehensive national program, including by integrating facilities, services, and benefits of the Department of Veterans Affairs into existing networks of community-based intimate partner violence and sexual assault services, to address intimate partner violence and sexual assault among veterans.

“(2) LEADERSHIP.—The Secretary of Veterans Affairs shall lead the Task Force in collaboration with the Attorney General and the Secretary of Health and Human Services.

“(c) CONSULTATION WITH STAKEHOLDERS.—In carrying out this section, the Task Force shall consult with—

“(1) representatives from veteran service organizations and military service organizations;

“(2) representatives from not fewer than three national organizations or State coalitions with demonstrated expertise in intimate partner violence prevention, response, or advocacy; and

“(3) representatives from not fewer than three national organizations or State coalitions, particularly those representing underserved and ethnic minority communities, with demonstrated expertise in sexual assault prevention, response, or advocacy.

“(d) DUTIES.—The duties of the Task Force shall include the following:

“(1) To review existing services and policies of the Department and develop a comprehensive national program to be carried out by the Secretary of Veterans Affairs, in collaboration with the heads of relevant Federal agencies, to address intimate partner violence and sexual assault prevention, response, and treatment.

“(2) To review the feasibility and advisability of establishing an expedited process to secure emergency, temporary benefits, including housing or other benefits, for veterans who are experiencing intimate partner violence or sexual assault.

“(3) To review and make recommendations regarding the feasibility and advisability of establishing dedicated, temporary housing assistance for veterans experiencing intimate partner violence or sexual assault.

“(4) To identify any requirements regarding intimate partner violence assistance or sexual assault response and services that are not being met by the Department and make recommendations on how the Department can meet such requirements.

“(5) To review and make recommendations regarding the feasibility and advisability of providing direct services or contracting for community-based services for veterans in response to a sexual assault, including through the use of sexual assault nurse examiners, particularly in underserved or remote areas, including services for Native American veterans.

“(6) To review the availability of counseling services provided by the Department and through peer network support, and to provide recommendations for the enhancement of such services, to address—

“(A) the perpetration of intimate partner violence and sexual assault; and

“(B) the recovery of veterans, particularly women veterans, from intimate partner violence and sexual assault.

“(7) To review and make recommendations to expand services available for veterans at risk of perpetrating intimate partner violence.

“(e) REPORT.—Not later than one year after the date of the enactment of this Act [Jan. 5, 2021], and not less frequently than annually thereafter by October 1 of each year, the Task Force shall submit to the Secretary of Veterans Affairs and Congress a report on the activities of the Task Force, including any recommendations for legislative or administrative action.

“(f) NONAPPLICABILITY OF FACAs.—The Task Force shall not be subject to the requirements of the Federal Advisory Committee Act (5 U.S.C. App.).

“(g) DEFINITIONS.—In this section:

“(1) NATIVE AMERICAN VETERAN.—The term ‘Native American veteran’ has the meaning given that term in section 3765 of title 38, United States Code.

“(2) STATE.—The term ‘State’ has the meaning given that term in section 101 of title 38, United States Code.”

INFORMATION ON TELEPHONE COUNSELING AVAILABILITY; PERSONNEL TRAINING; CLIENT CONFIDENTIALITY; PUBLICITY; REPORT

Pub. L. 103-452, title I, §101(g)(2)–(5), Nov. 2, 1994, 108 Stat. 4785, provided that:

“(2) In providing information on counseling available to veterans as required under section 1720D(c)(1) of title 38, United States Code (as amended by paragraph (1)),

the Secretary of Veterans Affairs shall ensure that the Department of Veterans Affairs personnel who provide assistance under such section are trained in the provision to persons who have experienced sexual trauma of information about the care and services relating to sexual trauma that are available to veterans in the communities in which such veterans reside, including care and services available under programs of the Department (including the care and services available under section 1720D of such title) and from non-Department agencies or organizations.

“(3) The telephone assistance service shall be operated in a manner that protects the confidentiality of persons who place calls to the system.

“(4) The Secretary shall ensure that information about the availability of the telephone assistance service is visibly posted in Department medical facilities and is advertised through public service announcements, pamphlets, and other means.

“(5) Not later than 18 months after the date of the enactment of this Act [Nov. 2, 1994], the Secretary shall submit to Congress a report on the operation of the telephone assistance service required under section 1720D(c)(1) of title 38, United States Code (as amended by paragraph (1)). The report shall set forth the following:

“(A) The number of persons who sought information during the period covered by the report through a toll-free telephone number regarding services available to veterans relating to sexual trauma, with a separate display of the number of such persons arrayed by State (as such term is defined in section 101(20) of title 38, United States Code).

“(B) A description of the training provided to the personnel who provide such assistance.

“(C) The recommendations and plans of the Secretary for the improvement of the service.”

TRANSITION PERIOD FOR ELIGIBILITY FOR COUNSELING

Pub. L. 102-585, title I, §102(b), Nov. 4, 1992, 106 Stat. 4946, as amended by Pub. L. 103-210, §2(b), Dec. 20, 1993, 107 Stat. 2497, provided that in the case of a veteran who was discharged or released from active military, naval, or air service before Dec. 31, 1992, the two-year period specified in 38 U.S.C. 1720D(a)(2) was to be treated as ending on Dec. 31, 1994, prior to repeal by Pub. L. 103-452, title I, §101(h), Nov. 2, 1994, 108 Stat. 4785.

COMMENCEMENT OF PROVISION OF INFORMATION ON SERVICES

Pub. L. 102-585, title I, §104, Nov. 4, 1992, 106 Stat. 4946, directed Secretary of Veterans Affairs, not later than 90 days after Nov. 4, 1992, to commence the provision of information on the counseling relating to sexual trauma that is available to women veterans under 38 U.S.C. 1720D.

REPORT ON IMPLEMENTATION OF SEXUAL TRAUMA COUNSELING PROGRAM

Pub. L. 102-585, title I, §105, Nov. 4, 1992, 106 Stat. 4946, directed Secretary of Veterans Affairs, not later than Mar. 31, 1994, to submit to Congress a comprehensive report on the Secretary's actions under 38 U.S.C. 1720D.

§ 1720E. Nasopharyngeal radium irradiation

(a) The Secretary may provide any veteran a medical examination, and hospital care, medical services, and nursing home care, which the Secretary determines is needed for the treatment of any cancer of the head or neck which the Secretary finds may be associated with the veteran's receipt of nasopharyngeal radium irradiation treatments in active military, naval, air, or space service.

(b) The Secretary shall provide care and services to a veteran under subsection (a) only on

the basis of evidence in the service records of the veteran which document nasopharyngeal radium irradiation treatment in service, except that, notwithstanding the absence of such documentation, the Secretary may provide such care to a veteran who—

- (1) served as an aviator in the active military, naval, or air service before the end of the Korean conflict; or
- (2) underwent submarine training in active naval service before January 1, 1965.

(Added Pub. L. 105-368, title IX, §901(a), Nov. 11, 1998, 112 Stat. 3360; amended Pub. L. 116-283, div. A, title IX, §926(a)(27), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

AMENDMENTS

2021—Subsec. (a). Pub. L. 116-283 substituted “air, or space service” for “or air service”.

§ 1720F. Comprehensive program for suicide prevention among veterans and members of the reserve components of the Armed Forces

(a) **ESTABLISHMENT.**—The Secretary shall develop and carry out a comprehensive program designed to reduce the incidence of suicide among covered individuals incorporating the components described in this section.

(b) **STAFF EDUCATION.**—In carrying out the comprehensive program under this section, the Secretary shall provide for mandatory training for appropriate staff and contractors (including all medical personnel) of the Department who interact with covered individuals. This training shall cover information appropriate to the duties being performed by such staff and contractors. The training shall include information on—

- (1) recognizing risk factors for suicide;
- (2) proper protocols for responding to crisis situations involving covered individuals who may be at high risk for suicide; and
- (3) best practices for suicide prevention.

(c) **HEALTH ASSESSMENTS.**—In carrying out the comprehensive program, the Secretary shall direct that medical staff offer mental health in their overall health assessment when covered individuals seek medical care at a Department medical facility (including a center established under section 1712A of this title) and make referrals, at the request of the individual concerned, to appropriate counseling and treatment programs for covered individuals who show signs or symptoms of mental health problems.

(d) **DESIGNATION OF SUICIDE PREVENTION COUNSELORS.**—In carrying out the comprehensive program, the Secretary shall designate a suicide prevention counselor at each Department medical facility other than centers established under section 1712A of this title. Each counselor shall work with local emergency rooms, police departments, mental health organizations, and veterans service organizations to engage in outreach to covered individuals and improve the coordination of mental health care to covered individuals.

(e) **BEST PRACTICES RESEARCH.**—In carrying out the comprehensive program, the Secretary

shall provide for research on best practices for suicide prevention among covered individuals. Research shall be conducted under this subsection in consultation with the heads of the following entities:

- (1) The Department of Health and Human Services.
- (2) The National Institute of Mental Health.
- (3) The Substance Abuse and Mental Health Services Administration.
- (4) The Centers for Disease Control and Prevention.

(f) **SEXUAL TRAUMA RESEARCH.**—In carrying out the comprehensive program, the Secretary shall provide for research on mental health care for covered individuals who have experienced sexual trauma while in military service. The research design shall include consideration of veterans or members of a reserve component.

(g) **24-HOUR MENTAL HEALTH CARE.**—In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to covered individuals on a 24-hour basis.

(h) **HOTLINE.**—In carrying out the comprehensive program, the Secretary may provide for a toll-free hotline for covered individuals to be staffed by appropriately trained mental health personnel and available at all times.

(i) **OUTREACH AND EDUCATION.**—In carrying out the comprehensive program, the Secretary shall provide for outreach to and education for covered individuals and the families of covered individuals, with special emphasis on providing information to veterans of Operation Iraqi Freedom and Operation Enduring Freedom and the families of such veterans. Education to promote mental health shall include information designed to—

- (1) remove the stigma associated with mental illness;
- (2) encourage covered individuals to seek treatment and assistance for mental illness;
- (3) promote skills for coping with mental illness; and
- (4) help families of covered individuals with—
 - (A) understanding issues arising from the readjustment of covered individuals to civilian life;
 - (B) identifying signs and symptoms of mental illness; and
 - (C) encouraging covered individuals to seek assistance for mental illness.

(j) **PEER SUPPORT COUNSELING PROGRAM.**—(1) In carrying out the comprehensive program, the Secretary shall establish and carry out a peer support counseling program, under which covered individuals shall be permitted to volunteer as peer counselors—

- (A) to assist other covered individuals with issues related to mental health and readjustment; and
- (B) to conduct outreach to covered individuals and the families of covered individuals.

(2) In carrying out the peer support counseling program under this subsection, the Secretary shall provide adequate training for peer counselors, including training carried out under the national program of training required by section

304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(3) In addition to other locations the Secretary considers appropriate, the Secretary shall carry out the peer support program under this subsection at each Department medical center.

(4)(A) As part of the counseling program under this subsection, the Secretary shall emphasize appointing peer support counselors for covered individuals who are women. To the degree practicable, the Secretary shall seek to recruit women peer support counselors with expertise in—

- (i) female gender-specific issues and services;
- (ii) the provision of information about services and benefits provided under laws administered by the Secretary; or
- (iii) employment mentoring.

(B) To the degree practicable, the Secretary shall emphasize facilitating peer support counseling for covered individuals who are women and are eligible for counseling and services under section 1720D of this title, have post-traumatic stress disorder or suffer from another mental health condition, are homeless or at risk of becoming homeless, or are otherwise at increased risk of suicide, as determined by the Secretary.

(C) The Secretary shall conduct outreach to inform covered individuals who are women about the program and the assistance available under this paragraph.

(D) In carrying out this paragraph, the Secretary shall coordinate with such community organizations, State and local governments, institutions of higher education, chambers of commerce, local business organizations, organizations that provide legal assistance, and other organizations as the Secretary considers appropriate.

(E) In carrying out this paragraph, the Secretary shall provide adequate training for peer support counselors, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note).

(k) OTHER COMPONENTS.—In carrying out the comprehensive program, the Secretary may provide for other actions to reduce the incidence of suicide among covered individuals that the Secretary considers appropriate.

(L)(1) COVERED INDIVIDUAL DEFINED.—In this section, the term “covered individual” means a veteran or a member of the reserve components of the Armed Forces.

(2) In determining coverage of members of the reserve components of the Armed Forces under the comprehensive program, the Secretary shall consult with the Secretary of Defense.

(Added Pub. L. 110–110, §3(a)(1), Nov. 5, 2007, 121 Stat. 1031; amended Pub. L. 112–239, div. A, title VII, §730(a)(1)–(3), Jan. 2, 2013, 126 Stat. 1814; Pub. L. 115–271, title VIII, §8051(a), Oct. 24, 2018, 132 Stat. 4093; Pub. L. 116–283, div. A, title VII, §764(a)(1)–(3)(A), Jan. 1, 2021, 134 Stat. 3725, 3726.)

Editorial Notes

REFERENCES IN TEXT

Section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010, referred to in subsec. (j)(2), (4)(E), is section 304(c) of Pub. L. 111–163, which is set out as a note under section 1712A of this title.

CODIFICATION

Section 3(a)(1) of Pub. L. 110–110, which directed that this section be added at the end of this chapter, was executed by adding this section at the end of this subchapter, to reflect the probable intent of Congress.

AMENDMENTS

2021—Pub. L. 116–283, §764(a)(3)(A), inserted “and members of the reserve components of the Armed Forces” after “veterans” in section catchline.

Subsec. (a). Pub. L. 116–283, §764(a)(2)(A), substituted “covered individuals” for “veterans”.

Subsec. (b). Pub. L. 116–283, §764(a)(2)(B), substituted “covered individuals” for “veterans” in introductory provisions and par. (2).

Subsec. (c). Pub. L. 116–283, §764(a)(2)(C), in heading, struck out “of Veterans” after “Assessments”, and in text, substituted “covered individuals” for “veterans” in two places and “individual” for “veteran”.

Subsec. (d). Pub. L. 116–283, §764(a)(2)(D), substituted “to covered individuals” for “to veterans” in two places.

Subsec. (e). Pub. L. 116–283, §764(a)(2)(E), substituted “covered individuals” for “veterans” in introductory provisions.

Subsec. (f). Pub. L. 116–283, §764(a)(2)(F), substituted “covered individuals” for “veterans” in first sentence and inserted “or members” after “veterans” in second sentence.

Subsec. (g). Pub. L. 116–283, §764(a)(2)(G), substituted “covered individuals” for “veterans”.

Subsec. (h). Pub. L. 116–283, §764(a)(2)(H), substituted “covered individuals” for “veterans”.

Subsec. (i). Pub. L. 116–283, §764(a)(2)(I)(i), (ii), struck out “for Veterans and Families” after “Education” in heading, and substituted “covered individuals and the families of covered individuals” for “veterans and the families of veterans” in introductory provisions.

Subsec. (i)(2). Pub. L. 116–283, §764(a)(2)(I)(iii), substituted “covered individuals” for “veterans”.

Subsec. (i)(4). Pub. L. 116–283, §764(a)(2)(I)(iv), substituted “covered individuals” for “veterans” wherever appearing.

Subsec. (j)(1). Pub. L. 116–283, §764(a)(2)(J)(i), substituted “covered individuals” for “veterans” wherever appearing.

Subsec. (j)(4)(A). Pub. L. 116–283, §764(a)(2)(J)(ii)(I), substituted “covered individuals who are women” for “women veterans” in introductory provisions.

Subsec. (j)(4)(B). Pub. L. 116–283, §764(a)(2)(J)(ii)(II), substituted “covered individuals who are women and” for “women veterans who”.

Subsec. (j)(4)(C). Pub. L. 116–283, §764(a)(2)(J)(ii)(III), substituted “covered individuals who are women” for “women veterans”.

Subsec. (k). Pub. L. 116–283, §764(a)(2)(K), substituted “covered individuals” for “veterans”.

Subsec. (l). Pub. L. 116–283, §764(a)(1), added subsec. (l).

2018—Subsec. (j)(4). Pub. L. 115–271 added par. (4).

2013—Subsec. (j)(1). Pub. L. 112–239, §730(a)(1), substituted “shall establish” for “may establish” in introductory provisions.

Subsec. (j)(2). Pub. L. 112–239, §730(a)(2), inserted “, including training carried out under the national program of training required by section 304(c) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (38 U.S.C. 1712A note)” after “peer counselors”.

Subsec. (j)(3). Pub. L. 112–239, §730(a)(3), added par. (3).

Statutory Notes and Related Subsidiaries

FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO PROVIDE OR COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES

Pub. L. 116-171, title II, §201, Oct. 17, 2020, 134 Stat. 783, provided that:

“(a) PURPOSE; DESIGNATION.—

“(1) PURPOSE.—The purpose of this section is to reduce veteran suicide through a community-based grant program to award grants to eligible entities to provide or coordinate suicide prevention services to eligible individuals and their families.

“(2) DESIGNATION.—The grant program under this section shall be known as the ‘Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program’.

“(b) FINANCIAL ASSISTANCE AND COORDINATION.—The Secretary shall provide financial assistance to eligible entities approved under this section through the award of grants to such entities to provide or coordinate the provision of services to eligible individuals and their families to reduce the risk of suicide. The Secretary shall carry out this section in coordination with the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force and in consultation with the Office of Mental Health and Suicide Prevention of the Department, to the extent practicable.

“(c) AWARD OF GRANTS.—

“(1) IN GENERAL.—The Secretary shall award a grant to each eligible entity for which the Secretary has approved an application under subsection (f) to provide or coordinate the provision of suicide prevention services under this section.

“(2) GRANT AMOUNTS, INTERVALS OF PAYMENT, AND MATCHING FUNDS.—In accordance with the services being provided under a grant under this section and the duration of those services, the Secretary shall establish—

“(A) a maximum amount to be awarded under the grant of not more than \$750,000 per grantee per fiscal year; and

“(B) intervals of payment for the administration of the grant.

“(d) DISTRIBUTION OF GRANTS AND PREFERENCE.—

“(1) DISTRIBUTION.—

“(A) PRIORITY.—In compliance with subparagraphs (B) and (C), in determining how to distribute grants under this section, the Secretary may prioritize—

“(i) rural communities;

“(ii) Tribal lands;

“(iii) territories of the United States;

“(iv) medically underserved areas;

“(v) areas with a high number or percentage of minority veterans or women veterans; and

“(vi) areas with a high number or percentage of calls to the Veterans Crisis Line.

“(B) AREAS WITH NEED.—The Secretary shall ensure that, to the extent practicable, grants under this section are distributed—

“(i) to provide services in areas of the United States that have experienced high rates of suicide by eligible individuals, including suicide attempts; and

“(ii) to eligible entities that can assist eligible individuals at risk of suicide who are not currently receiving health care furnished by the Department.

“(C) GEOGRAPHY.—In distributing grants under this paragraph, the Secretary may provide grants to eligible entities that furnish services to eligible individuals and their families in geographically dispersed areas.

“(2) PREFERENCE.—The Secretary shall give preference to eligible entities that have demonstrated the ability to provide or coordinate suicide prevention services.

“(e) REQUIREMENTS FOR RECEIPT OF GRANTS.—

“(1) NOTIFICATION THAT SERVICES ARE FROM DEPARTMENT.—Each entity receiving a grant under this section to provide or coordinate suicide prevention services to eligible individuals and their families shall notify the recipients of such services that such services are being paid for, in whole or in part, by the Department.

“(2) DEVELOPMENT OF PLAN WITH ELIGIBLE INDIVIDUALS AND THEIR FAMILY.—Any plan developed with respect to the provision of suicide prevention services for an eligible individual or their family shall be developed in consultation with the eligible individual and their family.

“(3) COORDINATION.—An entity receiving a grant under this section shall—

“(A) coordinate with the Secretary with respect to the provision of clinical services to eligible individuals in accordance with subsection (n) or any other provisions of the law regarding the delivery of health care by the Secretary;

“(B) inform every veteran who receives assistance under this section from the entity of the ability of the veteran to apply for enrollment in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code; and

“(C) if such a veteran wishes to so enroll, inform the veteran of a point of contact at the Department who can assist the veteran in such enrollment.

“(4) MEASUREMENT AND MONITORING.—An entity receiving a grant under this section shall submit to the Secretary a description of such tools and assessments the entity uses or will use to determine the effectiveness of the services furnished by the entity, which shall include the measures developed under subsection (h)(2) and may include—

“(A) the effect of the services furnished by the entity on the financial stability of the eligible individual;

“(B) the effect of the services furnished by the entity on the mental health status, wellbeing, and suicide risk of the eligible individual; and

“(C) the effect of the services furnished by the entity on the social support of the eligible individuals receiving those services.

“(5) REPORTS.—The Secretary—

“(A) shall require each entity receiving a grant under this section to submit to the Secretary an annual report that describes the projects carried out with such grant during the year covered by the report;

“(B) shall specify to each such entity the evaluation criteria and data and information to be submitted in such report; and

“(C) may require each such entity to submit to the Secretary such additional reports as the Secretary considers appropriate.

“(f) APPLICATION FOR GRANTS.—

“(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

“(2) MATTERS TO BE INCLUDED.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

“(A) A description of the suicide prevention services proposed to be provided by the eligible entity and the identified need for those services.

“(B) A detailed plan describing how the eligible entity proposes to coordinate or deliver suicide prevention services to eligible individuals, including—

“(i) an identification of the community partners, if any, with which the eligible entity proposes to work in delivering such services;

“(ii) a description of the arrangements currently in place between the eligible entity and such partners with regard to the provision or coordination of suicide prevention services;

“(iii) an identification of how long such arrangements have been in place;

“(iv) a description of the suicide prevention services provided by such partners that the eligible entity shall coordinate, if any; and

“(v) an identification of local suicide prevention coordinators of the Department and a description of how the eligible entity will communicate with local suicide prevention coordinators.

“(C) A description of the population of eligible individuals and their families proposed to be provided suicide prevention services.

“(D) Based on information and methods developed by the Secretary for purposes of this subsection, an estimate of the number of eligible individuals at risk of suicide and their families proposed to be provided suicide prevention services, including the percentage of those eligible individuals who are not currently receiving care furnished by the Department.

“(E) Evidence of measurable outcomes related to reductions in suicide risk and mood-related symptoms utilizing validated instruments by the eligible entity (and the proposed partners of the entity, if any) in providing suicide prevention services to individuals at risk of suicide, particularly to eligible individuals and their families.

“(F) A description of the managerial and technological capacity of the eligible entity—

“(i) to coordinate the provision of suicide prevention services with the provision of other services;

“(ii) to assess on an ongoing basis the needs of eligible individuals and their families for suicide prevention services;

“(iii) to coordinate the provision of suicide prevention services with the services of the Department for which eligible individuals are also eligible;

“(iv) to tailor suicide prevention services to the needs of eligible individuals and their families;

“(v) to seek continuously new sources of assistance to ensure the continuity of suicide prevention services for eligible individuals and their families as long as they are determined to be at risk of suicide; and

“(vi) to measure the effects of suicide prevention services provided by the eligible entity or partner organization, in accordance with subsection (h)(2), on the lives of eligible individuals and their families who receive such services provided by the organization using pre- and post-evaluations on validated measures of suicide risk and mood-related symptoms.

“(G) Clearly defined objectives for the provision of suicide prevention services.

“(H) A description and physical address of the primary location of the eligible entity.

“(I) A description of the geographic area the eligible entity plans to serve during the grant award period for which the application applies.

“(J) If the eligible entity is a State or local government or an Indian tribe, the amount of grant funds proposed to be made available to community partners, if any, through agreements.

“(K) A description of how the eligible entity will assess the effectiveness of the provision of grants under this section.

“(L) An agreement to use the measures and metrics provided by the Department for the purposes of measuring the effectiveness of the programming as described in subsection (h)(2).

“(M) Such additional application criteria as the Secretary considers appropriate.

“(g) TRAINING AND TECHNICAL ASSISTANCE.—

“(1) IN GENERAL.—The Secretary shall provide training and technical assistance, in coordination with the Centers for Disease Control and Prevention, to eligible entities in receipt of grants under this section regarding—

“(A) suicide risk identification and management;

“(B) the data required to be collected and shared with the Department;

“(C) the means of data collection and sharing;

“(D) familiarization with and appropriate use of any tool to be used to measure the effectiveness of the use of the grants provided; and

“(E) the requirements for reporting under subsection (e)(5) on services provided via such grants.

“(2) PROVISION OF TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide the training and technical assistance described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit entities.

“(h) ADMINISTRATION OF GRANT PROGRAM.—

“(1) SELECTION CRITERIA.—The Secretary, in consultation with entities specified in paragraph (3), shall establish criteria for the selection of eligible entities that have submitted applications under subsection (f).

“(2) DEVELOPMENT OF MEASURES AND METRICS.—The Secretary shall develop, in consultation with entities specified in paragraph (3), the following:

“(A) A framework for collecting and sharing information about entities in receipt of grants under this section for purposes of improving the services available for eligible individuals and their families, set forth by service type, locality, and eligibility criteria.

“(B) The measures and metrics to be used by each entity in receipt of grants under this section to determine the effectiveness of the programming being provided by such entity in improving mental health status, wellbeing, and reducing suicide risk and completed suicides of eligible individuals and their families, which shall include an existing measurement tool or protocol for the grant recipient to utilize when determining programmatic effectiveness.

“(3) COORDINATION.—In developing a plan for the design and implementation of the provision of grants under this section, including criteria for the award of grants, the Secretary shall consult with the following:

“(A) Veterans service organizations.

“(B) National organizations representing potential community partners of eligible entities in providing supportive services to address the needs of eligible individuals and their families, including national organizations that—

“(i) advocate for the needs of individuals with or at risk of behavioral health conditions;

“(ii) represent mayors;

“(iii) represent unions;

“(iv) represent first responders;

“(v) represent chiefs of police and sheriffs;

“(vi) represent governors;

“(vii) represent a territory of the United States; or

“(viii) represent a Tribal alliance.

“(C) National organizations representing members of the Armed Forces.

“(D) National organizations that represent counties.

“(E) Organizations with which the Department has a current memorandum of agreement or understanding related to mental health or suicide prevention.

“(F) State departments of veterans affairs.

“(G) National organizations representing members of the reserve components of the Armed Forces.

“(H) National organizations representing members of the Coast Guard.

“(I) Organizations, including institutions of higher education, with experience in creating measurement tools for purposes of advising the Secretary on the most appropriate existing measurement tool or protocol for the Department to utilize.

“(J) The National Alliance on Mental Illness.

“(K) A labor organization (as such term is defined in section 7103(a)(4) of title 5, United States Code).

“(L) The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Serv-

ices Administration, the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force, and such other organizations as the Secretary considers appropriate.

“(4) REPORT ON GRANT CRITERIA.—Not later than 30 days before notifying eligible entities of the availability of funding under this section, the Secretary shall submit to the appropriate committees of Congress a report containing—

“(A) criteria for the award of a grant under this section;

“(B) the already developed measures and metrics to be used by the Department to measure the effectiveness of the use of grants provided under this section as described in subsection (h)(2); and

“(C) a framework for the sharing of information about entities in receipt of grants under this section.

“(i) INFORMATION ON POTENTIAL ELIGIBLE INDIVIDUALS.—

“(1) IN GENERAL.—The Secretary may make available to recipients of grants under this section certain information regarding potential eligible individuals who may receive services for which such grant is provided.

“(2) INFORMATION INCLUDED.—The information made available under paragraph (1) with respect to potential eligible individuals may include the following:

“(A) Confirmation of the status of a potential eligible individual as a veteran.

“(B) Confirmation of whether the potential eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code.

“(C) Confirmation of whether a potential eligible individual is currently receiving care furnished by the Department or has recently received such care.

“(3) OPT-OUT.—The Secretary shall allow an eligible individual to opt out of having their information shared under this subsection with recipients of grants under this section.

“(j) DURATION.—The authority of the Secretary to provide grants under this section shall terminate on the date that is three years after the date on which the first grant is awarded under this section.

“(k) REPORTING.—

“(1) INTERIM REPORT.—

“(A) IN GENERAL.—Not later than 18 months after the date on which the first grant is awarded under this section, the Secretary shall submit to the appropriate committees of Congress a report on the provision of grants to eligible entities under this section.

“(B) ELEMENTS.—The report submitted under subparagraph (A) shall include the following:

“(i) An assessment of the effectiveness of the grant program under this section, including—

“(I) the effectiveness of grant recipients and their community partners, if any, in conducting outreach to eligible individuals;

“(II) the effectiveness of increasing eligible individuals engagement in suicide prevention services; and

“(III) such other validated instruments and additional measures as determined by the Secretary and as described in subsection (h)(2).

“(ii) A list of grant recipients and their partner organizations, if any, that delivered services funded by the grant and the amount of such grant received by each recipient and partner organization.

“(iii) The number of eligible individuals supported by each grant recipient, including through services provided to family members, disaggregated by—

“(I) all demographic characteristics as determined necessary and appropriate by the Secretary in coordination with the Centers for Disease Control and Prevention;

“(II) whether each such eligible individual is enrolled in the patient enrollment system of

the Department under section 1705(a) of title 38, United States Code;

“(III) branch of service in the Armed Forces;

“(IV) era of service in the Armed Forces;

“(V) type of service received by the eligible individual; and

“(VI) whether each such eligible individual was referred to the Department for care.

“(iv) The number of eligible individuals supported by grants under this section, including through services provided to family members.

“(v) The number of eligible individuals described in clause (iv) who were not previously receiving care furnished by the Department, with specific numbers for the population of eligible individuals described in subsection (q)(4)(B).

“(vi) The number of eligible individuals whose mental health status, wellbeing, and suicide risk received a baseline measurement assessment under this section and the number of such eligible individuals whose mental health status, wellbeing, and suicide risk will be measured by the Department or a community partner over a period of time for any improvements.

“(vii) The types of data the Department was able to collect and share with partners, including a characterization of the benefits of that data.

“(viii) The number and percentage of eligible individuals referred to the point of contact at the Department under subsection (e)(3)(C).

“(ix) The number of eligible individuals newly enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code[,] based on a referral to the Department from a grant recipient under subsection (e)(3)(C), disaggregated by grant recipient.

“(x) A detailed account of how the grant funds were used, including executive compensation, overhead costs, and other indirect costs.

“(xi) A description of any outreach activities conducted by the eligible entity in receipt of a grant with respect to services provided using the grant.

“(xii) The number of individuals who seek services from the grant recipient who are not eligible individuals.

“(C) SUBMITTAL OF INFORMATION BY GRANT RECIPIENTS.—The Secretary may require eligible entities receiving grants under this section to provide to Congress such information as the Secretary determines necessary regarding the elements described in subparagraph (B).

“(2) FINAL REPORT.—Not later than three years after the date on which the first grant is awarded under this section, and annually thereafter for each year in which the program is in effect, the Secretary shall submit to the appropriate committees of Congress—

“(A) a follow-up on the interim report submitted under paragraph (1) containing the elements set forth in subparagraph (B) of such paragraph; and

“(B) a report on—

“(i) the effectiveness of the provision of grants under this section, including the effectiveness of community partners in conducting outreach to eligible individuals and their families and reducing the rate of suicide among eligible individuals;

“(ii) an assessment of the increased capacity of the Department to provide services to eligible individuals and their families, set forth by State, as a result of the provision of grants under this section;

“(iii) the feasibility and advisability of extending or expanding the provision of grants consistent with this section; and

“(iv) such other elements as considered appropriate by the Secretary.

“(7) THIRD-PARTY ASSESSMENT.—

“(1) STUDY OF GRANT PROGRAM.—

“(A) IN GENERAL.—Not later than 180 days after the commencement of the grant program under this

section, the Secretary shall seek to enter into a contract with an appropriate entity described in paragraph (3) to conduct a study of the grant program.

“(B) ELEMENTS OF STUDY.—In conducting the study under subparagraph (A), the appropriate entity shall—

“(i) evaluate the effectiveness of the grant program under this section in—

“(I) addressing the factors that contribute to suicides;

“(II) increasing the use of suicide prevention services;

“(III) reducing mood-related symptoms that increase suicide and suicide risk; and

“(IV) where such information is available due to the time frame of the grant program, reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide; and

“(V) reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide among eligible individuals through eligible entities located in communities; and

“(ii) compare the results of the grant program with other national programs in delivering resources to eligible individuals in the communities where they live that address the factors that contribute to suicide.

“(2) ASSESSMENT.—

“(A) IN GENERAL.—The contract under paragraph (1) shall provide that not later than 24 months after the commencement of the grant program under this section, the appropriate entity shall submit to the Secretary an assessment based on the study conducted pursuant to such contract.

“(B) SUBMITTAL TO CONGRESS.—Upon receipt of the assessment under subparagraph (A), the Secretary shall transmit to the appropriate committees of Congress a copy of the assessment.

“(3) APPROPRIATE ENTITY.—An appropriate entity described in this paragraph is a nongovernment entity with experience optimizing and assessing organizations that deliver services and assessing the effectiveness of suicide prevention programs.

“(m) REFERRAL FOR CARE.—

“(1) MENTAL HEALTH ASSESSMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual is at-risk of suicide or other mental or behavioral health condition pursuant to a baseline mental health screening conducted under subsection (q)(11)(A)(ii) with respect to the individual, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

“(2) EMERGENCY TREATMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual furnished clinical services for emergency treatment under subsection (q)(11)(A)(iv) requires ongoing services, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

“(3) REFUSAL.—If an eligible individual refuses a referral by an entity under paragraph (1) or (2), any ongoing clinical services provided to the eligible individual by the entity shall be at the expense of the entity.

“(n) PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.—When the Secretary determines it is clinically appropriate, the Secretary shall furnish to eligible individuals who are receiving or have received suicide prevention services through grants provided under this section an initial mental health assessment and mental health or behavioral health care services authorized under chapter 17 of title 38, United States Code, that are required to treat the mental or behavioral health care needs of the eligible individual, including risk of suicide.

“(o) AGREEMENTS WITH COMMUNITY PARTNERS.—

“(1) IN GENERAL.—Subject to paragraph (2), an eligible entity may use grant funds to enter into an agree-

ment with a community partner under which the eligible entity may provide funds to the community partner for the provision of suicide prevention services to eligible individuals and their families.

“(2) LIMITATION.—The ability of a recipient of a grant under this section to provide grant funds to a community partner shall be limited to grant recipients that are a State or local government or an Indian tribe.

“(p) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this section a total of \$174,000,000 for fiscal years 2021 through 2025.

“(q) DEFINITIONS.—In this section:

“(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ‘appropriate committees of Congress’ means—

“(A) the Committee on Veterans’ Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the Senate; and

“(B) the Committee on Veterans’ Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the House of Representatives.

“(2) DEPARTMENT.—The term ‘Department’ means the Department of Veterans Affairs.

“(3) ELIGIBLE ENTITY.—The term ‘eligible entity’ means—

“(A) an incorporated private institution or foundation—

“(i) no part of the net earnings of which incurs to the benefit of any member, founder, contributor, or individual; and

“(ii) that has a governing board that would be responsible for the operation of the suicide prevention services provided under this section;

“(B) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i) and (ii) of subparagraph (A);

“(C) an Indian tribe;

“(D) a community-based organization that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals and their families are likely to have contact; or

“(E) A State or local government.

“(4) ELIGIBLE INDIVIDUAL.—The term ‘eligible individual’ includes a person at risk of suicide who is—

“(A) a veteran as defined in section 101 of title 38, United States Code;

“(B) an individual described in section 1720I(b) of such title; or

“(C) an individual described in any of clauses (i) through (iv) of section 1712A(a)(1)(C) of such title.

“(5) EMERGENCY TREATMENT.—Medical services, professional services, ambulance services, ancillary care and medication (including a short course of medication related to and necessary for the treatment of the emergency condition that is provided directly to or prescribed for the patient for use after the emergency condition is stabilized and the patient is discharged) was rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. This standard is met by an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

“(6) FAMILY.—The term ‘family’ means, with respect to an eligible individual, any of the following:

“(A) A parent.

“(B) A spouse.

“(C) A child.

“(D) A sibling.

“(E) A step-family member.

“(F) An extended family member.

“(G) Any other individual who lives with the eligible individual.

“(7) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given that term in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).

“(8) RISK OF SUICIDE.—

“(A) IN GENERAL.—The term ‘risk of suicide’ means exposure to, or the existence of, any of the following (to a degree determined by the Secretary pursuant to regulations):

“(i) Health risk factors, including the following:

“(I) Mental health challenges.

“(II) Substance abuse.

“(III) Serious or chronic health conditions or pain.

“(IV) Traumatic brain injury.

“(ii) Environmental risk factors, including the following:

“(I) Prolonged stress.

“(II) Stressful life events.

“(III) Unemployment.

“(IV) Homelessness.

“(V) Recent loss.

“(VI) Legal or financial challenges.

“(iii) Historical risk factors, including the following:

“(I) Previous suicide attempts.

“(II) Family history of suicide.

“(III) History of abuse, neglect, or trauma.

“(B) DEGREE OF RISK.—The Secretary may, by regulation, establish a process for determining degrees of risk of suicide for use by grant recipients to focus the delivery of services using grant funds.

“(9) RURAL.—The term ‘rural’, with respect to a community, has the meaning given that term in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

“(10) SECRETARY.—The term ‘Secretary’ means the Secretary of Veterans Affairs.

“(11) SUICIDE PREVENTION SERVICES.—

“(A) IN GENERAL.—The term ‘suicide prevention services’ means services to address the needs of eligible individuals and their families and includes the following:

“(i) Outreach to identify those at risk of suicide with an emphasis on eligible individuals who are at highest risk or who are not receiving health care or other services furnished by the Department.

“(ii) A baseline mental health screening for risk.

“(iii) Education on suicide risk and prevention to families and communities.

“(iv) Provision of clinical services for emergency treatment.

“(v) Case management services.

“(vi) Peer support services.

“(vii) Assistance in obtaining any benefits from the Department that the eligible individual and their family may be eligible to receive, including—

“(I) vocational and rehabilitation counseling;

“(II) supportive services for homeless veterans;

“(III) employment and training services;

“(IV) educational assistance; and

“(V) health care services.

“(viii) Assistance in obtaining and coordinating the provision of other benefits provided by the Federal Government, a State or local government, or an eligible entity.

“(ix) Assistance with emergent needs relating to—

“(I) health care services;

“(II) daily living services;

“(III) personal financial planning and counseling;

“(IV) transportation services;

“(V) temporary income support services;

“(VI) fiduciary and representative payee services;

“(VII) legal services to assist the eligible individual with issues that may contribute to the risk of suicide; and

“(VIII) child care (not to exceed \$5,000 per family of an eligible individual per fiscal year).

“(x) Nontraditional and innovative approaches and treatment practices, as determined appropriate by the Secretary, in consultation with appropriate entities.

“(xi) Such other services necessary for improving the mental health status and wellbeing and reducing the suicide risk of eligible individuals and their families as the Secretary considers appropriate, which may include—

“(I) adaptive sports, equine assisted therapy, or in-place or outdoor recreational therapy;

“(II) substance use reduction programming;

“(III) individual, group, or family counseling; and

“(IV) relationship coaching.

“(B) EXCLUSION.—The term ‘suicide prevention services’ does not include direct cash assistance to eligible individuals or their families.

“(12) VETERANS CRISIS LINE.—The term ‘Veterans Crisis Line’ means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

“(13) VETERANS SERVICE ORGANIZATION.—The term ‘veterans service organization’ means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.”

UPDATE OF CLINICAL PRACTICE GUIDELINES FOR ASSESSMENT AND MANAGEMENT OF PATIENTS AT RISK FOR SUICIDE

Pub. L. 116–171, title III, §303, Oct. 17, 2020, 134 Stat. 801, provided that:

“(a) IN GENERAL.—In the first publication of the Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide published after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs and the Secretary of Defense, through the Assessment and Management of Patients at Risk for Suicide Work Group (in this section referred to as the ‘Work Group’), shall ensure the publication includes the following:

“(1) Enhanced guidance with respect to gender-specific—

“(A) risk factors for suicide and suicidal ideation;

“(B) treatment efficacy for depression and suicide prevention;

“(C) pharmacotherapy efficacy; and

“(D) psychotherapy efficacy.

“(2) Guidance with respect to the efficacy of alternative therapies, other than psychotherapy and pharmacotherapy, including the following:

“(A) Yoga therapy.

“(B) Meditation therapy.

“(C) Equine therapy.

“(D) Other animal therapy.

“(E) Training and caring for service dogs.

“(F) Agritherapy.

“(G) Art therapy.

“(H) Outdoor sports therapy.

“(I) Music therapy.

“(J) Any other alternative therapy that the Work Group considers appropriate.

“(3) Guidance with respect to the findings of the Creating Options for Veterans’ Expedited Recovery Commission (commonly referred to as the ‘COVER Commission’) established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114–198; 38 U.S.C. 1701 note).

“(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Secretary of Veterans

Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in updating the Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide, as required under subsection (a), or from ensuring that the final clinical practice guidelines updated under such subsection remain applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.”

CONTRACTS RELATED TO SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH MEDIA

Pub. L. 116-171, title IV, § 401(e)–(g), Oct. 17, 2020, 134 Stat. 807, 808, provided that:

“(e) TREATMENT OF CONTRACTS FOR SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH MEDIA.—

“(1) FOCUS GROUPS.—

“(A) IN GENERAL.—The Secretary shall include in each contract to develop media relating to suicide prevention and mental health materials and campaigns a requirement that the contractor convene focus groups of veterans to assess the effectiveness of suicide prevention and mental health outreach.

“(B) REPRESENTATION.—Each focus group required under subparagraph (A) shall, to the extent practicable, include veterans of diverse backgrounds, including—

- “(i) veterans of all eras, as determined by the Secretary;
- “(ii) women veterans;
- “(iii) minority veterans;
- “(iv) Native American veterans, as defined in section 3765 of title 38, United States Code;
- “(v) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as ‘LGBTQ’);
- “(vi) veterans who live in rural or highly rural areas;
- “(vii) individuals transitioning from active duty in the Armed Forces to civilian life; and
- “(viii) other high-risk groups of veterans, as determined by the Secretary.

“(2) SUBCONTRACTING.—

“(A) IN GENERAL.—The Secretary shall include in each contract described in paragraph (1)(A) a requirement that, if the contractor subcontracts for the development of media, the contractor shall subcontract with a subcontractor that has experience creating impactful media campaigns that target individuals age 18 to 34.

“(B) BUDGET LIMITATION.—Not more than two percent of the budget of the Office of Mental Health and Suicide Prevention of the Department for contractors for suicide prevention and mental health media outreach shall go to subcontractors described in subparagraph (A).

“(f) PAPERWORK REDUCTION ACT EXEMPTION.—Chapter 35 of title 44, United States Code (commonly known as the ‘Paperwork Reduction Act’) shall not apply to any rulemaking or information collection required under this section [enacting this note and provisions not set out in the Code].

“(g) RURAL AND HIGHLY RURAL DEFINED.—In this section, with respect to an area, the terms ‘rural’ and ‘highly rural’ have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.”

OVERSIGHT OF MENTAL HEALTH AND SUICIDE PREVENTION MEDIA OUTREACH CONDUCTED BY DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116-171, title IV, § 402, Oct. 17, 2020, 134 Stat. 808, provided that:

“(a) ESTABLISHMENT OF GOALS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall establish goals for the mental health and suicide prevention media outreach campaigns of the Department of Veterans Affairs, which shall include the

establishment of targets, metrics, and action plans to describe and assess those campaigns.

“(2) USE OF METRICS.—

“(A) IN GENERAL.—The goals established under paragraph (1) shall be measured by metrics specific to different media types.

“(B) FACTORS TO CONSIDER.—In using metrics under subparagraph (A), the Secretary shall determine the best methodological approach for each media type and shall consider the following:

“(i) Metrics relating to social media, which may include the following:

“(I) Impressions.

“(II) Reach.

“(III) Engagement rate.

“(IV) Such other metrics as the Secretary considers necessary.

“(ii) Metrics relating to television, which may include the following:

“(I) Nielsen ratings.

“(II) Such other metrics as the Secretary considers necessary.

“(iii) Metrics relating to email, which may include the following:

“(I) Open rate.

“(II) Response rate.

“(III) Click rate.

“(IV) Such other metrics as the Secretary considers necessary.

“(C) UPDATE.—The Secretary shall periodically update the metrics under subparagraph (B) as more accurate metrics become available.

“(3) TARGETS.—The Secretary shall establish targets to track the metrics used under paragraph (2).

“(4) CONSULTATION.—In establishing goals under paragraph (1), the Secretary shall consult with the following:

“(A) Relevant stakeholders, such as organizations that represent veterans, as determined by the Secretary.

“(B) Mental health and suicide prevention experts.

“(C) Such other persons as the Secretary considers appropriate.

“(5) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act [Oct. 17, 2020], the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report detailing the goals established under paragraph (1) for the mental health and suicide prevention media outreach campaigns of the Department, including the metrics and targets for such metrics by which those goals are to be measured under paragraphs (2) and (3).

“(6) ANNUAL REPORT.—Not later than one year after the submittal of the report under paragraph (5), and annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report detailing—

“(A) the progress of the Department in meeting the goals established under paragraph (1) and the targets established under paragraph (3); and

“(B) a description of action to be taken by the Department to modify mental health and suicide prevention media outreach campaigns if those goals and targets are not being met.

“(b) REPORT ON USE OF FUNDS BY OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION.—Not later than 180 days after the date of the enactment of this Act [Oct. 17, 2020], and semiannually thereafter, the Secretary shall submit to the Committee on Appropriations and the Committee on Veterans’ Affairs of the Senate and the Committee on Appropriations and the Committee on Veterans’ Affairs of the House of Representatives a report containing the expenditures and obligations of the Office of Mental Health and Suicide Prevention of the Veterans Health Administration during the period covered by the report.”

STAFFING REQUIREMENT FOR SUICIDE PREVENTION
COORDINATORS

Pub. L. 116-171, title V, § 506(a), Oct. 17, 2020, 134 Stat. 820, provided that: "Beginning not later than one year after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs shall ensure that each medical center of the Department of Veterans Affairs has not less than one suicide prevention coordinator."

FUNDING FOR PEER SUPPORT COUNSELING FOR WOMEN
VETERANS

Pub. L. 115-271, title VIII, § 8051(b), Oct. 24, 2018, 132 Stat. 4093, provided that: "The Secretary of Veterans Affairs shall carry out paragraph (4) of section 1720F(j) of title 38, United States Code, as added by subsection (a), using funds otherwise made available to the Secretary. No additional funds are authorized to be appropriated by reason of such paragraph."

COLLABORATION ON SUICIDE PREVENTION EFFORTS BETWEEN
DEPARTMENT OF VETERANS AFFAIRS AND NON-
PROFIT MENTAL HEALTH ORGANIZATIONS

Pub. L. 114-2, § 6, Feb. 12, 2015, 129 Stat. 36, provided that:

"(a) **COLLABORATION.**—The Secretary of Veterans Affairs may collaborate with non-profit mental health organizations to prevent suicide among veterans as follows:

"(1) To improve the efficiency and effectiveness of suicide prevention efforts carried out by the Secretary and non-profit mental health organizations.

"(2) To assist non-profit mental health organizations with the suicide prevention efforts of such organizations through the use of the expertise of employees of the Department of Veterans Affairs.

"(3) To jointly carry out suicide prevention efforts.

"(b) **EXCHANGE OF RESOURCES.**—In carrying out any collaboration under subsection (a), the Secretary and any non-profit mental health organization with which the Secretary is collaborating under such subsection shall exchange training sessions and best practices to help with the suicide prevention efforts of the Department and such organization.

"(c) **DIRECTOR OF SUICIDE PREVENTION COORDINATION.**—The Secretary shall select within the Department a Director of Suicide Prevention Coordination to undertake any collaboration with non-profit mental health organizations under this section or any other provision of law."

DEADLINE FOR COMMENCEMENT OF PROGRAM

Pub. L. 112-239, div. A, title VII, § 730(a)(4), Jan. 2, 2013, 126 Stat. 1814, provided that: "The Secretary of Veterans Affairs shall ensure that the peer support counseling program required by section 1720F(j) of title 38, United States Code, as amended by this subsection, commences at each Department of Veterans Affairs medical center not later than 270 days after the date of the enactment of this Act [Jan. 2, 2013]."

SENSE OF CONGRESS

Pub. L. 110-110, § 2, Nov. 5, 2007, 121 Stat. 1031, provided that: "It is the sense of Congress that—

"(1) suicide among veterans suffering from post-traumatic stress disorder (in this section referred to as 'PTSD') is a serious problem; and

"(2) the Secretary of Veterans Affairs should take into consideration the special needs of veterans suffering from PTSD and the special needs of elderly veterans who are at high risk for depression and experience high rates of suicide in developing and implementing the comprehensive program under this Act [enacting this section and provisions set out as a note under section 101 of this title]."

§ 1720G. Assistance and support services for caregivers

(a) **PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS.**—(1)(A) The Secretary

shall establish a program of comprehensive assistance for family caregivers of eligible veterans.

(B) The Secretary shall only provide support under the program required by subparagraph (A) to a family caregiver of an eligible veteran if the Secretary determines it is in the best interest of the eligible veteran to do so.

(2) For purposes of this subsection, an eligible veteran is any individual who—

(A) is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces;

(B) for assistance provided under this subsection—

(i) before the date on which the Secretary submits to Congress a certification that the Department has fully implemented the information technology system required by section 162(a) of the Caring for Our Veterans Act of 2018, has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service on or after September 11, 2001;

(ii) during the 2-year period beginning on the date on which the Secretary submitted to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service—

(I) on or before May 7, 1975; or

(II) on or after September 11, 2001; or

(iii) after the date that is 2 years after the date on which the Secretary submits to Congress the certification described in clause (i), has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, air, or space service; and

(C) is in need of personal care services because of—

(i) an inability to perform one or more activities of daily living;

(ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury;

(iii) a need for regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired; or

(iv) such other matters as the Secretary considers appropriate.

(3)(A) As part of the program required by paragraph (1), the Secretary shall provide to family caregivers of eligible veterans the following assistance:

(i) To each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6)—

(I) such instruction, preparation, and training as the Secretary considers appropriate for the family caregiver to provide personal care services to the eligible veteran;

(II) ongoing technical support consisting of information and assistance to address, in

a timely manner, the routine, emergency, and specialized caregiving needs of the family caregiver in providing personal care services to the eligible veteran;

(III) counseling; and

(IV) lodging and subsistence under section 111(e) of this title.

(ii) To each family caregiver who is designated as the primary provider of personal care services for an eligible veteran under paragraph (7)—

(I) the assistance described in clause (i);

(II) such mental health services as the Secretary determines appropriate;

(III) respite care of not less than 30 days annually, including 24-hour per day care of the veteran commensurate with the care provided by the family caregiver to permit extended respite;

(IV) medical care under section 1781 of this title;

(V) a monthly personal caregiver stipend; and

(VI) through the use of contracts with, or the provision of grants to, public or private entities—

(aa) financial planning services relating to the needs of injured veterans and their caregivers; and

(bb) legal services, including legal advice and consultation, relating to the needs of injured veterans and their caregivers.

(B) Respite care provided under subparagraph (A)(ii)(III) shall be medically and age-appropriate and include in-home care.

(C)(i) The amount of the monthly personal caregiver stipend provided under subparagraph (A)(ii)(V) shall be determined in accordance with a schedule established by the Secretary that specifies stipends based upon the amount and degree of personal care services provided.

(ii) The Secretary shall ensure, to the extent practicable, that the schedule required by clause (i) specifies that the amount of the monthly personal caregiver stipend provided to a primary provider of personal care services for the provision of personal care services to an eligible veteran is not less than the monthly amount a commercial home health care entity would pay an individual in the geographic area of the eligible veteran to provide equivalent personal care services to the eligible veteran.

(iii) In determining the amount and degree of personal care services provided under clause (i) with respect to an eligible veteran whose need for personal care services is based in whole or in part on a need for supervision or protection under paragraph (2)(C)(ii) or regular instruction or supervision under paragraph (2)(C)(iii), the Secretary shall take into account the following:

(I) The assessment by the family caregiver of the needs and limitations of the veteran.

(II) The extent to which the veteran can function safely and independently in the absence of such supervision, protection, or instruction.

(III) The amount of time required for the family caregiver to provide such supervision, protection, or instruction to the veteran.

(iv) If personal care services are not available from a commercial home health entity in the

geographic area of an eligible veteran, the amount of the monthly personal caregiver stipend payable under the schedule required by clause (i) with respect to the eligible veteran shall be determined by taking into consideration the costs of commercial providers of personal care services in providing personal care services in geographic areas other than the geographic area of the eligible veteran with similar costs of living.

(D) In providing instruction, preparation, and training under subparagraph (A)(i)(I) and technical support under subparagraph (A)(i)(II) to each family caregiver who is approved as a provider of personal care services for an eligible veteran under paragraph (6), the Secretary shall periodically evaluate the needs of the eligible veteran and the skills of the family caregiver of such veteran to determine if additional instruction, preparation, training, or technical support under those subparagraphs is necessary.

(4) An eligible veteran and a family member of the eligible veteran seeking to participate in the program required by paragraph (1) shall jointly submit to the Secretary an application therefor in such form and in such manner as the Secretary considers appropriate.

(5) For each application submitted jointly by an eligible veteran and family member, the Secretary shall evaluate (in collaboration with the primary care team for the eligible veteran to the maximum extent practicable)—

(A) the eligible veteran—

(i) to identify the personal care services required by the eligible veteran; and

(ii) to determine whether such requirements could be significantly or substantially satisfied through the provision of personal care services from a family member; and

(B) the family member to determine the amount of instruction, preparation, and training, if any, the family member requires to provide the personal care services required by the eligible veteran—

(i) as a provider of personal care services for the eligible veteran; and

(ii) as the primary provider of personal care services for the eligible veteran.

(6)(A) The Secretary shall provide each family member of an eligible veteran who makes a joint application under paragraph (4) the instruction, preparation, and training determined to be required by such family member under paragraph (5)(B).

(B) Upon the successful completion by a family member of an eligible veteran of instruction, preparation, and training under subparagraph (A), the Secretary shall approve the family member as a provider of personal care services for the eligible veteran.

(C) The Secretary shall, subject to regulations the Secretary shall prescribe, provide for necessary travel, lodging, and per diem expenses incurred by a family member of an eligible veteran in undergoing instruction, preparation, and training under subparagraph (A).

(D) If the participation of a family member of an eligible veteran in instruction, preparation, and training under subparagraph (A) would interfere with the provision of personal care

services to the eligible veteran, the Secretary shall, subject to regulations as the Secretary shall prescribe and in consultation with the veteran, provide respite care to the eligible veteran during the provision of such instruction, preparation, and training to the family member so that the family member can participate in such instruction, preparation, and training without interfering with the provision of such services to the eligible veteran.

(7)(A) For each eligible veteran with at least one family member who is described by subparagraph (B), the Secretary shall designate one family member of such eligible veteran as the primary provider of personal care services for such eligible veteran.

(B) A primary provider of personal care services designated for an eligible veteran under subparagraph (A) shall be selected from among family members of the eligible veteran who—

(i) are approved under paragraph (6) as a provider of personal care services for the eligible veteran;

(ii) elect to provide the personal care services to the eligible veteran that the Secretary determines the eligible veteran requires under paragraph (5)(A)(i);

(iii) have the consent of the eligible veteran to be the primary provider of personal care services for the eligible veteran; and

(iv) are considered by the Secretary as competent to be the primary provider of personal care services for the eligible veteran.

(C) An eligible veteran receiving personal care services from a family member designated as the primary provider of personal care services for the eligible veteran under subparagraph (A) may, in accordance with procedures the Secretary shall establish for such purposes, revoke consent with respect to such family member under subparagraph (B)(iii).

(D) If a family member designated as the primary provider of personal care services for an eligible veteran under subparagraph (A) subsequently fails to meet any requirement set forth in subparagraph (B), the Secretary—

(i) shall immediately revoke the family member's designation under subparagraph (A); and

(ii) may designate, in consultation with the eligible veteran, a new primary provider of personal care services for the eligible veteran under such subparagraph.

(E) The Secretary shall take such actions as may be necessary to ensure that the revocation of a designation under subparagraph (A) with respect to an eligible veteran does not interfere with the provision of personal care services required by the eligible veteran.

(8) If an eligible veteran lacks the capacity to make a decision under this subsection, the Secretary may, in accordance with regulations and policies of the Department regarding appointment of guardians or the use of powers of attorney, appoint a surrogate for the eligible veteran who may make decisions and take action under this subsection on behalf of the eligible veteran.

(9)(A) The Secretary shall monitor the well-being of each eligible veteran receiving personal care services under the program required by paragraph (1).

(B) The Secretary shall document each finding the Secretary considers pertinent to the appropriate delivery of personal care services to an eligible veteran under the program.

(C) The Secretary shall establish procedures to ensure appropriate follow-up regarding findings described in subparagraph (B). Such procedures may include the following:

(i) Visiting an eligible veteran in the eligible veteran's home to review directly the quality of personal care services provided to the eligible veteran.

(ii) Taking such corrective action with respect to the findings of any review of the quality of personal care services provided an eligible veteran as the Secretary considers appropriate, which may include—

(I) providing additional training to a family caregiver; and

(II) suspending or revoking the approval of a family caregiver under paragraph (6) or the designation of a family caregiver under paragraph (7).

(10) The Secretary shall carry out outreach to inform eligible veterans and family members of eligible veterans of the program required by paragraph (1) and the benefits of participating in the program.

(11)(A) In providing assistance under this subsection to family caregivers of eligible veterans, the Secretary may enter into contracts, provider agreements, and memoranda of understanding with Federal agencies, States, and private, nonprofit, and other entities to provide such assistance to such family caregivers.

(B) The Secretary may provide assistance under this paragraph only if such assistance is reasonably accessible to the family caregiver and is substantially equivalent or better in quality to similar services provided by the Department.

(C) The Secretary may provide fair compensation to Federal agencies, States, and other entities that provide assistance under this paragraph.

(12)(A) The Secretary shall notify the individuals described in subparagraph (C) regarding decisions affecting the furnishing of assistance under this subsection using standardized letters, as the Secretary determines such notifications and letters to be appropriate.

(B) A notification provided under subparagraph (A) shall include the elements required for notices of decisions under section 5104(b) of this title to the extent that those elements apply to such notification, unless, not later than 60 days after the date of the enactment of the Transparency and Effective Accountability Measures for Veteran Caregivers Act, the Secretary determines that it would not be feasible to include such elements in such notifications and submits to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth the reasons for such determination.

(C) The individuals described in this subparagraph shall include—

(i) an individual who submits an application for the program established under paragraph (1);

- (ii) an individual determined by the Secretary to be an eligible veteran pursuant to such an application; and
- (iii) a family caregiver of an eligible veteran who is—

- (I) approved as a provider of personal care services under paragraph (6)(B); or
- (II) designated as a primary provider of personal care services under paragraph (7)(A).

(13)(A) If the Secretary determines that a veteran receiving services under the program established under paragraph (1) is no longer eligible for such program solely because of improvement in the condition of the veteran—

- (i) the effective date of discharge of the veteran from the program shall be not earlier than the date that is 60 days after the date on which the Secretary provides notice of such lack of eligibility under paragraph (12)(A) to the relevant individuals described in paragraph (12)(C); and
- (ii) the Secretary shall extend benefits under the program established under paragraph (1) for a family caregiver of the veteran described in paragraph (12)(C)(iii), including stipends under paragraph (3)(A)(ii)(V), if such an extension is determined appropriate by the Secretary, for a 90-day period following discharge of the veteran from the program.

(B) This paragraph shall not be construed to limit the authority of the Secretary—

- (i) to prescribe regulations addressing other bases for—
 - (I) the discharge of a veteran from the program established under paragraph (1); or
 - (II) the revocation of the designation of a family caregiver of a veteran as a primary provider of personal care services under paragraph (7)(A); or
- (ii) to provide advance notice and extended benefits under the program, as appropriate, if another basis for discharge of a veteran described in subclause (I) of clause (i) or revocation of a designation described in subclause (II) of such clause applies.

(b) PROGRAM OF GENERAL CAREGIVER SUPPORT SERVICES.—(1) The Secretary shall establish a program of support services for caregivers of covered veterans who are enrolled in the health care system established under section 1705(a) of this title (including caregivers who do not reside with such veterans).

(2) For purposes of this subsection, a covered veteran is any individual who needs personal care services because of—

- (A) an inability to perform one or more activities of daily living;
- (B) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or
- (C) such other matters as the Secretary shall specify.

(3)(A) The support services furnished to caregivers of covered veterans under the program required by paragraph (1) shall include the following:

- (i) Services regarding the administering of personal care services, which, subject to subparagraph (B), shall include—

- (I) educational sessions made available both in person and on an Internet website;
- (II) use of telehealth and other available technologies; and
- (III) teaching techniques, strategies, and skills for caring for a disabled veteran;

(ii) Counseling and other services under section 1782 of this title.

(iii) Respite care under section 1720B of this title that is medically and age appropriate for the veteran (including 24-hour per day in-home care).

(iv) Information concerning the supportive services available to caregivers under this subsection and other public, private, and non-profit agencies that offer support to caregivers.

(B) If the Secretary certifies to the Committees on Veterans' Affairs of the Senate and the House of Representatives that funding available for a fiscal year is insufficient to fund the provision of services specified in one or more subclauses of subparagraph (A)(i), the Secretary shall not be required under subparagraph (A) to provide the services so specified in the certification during the period beginning on the date that is 180 days after the date the certification is received by the Committees and ending on the last day of the fiscal year.

(4) In providing information under paragraph (3)(A)(iv), the Secretary shall collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services.

(5) In carrying out the program required by paragraph (1), the Secretary shall conduct outreach to inform covered veterans and caregivers of covered veterans about the program. The outreach shall include an emphasis on covered veterans and caregivers of covered veterans living in rural areas.

(c) CONSTRUCTION.—(1) A decision by the Secretary under this section affecting the furnishing of assistance or support shall be considered a medical determination.

(2) Nothing in this section shall be construed to create—

(A) an employment relationship between the Secretary and an individual in receipt of assistance or support under this section; or

(B) any entitlement to any assistance or support provided under this section.

(d) DEFINITIONS.—In this section:

(1) The term “caregiver”, with respect to an eligible veteran under subsection (a) or a covered veteran under subsection (b), means an individual who provides personal care services to the veteran.

(2) The term “family caregiver”, with respect to an eligible veteran under subsection (a), means a family member who is a caregiver of the veteran.

(3) The term “family member”, with respect to an eligible veteran under subsection (a), means an individual who—

(A) is a member of the family of the veteran, including—

- (i) a parent;
- (ii) a spouse;
- (iii) a child;
- (iv) a step-family member; and
- (v) an extended family member; or

(B) lives with the veteran but is not a member of the family of the veteran.

(4) The term “personal care services”, with respect to an eligible veteran under subsection (a) or a covered veteran under subsection (b), means services that provide the veteran the following:

(A) Assistance with one or more activities of daily living.

(B) Supervision or protection based on symptoms or residuals of neurological or other impairment or injury.

(C) Regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired.

(D) Any other non-institutional extended care (as such term is used in section 1701(6)(E) of this title).

(Added Pub. L. 111–163, title I, §101(a)(1), May 5, 2010, 124 Stat. 1132; amended Pub. L. 114–58, title I, §103, title VI, §601(6), Sept. 30, 2015, 129 Stat. 532, 538; Pub. L. 114–228, title I, §103, Sept. 29, 2016, 130 Stat. 937; Pub. L. 115–62, title I, §103, Sept. 29, 2017, 131 Stat. 1161; Pub. L. 115–182, title I, §161(a)(1)(A), (2)–(b), June 6, 2018, 132 Stat. 1438–1440; Pub. L. 115–251, title I, §103, Sept. 29, 2018, 132 Stat. 3168; Pub. L. 116–278, §2(b), Dec. 31, 2020, 134 Stat. 3374; Pub. L. 116–283, div. A, title IX, §926(a)(28), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

REFERENCES IN TEXT

Section 162(a) of the Caring for Our Veterans Act of 2018, referred to in subsec. (a)(2)(B)(i), is section 162(a) of Pub. L. 115–182, June 6, 2018, 132 Stat. 1440, which is set out as a note under this section.

The date of the enactment of the Transparency and Effective Accountability Measures for Veteran Caregivers Act, referred to in subsec. (a)(12)(B), is the date of enactment of Pub. L. 116–278, which was approved Dec. 31, 2020.

AMENDMENTS

2021—Subsec. (a)(2)(B). Pub. L. 116–283 substituted “air, or space service” for “or air service” wherever appearing.

2020—Subsec. (a)(12), (13). Pub. L. 116–278 added pars. (12) and (13).

2018—Subsec. (a)(2)(B). Pub. L. 115–182, §161(a)(1)(A), amended subpar. (B) generally. Prior to amendment, text read as follows: “has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and”.

Subsec. (a)(2)(C)(iii), (iv). Pub. L. 115–182, §161(a)(2), added cl. (iii) and redesignated former cl. (iii) as (iv).

Subsec. (a)(3)(A)(ii)(VI). Pub. L. 115–182, §161(a)(3), added subcl. (VI).

Subsec. (a)(3)(C)(iii), (iv). Pub. L. 115–182, §161(a)(4), added cl. (iii) and redesignated former cl. (iii) as (iv).

Subsec. (a)(3)(D). Pub. L. 115–182, §161(a)(5), added subpar. (D).

Subsec. (a)(5). Pub. L. 115–182, §161(a)(6), inserted “(in collaboration with the primary care team for the eligible veteran to the maximum extent practicable)” after “evaluate” in introductory provisions.

Subsec. (a)(11). Pub. L. 115–182, §161(a)(7), added par. (11).

Subsec. (d)(4)(A). Pub. L. 115–182, §161(b)(1), struck out “independent” before “activities of daily living”.

Subsec. (d)(4)(B) to (D). Pub. L. 115–182, §161(b)(2), (3), added subpars. (B) and (C) and redesignated former subpar. (B) as (D).

Subsec. (e). Pub. L. 115–251 struck out subsec. (e) which authorized appropriations from fiscal years 2010 to 2019.

2017—Subsec. (e)(5). Pub. L. 115–62 added par. (5).

2016—Subsec. (e)(4). Pub. L. 114–228 added par. (4).

2015—Subsec. (a)(7)(B)(iii). Pub. L. 114–58, §601(6), substituted “have” for “has”.

Subsec. (e)(3). Pub. L. 114–58, §103, added par. (3).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 111–163, title I, §101(a)(3), May 5, 2010, 124 Stat. 1137, provided that:

“(A) IN GENERAL.—The amendments made by this subsection [enacting this section] shall take effect on the date that is 270 days after the date of the enactment of this Act [May 5, 2010].

“(B) IMPLEMENTATION.—The Secretary of Veterans Affairs shall commence the programs required by subsections (a) and (b) of section 1720G of title 38, United States Code, as added by paragraph (1) of this subsection, on the date on which the amendments made by this subsection take effect.”

MODIFICATION OF ADMINISTRATION OF CAREGIVER PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116–278, §2(a), Dec. 31, 2020, 134 Stat. 3373, provided that:

“(A) FORMAL RECOGNITION OF CAREGIVERS.—

“(1) REPORT.—

“(A) IN GENERAL.—Not later than 60 days after the date of the enactment of this Act [Dec. 31, 2020], the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report regarding the feasibility and advisability of formally recognizing all caregivers of veterans by identifying any caregiver of a veteran in the electronic health record of the veteran.

“(B) CAREGIVERS RECOGNIZED.—The recognition of caregivers described in subparagraph (A) shall include recognition of—

“(i) any family caregiver who is approved as a provider of personal care services for an eligible veteran under the program of comprehensive assistance for family caregivers under subsection (a) of section 1720G of title 38, United States Code; and

“(ii) any caregiver of a covered veteran participating in the program of general caregiver support services under subsection (b) of such section.

“(C) TIMELINE.—If the Secretary determines that formally recognizing all caregivers of veterans as described in subparagraph (A) is feasible and advisable, the report required by such subparagraph shall include a timeline for implementing such recognition.

“(2) IMPLEMENTATION.—If the Secretary determines that formally recognizing all caregivers of veterans as described in paragraph (1)(A) is feasible and advisable, the Secretary shall implement such recognition in accordance with the timeline included in the report required by such paragraph.”

EDUCATION PROGRAM FOR FAMILY MEMBERS AND CAREGIVERS OF VETERANS WITH MENTAL HEALTH DISORDERS

Pub. L. 116–214, title II, §202, Dec. 5, 2020, 134 Stat. 1033, provided that:

“(a) ESTABLISHMENT.—Not later than 270 days after the date of the enactment of this Act [Dec. 5, 2020], the

Secretary of Veterans Affairs shall establish an education program (in this section referred to as the 'education program') for the education and training of caregivers and family members of eligible veterans with mental health disorders.

“(b) EDUCATION PROGRAM.—

“(1) IN GENERAL.—Under the education program, the Secretary shall provide a course of education to caregivers and family members of eligible veterans on matters relating to coping with mental health disorders in veterans.

“(2) DURATION.—The Secretary shall carry out the education program during the four-year period beginning on the date of the commencement of the education program.

“(3) SCOPE.—

“(A) CAREGIVERS.—The Secretary, with respect to the component of the education program that relates to the education and training of caregivers, shall—

“(i) include such component in the training provided pursuant to the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs established under section 1720G(a) of title 38, United States Code; and

“(ii) make such component available on the Internet website of the Department that relates to caregiver training.

“(B) FAMILY MEMBERS.—The Secretary shall carry out the component of the education program that relates to the education and training of non-caregiver family members at facilities of the Department as follows:

“(i) Not less than five medical centers of the Department.

“(ii) Not less than five clinics of the Department.

“(iii) Not less than five Vet Centers (as defined in section 1712A(h) of title 38, United States Code).

“(C) SOLICITATION OF APPLICATIONS.—In selecting locations pursuant to subparagraph (B), the Secretary shall solicit applications from eligible facilities of the Department that are interested in carrying out the education program.

“(D) CONSIDERATIONS.—In selecting locations pursuant to subparagraph (B), the Secretary shall consider the feasibility and advisability of selecting locations in the following areas:

“(i) Rural areas.

“(ii) Areas that are not in close proximity to an active duty installation.

“(iii) Areas in different geographic locations.

“(4) CONTRACTS.—

“(A) IN GENERAL.—In carrying out the education program, the Secretary shall enter into contracts with qualified entities described in subparagraph (B) to offer the course of education described in paragraph (5) to family members and caregivers of eligible veterans and covered veterans.

“(B) QUALIFIED ENTITY DESCRIBED.—A qualified entity described in this subparagraph is a non-profit entity with experience in mental health education and outreach, including work with children, teens, and young adults, that—

“(i) uses high quality, relevant, and age-appropriate information in educational programming, materials, and coursework, including such programming, materials, and coursework for children, teens, and young adults; and

“(ii) works with agencies, departments, non-profit mental health organizations, early childhood educators, and mental health providers to develop educational programming, materials, and coursework.

“(C) PRIORITY.—In entering into contracts under this paragraph, the Secretary shall give priority to qualified entities that have demonstrated cultural competence in serving military and veteran populations, and, to the extent practicable, use internet

technology for the delivery of course content in an effort to expand the availability of support services, especially in rural areas.

“(5) COURSE OF EDUCATION DESCRIBED.—The course of education described in this paragraph shall consist of curriculum that includes the following:

“(A) General education on different mental health disorders, including information to improve understanding of the experiences of individuals suffering from such disorders.

“(B) Techniques for handling crisis situations and administering mental health first aid to individuals suffering from a mental health disorder.

“(C) Techniques for coping with the stress of living with an individual suffering from a mental health disorder.

“(D) Information on additional services available for family members and caregivers through the Department or community organizations and providers related to mental health disorders.

“(E) Such other matters as the Secretary considers appropriate.

“(c) SURVEYS.—

“(1) IN GENERAL.—The Secretary shall conduct a comprehensive survey of the satisfaction of individuals that have participated in the course of education described in subsection (b)(5). Such survey shall include a solicitation of feedback on the following:

“(A) The general satisfaction of those individuals with the education and assistance provided under the education program.

“(B) The perceived effectiveness of the education program in providing education and assistance that is useful for those individuals.

“(C) The applicability of the education program to the issues faced by those individuals.

“(D) Such other matters as the Secretary considers appropriate.

“(2) COMPILATION OF INFORMATION.—The information compiled as a result of the surveys conducted under paragraph (1) shall be—

“(A) disaggregated by facility type at which the education program was carried out; and

“(B) included in the annual reports under subsection (d)(1).

“(d) REPORTS.—

“(1) ANNUAL REPORTS.—

“(A) IN GENERAL.—Not later than one year after the date of the commencement of the education program and not later than September 30 each year thereafter until 2024, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on—

“(i) the education program; and

“(ii) the feasibility and advisability of expanding the education program to include the establishment of a peer support program composed of individuals who complete the education program (in this section referred to as a 'peer support program').

“(B) ELEMENTS.—Each report submitted under subparagraph (A) shall include the following:

“(i) The number of individuals that participated in the course of education described in subsection (b)(5) during the year preceding the submission of the report.

“(ii) A detailed analysis of the surveys conducted under subsection (c) with respect to the individuals described in clause (i).

“(iii) Any plans for expansion of the education program.

“(iv) An analysis of the feasibility and advisability of establishing a peer support program.

“(v) The interim findings and conclusions of the Secretary with respect to the success of the education program and the feasibility and advisability of establishing a peer support program.

“(2) FINAL REPORT.—

“(A) IN GENERAL.—Not later than one year after the completion of the education program, the Sec-

retary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a final report on the feasibility and advisability of continuing the education program.

“(B) ELEMENTS.—The final report under subparagraph (A) shall include the following:

“(i) A detailed analysis of the surveys conducted under subsection (c).

“(ii) An analysis of the feasibility and advisability of continuing the education program without entering into contracts for the course of education described in subsection (b)(5).

“(iii) An analysis of the feasibility and advisability of expanding the education program.

“(iv) An analysis of the feasibility and advisability of establishing a peer support program.

“(e) MONITORING OF PROGRAM.—The Secretary shall select mental health care providers of the Department to monitor the progress of the instruction provided under the education program.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘eligible veteran’ means a veteran who is enrolled in the health care system established under section 1705(a) of title 38, United States Code.

“(2) The terms ‘caregiver’ and ‘family member’ have the meaning given those terms in section 1720G(d) of title 38, United States Code.”

PUBLICATION IN FEDERAL REGISTER

Pub. L. 115–182, title I, §161(a)(1)(B), June 6, 2018, 132 Stat. 1439, as amended by Pub. L. 115–251, title II, §211(b)(5), Sept. 29, 2018, 132 Stat. 3176, provided that: “Not later than 30 days after the date on which the Secretary of Veterans Affairs submits to Congress the certification described in subsection (a)(2)(B)(i) of section 1720G of title 38, United States Code, as amended by subparagraph (A) of this paragraph, the Secretary shall publish the date specified in such subsection in the Federal Register.”

IMPLEMENTATION OF INFORMATION TECHNOLOGY SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS TO ASSESS AND IMPROVE THE FAMILY CAREGIVER PROGRAM

Pub. L. 115–182, title I, §162, June 6, 2018, 132 Stat. 1440, provided that:

“(a) IMPLEMENTATION OF NEW SYSTEM.—

“(1) IN GENERAL.—Not later than October 1, 2018, the Secretary of Veterans Affairs shall implement an information technology system that fully supports the Program and allows for data assessment and comprehensive monitoring of the Program.

“(2) ELEMENTS OF SYSTEM.—The information technology system required to be implemented under paragraph (1) shall include the following:

“(A) The ability to easily retrieve data that will allow all aspects of the Program (at the medical center and aggregate levels) and the workload trends for the Program to be assessed and comprehensively monitored.

“(B) The ability to manage data with respect to a number of caregivers that is more than the number of caregivers that the Secretary expects to apply for the Program.

“(C) The ability to integrate the system with other relevant information technology systems of the Veterans Health Administration.

“(b) ASSESSMENT OF PROGRAM.—Not later than 180 days after implementing the system described in subsection (a), the Secretary shall, through the Under Secretary for Health, use data from the system and other relevant data to conduct an assessment of how key aspects of the Program are structured and carried out.

“(c) ONGOING MONITORING OF AND MODIFICATIONS TO PROGRAM.—

“(1) MONITORING.—The Secretary shall use the system implemented under subsection (a) to monitor and assess the workload of the Program, including monitoring and assessment of data on—

“(A) the status of applications, appeals, and home visits in connection with the Program; and

“(B) the use by caregivers participating in the Program of other support services under the Program such as respite care.

“(2) MODIFICATIONS.—Based on the monitoring and assessment conducted under paragraph (1), the Secretary shall identify and implement such modifications to the Program as the Secretary considers necessary to ensure the Program is functioning as intended and providing veterans and caregivers participating in the Program with services in a timely manner.

“(d) REPORTS.—

“(1) INITIAL REPORT.—

“(A) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act [June 6, 2018], the Secretary shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Comptroller General of the United States a report that includes—

“(i) the status of the planning, development, and deployment of the system required to be implemented under subsection (a), including any changes in the timeline for the implementation of the system; and

“(ii) an assessment of the needs of family caregivers of veterans described in subparagraph (B), the resources needed for the inclusion of such family caregivers in the Program, and such changes to the Program as the Secretary considers necessary to ensure the successful expansion of the Program to include such family caregivers.

“(B) VETERANS DESCRIBED.—Veterans described in this subparagraph are veterans who are eligible for the Program under clause (ii) or (iii) of section 1720G(a)(2)(B) of title 38, United States Code, as amended by section 161(a)(1) of this title, solely due to a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001.

“(2) NOTIFICATION BY COMPTROLLER GENERAL.—The Comptroller General shall review the report submitted under paragraph (1) and notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives with respect to the progress of the Secretary in—

“(A) fully implementing the system required under subsection (a); and

“(B) implementing a process for using such system to monitor and assess the Program under subsection (c)(1) and modify the Program as considered necessary under subsection (c)(2).

“(3) FINAL REPORT.—

“(A) IN GENERAL.—Not later than October 1, 2019, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Comptroller General a report on the implementation of subsections (a) through (c).

“(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

“(i) A certification by the Secretary that the information technology system described in subsection (a) has been implemented.

“(ii) A description of how the Secretary has implemented such system.

“(iii) A description of the modifications to the Program, if any, that were identified and implemented under subsection (c)(2).

“(iv) A description of how the Secretary is using such system to monitor the workload of the Program.

“(e) DEFINITIONS.—In this section:

“(1) ACTIVE MILITARY, NAVAL, OR AIR SERVICE.—The term ‘active military, naval, or air service’ has the meaning given that term in section 101 of title 38, United States Code.

“(2) PROGRAM.—The term ‘Program’ means the program of comprehensive assistance for family caregivers under section 1720G(a) of title 38, United States Code, as amended by section 161 of this title.”

ANNUAL EVALUATION REPORT

Pub. L. 111-163, title I, §101(c), May 5, 2010, 124 Stat. 1138, as amended by Pub. L. 115-182, title I, §163, June 6, 2018, 132 Stat. 1442, provided that:

“(1) IN GENERAL.—Not later than 2 years after the date described in subsection (a)(3)(A) [see Effective Date note above] and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a comprehensive report on the implementation of section 1720G of title 38, United States Code, as added by subsection (a)(1).

“(2) CONTENTS.—The report required by paragraph (1) shall include the following:

“(A) With respect to the program of comprehensive assistance for family caregivers required by subsection (a)(1) of such section 1720G and the program of general caregiver support services required by subsection (b)(1) of such section—

“(i) the number of caregivers that received assistance under such programs;

“(ii) the cost to the Department of providing assistance under such programs;

“(iii) a description of the outcomes achieved by, and any measurable benefits of, carrying out such programs;

“(iv) an assessment of the effectiveness and the efficiency of the implementation of such programs, including a description of any barriers to accessing and receiving care and services under such programs; and

“(v) such recommendations, including recommendations for legislative or administrative action, as the Secretary considers appropriate in light of carrying out such programs.

“(B) With respect to the program of comprehensive assistance for family caregivers required by such subsection (a)(1)—

“(i) a description of the outreach activities carried out by the Secretary under such program;

“(ii) an assessment of the manner in which resources are expended by the Secretary under such program, particularly with respect to the provision of monthly personal caregiver stipends under paragraph (3)(A)(ii)(v) of such subsection (a); and

“(iii) an evaluation of the sufficiency and consistency of the training provided to family caregivers under such program in preparing family caregivers to provide care to veterans under such program.

“(C) With respect to the provision of general caregiver support services required by such subsection (b)(1)—

“(i) a summary of the support services made available under the program;

“(ii) the number of caregivers who received support services under the program;

“(iii) the cost to the Department of providing each support service provided under the program; and

“(iv) such other information as the Secretary considers appropriate.”

§ 1720H. Mental health treatment for veterans and members of the reserve components of the Armed Forces who served in classified missions

(a) ESTABLISHMENT OF STANDARDS.—(1) The Secretary shall establish standards and procedures to ensure that each eligible individual may access mental health care furnished by the Secretary in a manner that fully accommodates the obligation of the individual to not improperly disclose classified information.

(2) In establishing standards and procedures under paragraph (1), the Secretary shall consult with the Secretary of Defense to ensure that such standards and procedures are consistent with the policies on classified information of the Department of Defense.

(3) The Secretary shall disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on the standards and procedures established under paragraph (1) and how to best engage eligible individuals during the course of mental health treatment with respect to classified information.

(b) IDENTIFICATION.—In carrying out this section, the Secretary shall ensure that an individual may elect to identify as an eligible individual on an appropriate form.

(c) DEFINITIONS.—In this section:

(1) The term “classified information” means any information or material that has been determined by an official of the United States pursuant to law to require protection against unauthorized disclosure for reasons of national security.

(2) The term “eligible individual” means a veteran or a member of the reserve components of the Armed Forces who—

(A) is eligible to receive health care furnished by the Department under this title;

(B) is seeking mental health treatment; and

(C) in the course of serving in the Armed Forces, participated in a sensitive mission or served in a sensitive unit.

(3) The term “sensitive mission” means a mission of the Armed Forces that, at the time at which an eligible individual seeks treatment, is classified.

(4) The term “sensitive unit” has the meaning given that term in section 130b(c)(4) of title 10.

(Added Pub. L. 114-315, title VI, §605(b), Dec. 16, 2016, 130 Stat. 1571; amended Pub. L. 116-283, div. A, title VII, §764(b)(1), (2)(A), Jan. 1, 2021, 134 Stat. 3727.)

Editorial Notes

AMENDMENTS

2021—Pub. L. 116-283, §764(b)(2)(A), inserted “and members of the reserve components of the Armed Forces” after “veterans” in section catchline.

Subsec. (a)(1). Pub. L. 116-283, §764(b)(1)(A)(i), substituted “eligible individual” for “eligible veteran” and “the individual” for “the veteran”.

Subsec. (a)(3). Pub. L. 116-283, §764(b)(1)(A)(ii), substituted “eligible individuals” for “eligible veterans”.

Subsec. (b). Pub. L. 116-283, §764(b)(1)(B), substituted “an individual” for “a veteran” and “eligible individual” for “eligible veteran”.

Subsec. (c)(2). Pub. L. 116-283, §764(b)(1)(C)(i), substituted “The term ‘eligible individual’ means a veteran or a member of the reserve components of the Armed Forces” for “The term ‘eligible veteran’ means a veteran” in introductory provisions.

Subsec. (c)(3). Pub. L. 116-283, §764(b)(1)(C)(ii), substituted “eligible individual” for “eligible veteran”.

§ 1720I. Mental and behavioral health care for certain former members of the Armed Forces

(a) IN GENERAL.—The Secretary shall furnish to former members of the Armed Forces described in subsection (b)—

(1) an initial mental health assessment; and
 (2) the mental healthcare or behavioral healthcare services authorized under this chapter that are required to treat the mental or behavioral health care needs of the former service members, including risk of suicide or harming others.

(b) **ELIGIBLE INDIVIDUALS.**—A former member of the Armed Forces described in this subsection is an individual who—

(1) is a former member of the Armed Forces, including the reserve components;

(2) while serving in the active military, naval, air, or space service, was discharged or released therefrom under a condition that is not honorable but not—

(A) a dishonorable discharge; or

(B) a discharge by court-martial;

(3) is not enrolled in the health care system established by section 1705 of this title; and

(4)(A)(i) served in the Armed Forces for a period of more than 100 cumulative days; and

(ii) was deployed in a theater of combat operations, in support of a contingency operation, or in an area at a time during which hostilities are occurring in that area during such service, including by controlling an unmanned aerial vehicle from a location other than such theater or area; or

(B) while serving in the Armed Forces, was the victim of a physical assault of a sexual nature, a battery of a sexual nature, or sexual harassment (as defined in section 1720D(f) of this title).

(c) **NON-DEPARTMENT CARE.**—(1) In furnishing mental or behavioral health care services to an individual under this section, the Secretary may provide such mental or behavioral health care services at a non-Department facility if—

(A) in the judgment of a mental health professional employed by the Department, the receipt of mental or behavioral health care services by that individual in facilities of the Department would be clinically inadvisable; or

(B) facilities of the Department are not capable of furnishing such mental or behavioral health care services to that individual economically because of geographical inaccessibility.

(2) The Secretary shall carry out paragraph (1) pursuant to section 1703 of this title or any other provision of law authorizing the Secretary to enter into contracts or agreements to furnish hospital care and medical services to veterans at non-Department facilities.

(d) **SETTING AND REFERRALS.**—In furnishing mental and behavioral health care services to individuals under this section, the Secretary shall—

(1) seek to ensure that such services are furnished in settings that are therapeutically appropriate, taking into account the circumstances that resulted in the need for such services; and

(2) provide referral services to assist former members who are not eligible for services under this chapter to obtain services from sources outside the Department.

(e) **INFORMATION.**—The Secretary shall provide information on the mental and behavioral

health care services available under this section. Efforts by the Secretary to provide such information—

(1) shall include notification of each eligible individual described in subsection (b) about the eligibility of the individual for covered mental and behavioral health care under this section not later than the later of—

(A) 180 days after the date of the enactment of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018; or

(B) 180 days after the date on which the individual was discharged or released from the active military, naval, air, or space service;

(2) shall include availability of a toll-free telephone number (commonly referred to as an 800 number);

(3) shall ensure that information about the mental health care services available under this section—

(A) is revised and updated as appropriate;

(B) is made available and visibly posted at appropriate facilities of the Department; and

(C) is made available to State veteran agencies and through appropriate public information services; and

(4) shall include coordination with the Secretary of Defense seeking to ensure that members of the Armed Forces and individuals who are being separated from active military, naval, air, or space service are provided appropriate information about programs, requirements, and procedures for applying for mental health care services under this section.

(f) **ANNUAL REPORTS.**—(1) Not later than February 15 each year, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the mental and behavioral health care services provided under this section.

(2) Each report submitted under paragraph (1) shall include, with respect to the year preceding the submittal of the report, the following:

(A) The number of eligible individuals who were furnished mental or behavioral health care services under this section, disaggregated by the number of men who received such services and the number of women who received such services.

(B) The number of individuals who requested an initial mental health assessment under subsection (a)(1).

(C) The types of mental or behavioral health care needs treated under this section.

(D) The demographics of individuals being treated under this section, including—

(i) age;

(ii) era of service in the Armed Forces;

(iii) branch of service in the Armed Forces; and

(iv) geographic location.

(E) The average number of visits for an individual for mental or behavioral health care under this section.

(F) Such other information as the Secretary considers appropriate.

(Added Pub. L. 115-141, div. J, title II, §258(a), Mar. 23, 2018, 132 Stat. 826, §1712I; renumbered

§ 1720I, Pub. L. 115–182, title V, § 511, June 6, 2018, 132 Stat. 1481; amended Pub. L. 115–251, title II, § 205, Sept. 29, 2018, 132 Stat. 3173; Pub. L. 116–171, title I, § 104, Oct. 17, 2020, 134 Stat. 782; Pub. L. 116–283, div. A, title IX, § 926(a)(29), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2018, referred to in subsec. (e)(1)(A), is the date of enactment of div. J of Pub. L. 115–141, which was approved Mar. 23, 2018.

AMENDMENTS

2021—Subsec. (b)(2). Pub. L. 116–283 substituted “air, or space service” for “or air service” in introductory provisions.

Subsec. (e)(1)(B), (4). Pub. L. 116–283 substituted “air, or space service” for “or air service”.

2020—Subsec. (f)(1). Pub. L. 116–171, § 104(1), substituted “Not later than February 15” for “Not less frequently than once”.

Subsec. (f)(2)(C) to (F). Pub. L. 116–171, § 104(2), added subpars. (C) to (E) and redesignated former subpar. (C) as (F).

2018—Pub. L. 115–182 renumbered section 1712I of this title as this section.

Subsec. (b)(3). Pub. L. 115–251 substituted “is not enrolled” for “is not otherwise eligible to enroll”.

§ 1720J. Emergent suicide care

(a) EMERGENT SUICIDE CARE.—Pursuant to this section, the Secretary shall—

(1) furnish emergent suicide care to an eligible individual at a medical facility of the Department;

(2) pay for emergent suicide care provided to an eligible individual at a non-Department facility; and

(3) reimburse an eligible individual for emergent suicide care provided to the eligible individual at a non-Department facility.

(b) ELIGIBILITY.—An individual is eligible for emergent suicide care under subsection (a) if the individual is in an acute suicidal crisis and is either of the following:

(1) A veteran (as defined in section 101).

(2) An individual described in section 1720I(b) of this title.

(c) PERIOD OF CARE.—(1) Emergent suicide care provided under subsection (a) shall be furnished to an eligible individual—

(A) through inpatient or crisis residential care, for a period not to exceed 30 days; or

(B) if care under subparagraph (A) is unavailable, or if such care is not clinically appropriate, as outpatient care for a period not to exceed 90 days.

(2) If, upon the expiration of a period under paragraph (1), the Secretary determines that the eligible individual remains in an acute suicidal crisis, the Secretary may extend such period as the Secretary determines appropriate.

(d) NOTIFICATION.—An eligible individual who receives emergent suicide care under subsection (a) at a non-Department facility (or a person acting on behalf of the individual) shall notify the Secretary of such care within seven days of admission to such facility.

(e) OUTREACH.—During any period when an eligible individual is receiving emergent suicide care under subsection (a), the Secretary shall—

(1) ensure that—

(A) in the case of an eligible individual whom the Veterans Crisis Line recommends to seek emergent suicide care at a medical facility of the Department, the Veterans Crisis Line notifies the Suicide Prevention Coordinator of such medical facility;

(B) in the case of an eligible individual who presents at a medical facility of the Department in an acute suicidal crisis without a recommendation by the Veterans Crisis Line, the Secretary notifies the Suicide Prevention Coordinator;

(C) in the case of an eligible individual whom the Veterans Crisis Line recommends to seek treatment at a non-Department facility, the Veterans Crisis Line notifies the Suicide Prevention Coordinator and the Office of Community Care at the medical facility of the Department located nearest to the eligible individual; and

(D) in the case of an eligible individual who presents at a non-Department facility in an acute suicidal crisis without a recommendation by the Veterans Crisis Line and for whom the Secretary receives a notification under subsection (d), the Secretary notifies the Suicide Prevention Coordinator and the Office of Community Care at the medical facility of the Department located nearest to the eligible individual;

(2) determine the eligibility of the eligible individual for other programs and benefits under the laws administered by the Secretary (or shall make such determination as soon as practicable following the period of such emergent suicide care); and

(3) make referrals for care following the period of such emergent suicide care, as the Secretary determines appropriate.

(f) PROHIBITION ON CHARGE.—(1) If the Secretary provides emergent suicide care to an eligible individual under subsection (a), the Secretary—

(A) may not charge the eligible individual for any cost of such emergent suicide care; and

(B) shall pay for any costs of emergency transportation to a facility for such emergent suicide care (as such costs are determined pursuant to section 1725 of this title, to the extent practicable).

(2)(A) In addition to the requirements of paragraph (1), if the Secretary pays for emergent suicide care provided under subsection (a) to an eligible individual at a non-Department facility, the Secretary shall reimburse the facility for the reasonable value of such emergent suicide care.

(B)(i) In carrying out subparagraph (A), the Secretary may determine the amount to reimburse a non-Department facility in a similar manner to the manner in which the Secretary determines reimbursement amounts for that non-Department facility for medical care and services provided under another provision of this chapter.

(ii) The requirements of section 1725(c)(3) of this title shall apply with respect to payments made under subparagraph (A) of this paragraph.

(3) In the case of an eligible individual who receives emergent suicide care under this section and who is entitled to emergent suicide care (or payment for emergent suicide care) under a health-plan contract, the Secretary may recover the costs of such emergent suicide care provided under this section, other than for such care for a service-connected disability.

(4) In carrying out subsection (d), the Secretary may not charge an eligible individual for any cost of emergent suicide care provided under subsection (a) solely by reason of the Secretary not having been notified of such care pursuant to such subsection.

(g) ANNUAL REPORT.—Not less than once each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on emergent suicide care provided under subsection (a). Each such report shall include, for the year covered by the report—

(1) the number of eligible individuals who received emergent suicide care under subsection (a);

(2) demographic information regarding eligible individuals described in paragraph (1);

(3) the types of care furnished or paid for this section;¹ and

(4) the total cost of providing care under subsection (a).

(h) DEFINITIONS.—In this section:

(1) The term “acute suicidal crisis” means that an individual was determined to be at imminent risk of self-harm by a trained crisis responder or health care provider.

(2) The term “crisis residential care” means crisis stabilization care provided—

(A) in a residential setting; and

(B) in a facility other than a hospital.

(3) The term “crisis stabilization care” includes, with respect to an individual in acute suicidal crisis, care that ensures, to the extent practicable, immediate safety and reduces—

(A) the severity of distress;

(B) the need for urgent care; or

(C) the likelihood that the distress under subparagraph (A) or need under subparagraph (B) will increase during the transfer of that individual from a facility at which the individual has received care for that acute suicidal crisis.

(4) The term “emergent suicide care” means crisis stabilization care provided to an eligible individual—

(A) pursuant to a recommendation of the eligible individual from the Veterans Crisis Line; or

(B) who presents at a medical facility in an acute suicidal crisis.

(5) The term “health-plan contract” has the meaning given such term in section 1725 of this title.

(6) The term “Veterans Crisis Line” means the hotline under section 1720F(h) of this title.

(Added Pub. L. 116-214, title II, §201(a), Dec. 5, 2020, 134 Stat. 1030.)

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 116-214, title II, §201(c), Dec. 5, 2020, 134 Stat. 1033, provided that: “The Secretary shall furnish or pay for emergent suicide care under section 1720J of title 38, United States Code, as added by subsection (a), beginning on the date that is 270 days after the date of the enactment of this Act [Dec. 5, 2020].”

SUBCHAPTER III—MISCELLANEOUS PROVISIONS RELATING TO HOSPITAL AND NURSING HOME CARE AND MEDICAL TREATMENT OF VETERANS

Editorial Notes

AMENDMENTS

1976—Pub. L. 94-581, title II, §202(i), Oct. 21, 1976, 90 Stat. 2856, inserted “AND NURSING HOME” in subchapter heading.

§ 1721. Power to make rules and regulations

Rules and regulations prescribed under section 501(a) of this title shall include rules and regulations to promote good conduct on the part of persons who are receiving hospital, nursing home, and domiciliary care and medical services in Department facilities. The Secretary may prescribe in rules and regulations under such section limitations in connection with the furnishing of such care and services during a period of national emergency (other than a period of war or an emergency described in section 8111A of this title).

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1143, §621; Pub. L. 94-581, title II, §§202(j), 210(a)(8), Oct. 21, 1976, 90 Stat. 2856, 2863; Pub. L. 100-322, title I, §133, May 20, 1988, 102 Stat. 507; Pub. L. 102-40, title IV, §402(d)(1), May 7, 1991, 105 Stat. 239; renumbered §1721 and amended Pub. L. 102-83, §§2(c)(1), 4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 402, 404-406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1721 was renumbered section 3521 of this title.

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 621 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

Pub. L. 102-83, §2(c)(1), substituted “501(a)” for “210(c)(1)”.

Pub. L. 102-40 substituted “8111A” for “5011A”.

1988—Pub. L. 100-322 amended section generally. Prior to amendment, section read as follows: “The Administrator shall prescribe—

“(1) such rules and procedure governing the furnishing of hospital, nursing home, and domiciliary care as the Administrator may deem proper and necessary;

“(2) limitations in connection with the furnishing of hospital, nursing home, and domiciliary care; and

“(3) such rules and regulations as the Administrator deems necessary in order to promote good con-

¹ So in original. Probably should be “under this section;”.

duct on the part of persons who are receiving hospital, nursing home, or domiciliary care in Veterans' Administration facilities."

1976—Cl. (1). Pub. L. 94-581, §§202(j), 210(a)(8), substituted "hospital, nursing home, and domiciliary care as the Administrator may deem" for "hospital and domiciliary care as he may deem".

Cl. (2). Pub. L. 94-581, §202(j), substituted "hospital, nursing home, and domiciliary care" for "hospital and domiciliary care".

Cl. (3). Pub. L. 94-581, §§202(j), 210(a)(8), substituted "as the Administrator deems" for "as he deems" and "hospital, nursing home, or domiciliary care" for "hospital or domiciliary care".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1722. Determination of inability to defray necessary expenses; income thresholds

(a) For the purposes of section 1710(a)(2)(G) of this title, a veteran shall be considered to be unable to defray the expenses of necessary care if—

(1) the veteran is eligible to receive medical assistance under a State plan approved under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(2) the veteran is in receipt of pension under section 1521 of this title; or

(3) the veteran's attributable income is not greater than the amount set forth in subsection (b).

(b)(1) For purposes of subsection (a)(3), the income threshold for the calendar year beginning on January 1, 1990, is—

(A) \$17,240 in the case of a veteran with no dependents; and

(B) \$20,688 in the case of a veteran with one dependent, plus \$1,150 for each additional dependent.

(2) For a calendar year beginning after December 31, 1990, the amounts in effect for purposes of this subsection shall be the amounts in effect for the preceding calendar year as adjusted under subsection (c) of this section.

(c) Effective on January 1 of each year, the amounts in effect under subsection (b) of this section shall be increased by the percentage by which the maximum rates of pension were increased under section 5312(a) of this title during the preceding calendar year.

(d)(1) Notwithstanding the attributable income of a veteran, the Secretary may refuse to make a determination described in paragraph (2) of this subsection if the corpus of the estate of the veteran is such that under all the circumstances it is reasonable that some part of the corpus of the estate of the veteran be consumed for the veteran's maintenance.

(2) A determination described in this paragraph is a determination that for purposes of subsection (a)(3) of this section a veteran's attributable income is not greater than the amount determined under subsection (b) of this section.

(3) For the purposes of paragraph (1) of this subsection, the corpus of the estate of a veteran shall be determined in the same manner as the

manner in which determinations are made of the corpus of the estates of persons under section 1522 of this title.

(e)(1) In order to avoid a hardship to a veteran described in paragraph (2) of this subsection, the Secretary may deem the veteran to have an attributable income during the previous year not greater than the amount determined under subsection (b) of this section.

(2) A veteran is described in this paragraph for the purposes of subsection (a) of this section if—

(A) the veteran has an attributable income greater than the amount determined under subsection (b) of this section; and

(B) the current projections of such veteran's income for the current year are that the veteran's income for such year will be substantially below the amount determined under subsection (b).

(f) For purposes of this section:

(1) The term "attributable income" means the income of a veteran for the most recent year for which information is available determined in the same manner as the manner in which a determination is made of the total amount of income by which the rate of pension for such veteran under section 1521 of this title would be reduced if such veteran were eligible for pension under that section.

(2) The term "corpus of the estate of the veteran" includes the corpus of the estates of the veteran's spouse and dependent children, if any.

(3) The term "previous year" means the calendar year preceding the year in which the veteran applies for care or services under section 1710(a) of this title.

(g) For the purposes of section 1724(c) of this title, the fact that a veteran is—

(1) eligible to receive medical assistance under a State plan approved under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(2) a veteran with a service-connected disability; or

(3) in receipt of pension under any law administered by the Secretary,

shall be accepted as sufficient evidence of such veteran's inability to defray necessary expenses.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1144, §622; Pub. L. 89-612, §1, Sept. 30, 1966, 80 Stat. 859; Pub. L. 91-500, §1, Oct. 22, 1970, 84 Stat. 1096; Pub. L. 94-581, title II, §§202(k), 210(a)(9), Oct. 21, 1976, 90 Stat. 2856, 2863; Pub. L. 96-330, title IV, §401(a), Aug. 26, 1980, 94 Stat. 1051; Pub. L. 99-272, title XIX, §19011(c)(1), Apr. 7, 1986, 100 Stat. 376; Pub. L. 100-322, title I, §102(b), May 20, 1988, 102 Stat. 493; Pub. L. 101-508, title VIII, §8013(c), Nov. 5, 1990, 104 Stat. 1388-346; Pub. L. 102-40, title IV, §402(d)(1), May 7, 1991, 105 Stat. 239; renumbered §1722 and amended Pub. L. 102-83, §§4(a)(1), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 403-406; Pub. L. 104-262, title I, §101(d)(9), Oct. 9, 1996, 110 Stat. 3180; Pub. L. 112-154, title VII, §705, Aug. 6, 2012, 126 Stat. 1206.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsecs. (a)(1) and (g)(1), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as

amended. Title XIX of the Social Security Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

PRIOR PROVISIONS

Prior section 1722, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1196, related to change of program by eligible person, prior to repeal by Pub. L. 92-540, title IV, §402(2), Oct. 24, 1972, 86 Stat. 1090. See section 3691 of this title.

AMENDMENTS

2012—Subsec. (f)(1). Pub. L. 112-154 substituted “the most recent year for which information is available” for “the previous year”.

1996—Subsec. (a). Pub. L. 104-262, §101(d)(9)(A), substituted “section 1710(a)(2)(G)” for “section 1710(a)(1)(I)” in introductory provisions.

Subsec. (f)(3). Pub. L. 104-262, §101(d)(9)(B), struck out “or 1712(f)” before “of this title”.

1991—Pub. L. 102-83, §5(a), renumbered section 622 of this title as this section.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted “1710(a)(1)(I)” for “610(a)(1)(I)” in introductory provisions and “1521” for “521” in par. (2).

Subsec. (c). Pub. L. 102-40 substituted “5312(a)” for “3112(a)”.

Subsec. (d)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Subsec. (d)(3). Pub. L. 102-83, §5(c)(1), substituted “1522” for “522”.

Subsec. (e)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Subsec. (f). Pub. L. 102-83, §5(c)(1), substituted “1521” for “521” in par. (1) and “1710(a) or 1712(f)” for “610(a) or 612(f)” in par. (3).

Subsec. (g). Pub. L. 102-83, §5(c)(1), substituted “1724(c)” for “624(c)” in introductory provisions.

Pub. L. 102-83, §4(a)(1), substituted “administered by the Secretary” for “administered by the Veterans’ Administration” in par. (3).

1990—Subsec. (a). Pub. L. 101-508, §8013(c)(1), designated par. (1) as entire subsec. (a), redesignated cls. (A) to (C) as pars. (1) to (3), respectively, substituted “amount set forth in subsection (b)” for “Category A threshold” in par. (3), and struck out former par. (2) which read as follows: “For the purposes of section 610(a)(2)(A) of this title, a veteran’s income level is described in this paragraph if the veteran’s attributable income is not greater than the Category B threshold.”

Subsec. (b). Pub. L. 101-508, §8013(c)(2), amended subsec. (b) generally. Prior to amendment, subsec. (b) read as follows: “For the purposes of this section:

“(1) The Category A threshold—

“(A) for the calendar year beginning on January 1, 1986, is—

“(i) \$15,000 in the case of a veteran with no dependents; and

“(ii) \$18,000 in the case of a veteran with one dependent, plus \$1,000 for each additional dependent; and

“(B) for a calendar year beginning after December 31, 1986, is the amount in effect for purposes of this paragraph for the preceding calendar year as adjusted under subsection (c) of this subsection.

“(2) The Category B threshold—

“(A) for the calendar year beginning on January 1, 1986, is—

“(i) \$20,000 in the case of a veteran with no dependents; and

“(ii) \$25,000 in the case of a veteran with one dependent, plus \$1,000 for each additional dependent; and

“(B) for a calendar year beginning after December 31, 1986, is the amount in effect for purposes of this paragraph for the preceding calendar year as adjusted under subsection (c) of this subsection.”

Subsec. (c). Pub. L. 101-508, §8013(c)(3), struck out “paragraphs (1) and (2) of” before “subsection (b) of this section”.

Subsec. (d)(2). Pub. L. 101-508, §8013(c)(4), amended par. (2) generally. Prior to amendment, par. (2) read as follows: “A determination described in this paragraph is a determination—

“(A) that for the purposes of subsection (a)(1)(C) of this section a veteran’s attributable income is not greater than the Category A threshold; or

“(B) that for the purposes of subsection (a)(2) of this section a veteran’s attributable income is not greater than the Category B threshold.”

Subsec. (e)(1). Pub. L. 101-508, §8013(c)(5)(A), substituted “the amount determined under subsection (b) of this section” for “the Category A threshold or the Category B threshold, as appropriate”.

Subsec. (e)(2). Pub. L. 101-508, §8013(c)(5)(B), added par. (2) and struck out former par. (2) which read as follows:

“(A) A veteran is described in this paragraph for the purposes of subsection (a)(1) of this section if—

“(i) the veteran has an attributable income greater than the Category A threshold; and

“(ii) the current projections of such veteran’s income for the current year are that the veteran’s income for such year will be substantially below such threshold.

“(B) A veteran is described in this paragraph for the purposes of subsection (a)(2) of this section if—

“(i) the veteran has an attributable income greater than the Category B threshold; and

“(ii) the current projections of such veteran’s income for the current year are that the veteran’s income for such year will be substantially below such threshold.”

1988—Subsec. (g). Pub. L. 100-322 substituted “section” for “sections 610(b)(2) and”.

1986—Pub. L. 99-272 amended section generally, revising and restating existing provisions as subsec. (g) and adding subses. (a) to (f).

1980—Pub. L. 96-330 substituted provisions relating to the facts that will be accepted as sufficient evidence of an individual’s inability to defray necessary expenses for provisions relating to the use of statements under oath to establish the inability to defray necessary expenses.

1976—Subsec. (a). Pub. L. 94-581, §202(k), substituted “610(a)(1)(B)” for “610(a)(1)” and “632(a)(2)” for “632(b)”.

Subsec. (b). Pub. L. 94-581, §210(a)(9), substituted “such veteran’s inability” for “his inability”.

1970—Pub. L. 91-500 designated existing provisions as subsec. (a) and added subsec. (b).

1966—Pub. L. 89-612 inserted reference to section 632(b) of this title.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1990 AMENDMENT

Amendment by Pub. L. 101-508 to remain in effect through the period covered by Pub. L. 102-145, see section 111 of Pub. L. 102-145, set out as a note under section 1710 of this title.

Amendment by Pub. L. 101-508 to remain in effect through the period covered by Pub. L. 102-109, see section 111 of Pub. L. 102-109, set out as a note under section 1710 of this title.

Amendment by Pub. L. 101-508 applicable with respect to hospital care and medical services received after Nov. 5, 1990, see section 8013(d) of Pub. L. 101-508, as amended, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1986 AMENDMENT

Provisions of this section as in effect on the day before Apr. 7, 1986, applicable with respect to hospital and nursing home care furnished on or after July 1, 1986, to veterans furnished such care or services on June 30, 1986, but only to the extent that such care is furnished with respect to the same episode of care for which it was furnished on June 30, 1986, see section 19011(f) of

Pub. L. 99-272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

INITIAL INCREASE UNDER SUBSECTION (C)

Pub. L. 99-272, title XIX, §19011(c)(3), Apr. 7, 1986, 100 Stat. 378, provided that the first increase under subsection (c) of this section, as added by section 19011(c)(1) of Pub. L. 99-272, was to take effect on Jan. 1, 1987.

§ 1722A. Copayment for medications

(a)(1) Subject to paragraph (2), the Secretary shall require a veteran to pay the United States \$2 for each 30-day supply of medication furnished such veteran under this chapter on an outpatient basis for the treatment of a non-service-connected disability or condition. If the amount supplied is less than a 30-day supply, the amount of the charge may not be reduced.

(2) The Secretary may not require a veteran to pay an amount in excess of the cost to the Secretary for medication described in paragraph (1).

(3) Paragraph (1) does not apply—

(A) to a veteran with a service-connected disability rated 50 percent or more;

(B) to a veteran who is a former prisoner of war;

(C) to a veteran whose annual income (as determined under section 1503 of this title) does not exceed the maximum annual rate of pension which would be payable to such veteran if such veteran were eligible for pension under section 1521 of this title; or

(D) to a veteran who was awarded the medal of honor under section 7271, 8291, or 9271 of title 10 or section 491¹ of title 14.

(4) Paragraph (1) does not apply to opioid antagonists furnished under this chapter to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose.

(b) The Secretary, pursuant to regulations which the Secretary shall prescribe, may—

(1) increase the copayment amount in effect under subsection (a); and

(2) establish a maximum monthly and a maximum annual pharmaceutical copayment amount under subsection (a) for veterans who have multiple outpatient prescriptions.

(c) Amounts collected under this section shall be deposited in the Department of Veterans Affairs Medical Care Collections Fund.

(Added Pub. L. 101-508, title VIII, §8012(a)(1), Nov. 5, 1990, 104 Stat. 1388-345, §622A; renumbered §1722A, Pub. L. 102-83, §5(a), Aug. 6, 1991, 105 Stat. 406; amended Pub. L. 102-139, title V, §518(a), Oct. 28, 1991, 105 Stat. 779; Pub. L. 102-229, title I, Dec. 12, 1991, 105 Stat. 1709; Pub. L. 102-568, title VI, §§605(a), 606(a), Oct. 29, 1992, 106 Stat. 4343; Pub. L. 103-66, title XII, §12002(b), Aug. 10, 1993, 107 Stat. 414; Pub. L. 103-446, title XII, §1201(e)(7), Nov. 2, 1994, 108 Stat. 4685; Pub. L. 105-33, title VIII, §§8021(b), 8023(b)(3), Aug. 5,

1997, 111 Stat. 665, 667; Pub. L. 106-117, title II, §201(a), Nov. 30, 1999, 113 Stat. 1560; Pub. L. 108-7, div. K, title I, §113(c), Feb. 20, 2003, 117 Stat. 482; Pub. L. 108-170, title I, §101(b), Dec. 6, 2003, 117 Stat. 2043; Pub. L. 114-198, title IX, §915(a), July 22, 2016, 130 Stat. 765; Pub. L. 114-223, div. A, title II, §243(a), Sept. 29, 2016, 130 Stat. 884; Pub. L. 114-315, title VI, §603(d), Dec. 16, 2016, 130 Stat. 1570; Pub. L. 115-232, div. A, title VIII, §809(n)(1)(D), Aug. 13, 2018, 132 Stat. 1843.)

Editorial Notes

REFERENCES IN TEXT

Section 491 of title 14, referred to in subsec. (a)(3)(D), was redesignated section 2732 of title 14 by Pub. L. 115-282, title I, §116(b), Dec. 4, 2018, 132 Stat. 4226, and references to section 491 of title 14 deemed to refer to such redesignated section, see section 123(b)(1) of Pub. L. 115-282, set out as a References to Redesignated Sections of Title 14 note preceding section 101 of Title 14, Coast Guard.

AMENDMENTS

2018—Subsec. (a)(3)(D). Pub. L. 115-232 substituted “section 7271, 8291, or 9271 of title 10” for “section 3741, 6241, or 8741 of title 10”.

2016—Subsec. (a)(3)(D). Pub. L. 114-315 added subpar. (D).

Subsec. (a)(4). Pub. L. 114-198 and Pub. L. 114-223 amended subsec. (a) identically, adding par. (4).

2003—Subsec. (a)(3)(B), (C). Pub. L. 108-170 added subpar. (B) and redesignated former subpar. (B) as (C).

Subsec. (c). Pub. L. 108-7, §113(c)(1), substituted “under this section” for “under subsection (a)” in first sentence and struck out second sentence which read as follows: “Amounts collected through use of the authority under subsection (b) shall be deposited in the Department of Veterans Affairs Health Services Improvement Fund.”

Subsec. (d). Pub. L. 108-7, §113(c)(2), struck out subsec. (d) which read as follows: “The provisions of subsection (a) expire on September 30, 2002.”

1999—Subsec. (b). Pub. L. 106-117, §201(a)(1), (2), added subsec. (b). Former subsec. (b) redesignated (c).

Subsec. (c). Pub. L. 106-117, §201(a)(1), (3), redesignated subsec. (b) as (c), substituted “subsection (a)” for “this section”, and inserted at end “Amounts collected through use of the authority under subsection (b) shall be deposited in the Department of Veterans Affairs Health Services Improvement Fund.” Former subsec. (c) redesignated (d).

Subsec. (d). Pub. L. 106-117, §201(a)(1), redesignated subsec. (c) as (d).

1997—Subsec. (b). Pub. L. 105-33, §8023(b)(3), substituted “Medical Care Collections Fund” for “Medical-Care Cost Recovery Fund”.

Subsec. (c). Pub. L. 105-33, §8021(b), substituted “September 30, 2002” for “September 30, 1998”.

1994—Subsec. (a)(1). Pub. L. 103-446 substituted “veteran to pay” for “(veteran) to pay”.

1993—Subsec. (c). Pub. L. 103-66 substituted “1998” for “1992” in first sentence and struck out at end “Notwithstanding the preceding sentence, the provisions of subsection (a) shall be in effect through September 30, 1997.”

1992—Subsec. (a)(1). Pub. L. 102-568, §605(a)(1), struck out “(other than a veteran with a service-connected disability rated 50 percent or more)” after “require a veteran”.

Subsec. (a)(3). Pub. L. 102-568, §605(a)(2), added par. (3).

Subsec. (c). Pub. L. 102-568, §606(a), inserted at end “Notwithstanding the preceding sentence, the provisions of subsection (a) shall be in effect through September 30, 1997.”

1991—Pub. L. 102-83 renumbered section 622A of this title as this section.

¹ See References in Text note below.

Subsec. (c). Pub. L. 102-139, as amended by Pub. L. 102-229, substituted "September 30, 1992" for "September 30, 1991".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2018 AMENDMENT

Amendment by Pub. L. 115-232 effective Feb. 1, 2019, with provision for the coordination of amendments and special rule for certain redesignations, see section 800 of Pub. L. 115-232, set out as a note preceding section 3001 of Title 10, Armed Forces.

EFFECTIVE DATE OF 1997 AMENDMENT

Amendment by section 8023(b)(3) of Pub. L. 105-33 effective Oct. 1, 1997, see section 8023(g) of Pub. L. 105-33, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1992 AMENDMENT

Pub. L. 102-568, title VI, §605(b), Oct. 29, 1992, 106 Stat. 4343, provided that: "The amendments made by subsection (a) [amending this section] shall apply with respect to medication furnished after the date of the enactment of this Act [Oct. 29, 1992]."

EFFECTIVE AND TERMINATION DATES

Section to remain in effect through the period covered by Pub. L. 102-145, see section 111 of Pub. L. 102-145, set out as an Effective and Termination Dates of 1990 Amendment note under section 1710 of this title.

Section to remain in effect through the period covered by Pub. L. 102-109, see section 111 of Pub. L. 102-109, set out as an Effective and Termination Dates of 1990 Amendment note under section 1710 of this title.

Pub. L. 101-508, title VIII, §8012(b), Nov. 5, 1990, 104 Stat. 1388-345, provided that: "The amendments made by subsection (a) [enacting this section] shall take effect with respect to medication furnished to a veteran after October 31, 1990, or the date of the enactment of this Act [Nov. 5, 1990], whichever is later."

§ 1722B. Copayments: waiver of collection of copayments for telehealth and telemedicine visits of veterans

The Secretary may waive the imposition or collection of copayments for telehealth and telemedicine visits of veterans under the laws administered by the Secretary.

(Added Pub. L. 112-154, title I, §103(a), Aug. 6, 2012, 126 Stat. 1169.)

§ 1723. Furnishing of clothing

The Secretary shall not furnish clothing to persons who are in Department facilities, except (1) where the furnishing of such clothing to indigent persons is necessary to protect health or sanitation, and (2) where the Secretary furnishes veterans with special clothing made necessary by the wearing of prosthetic appliances.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1144, §623; Pub. L. 94-581, title II, §210(a)(10), Oct. 21, 1976, 90 Stat. 2863; renumbered §1723 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1723 was renumbered section 3523 of this title.

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 623 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

1976—Pub. L. 94-581 substituted "the Administrator furnishes" for "he furnishes".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1724. Hospital care, medical services, and nursing home care abroad

(a) Except as provided in subsections (b) and (c), the Secretary shall not furnish hospital or domiciliary care or medical services outside any State.

(b)(1) The Secretary may furnish hospital care and medical services outside a State to a veteran who is otherwise eligible to receive hospital care and medical services if the Secretary determines that such care and services are needed for the treatment of a service-connected disability of the veteran or as part of a rehabilitation program under chapter 31 of this title.

(2) Care and services for a service-connected disability of a veteran who is not a citizen of the United States may be furnished under this subsection only—

(A) if the veteran is in the Republic of the Philippines or in Canada; or

(B) if the Secretary determines, as a matter of discretion and pursuant to regulations which the Secretary shall prescribe, that it is appropriate and feasible to furnish such care and services.

(c) Within the limits of those facilities of the Veterans Memorial Medical Center at Manila, Republic of the Philippines, for which the Secretary may contract, the Secretary may furnish necessary hospital care to a veteran for any non-service-connected disability if such veteran is unable to defray the expenses of necessary hospital care. The Secretary may enter into contracts to carry out this section.

(d) The Secretary may furnish nursing home care, on the same terms and conditions set forth in section 1720(a) of this title, to any veteran who has been furnished hospital care in the Philippines pursuant to this section, but who requires a protracted period of nursing home care.

(e) Within the limits of an outpatient clinic in the Republic of the Philippines that is under the direct jurisdiction of the Secretary, the Secretary may furnish a veteran who has a service-connected disability with such medical services as the Secretary determines to be needed.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1144, §624; Pub. L. 86-152, Aug. 11, 1959, 73 Stat. 332; Pub. L. 86-624, §25(a), July 12, 1960, 74 Stat. 418; Pub. L. 87-815, §4, Oct. 15, 1962, 76 Stat. 927; Pub. L. 93-82, title I, §108, Aug. 2, 1973, 87 Stat. 186; Pub. L. 94-581, title II, §§202(l), 210(a)(11), Oct. 21, 1976, 90 Stat. 2856, 2863; Pub. L. 95-520, §3(a), Oct. 26, 1978, 92 Stat. 1820; Pub. L. 97-72, title I, §107(a), Nov. 3, 1981, 95 Stat. 1051; Pub. L. 97-295, §4(20), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 100-322, title I, §105, May 20, 1988, 102 Stat. 493; renumbered

§ 1724 and amended Pub. L. 102-83, §§ 4(b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 106-377, § 1(a)(1) [title V, § 501(c)], Oct. 27, 2000, 114 Stat. 1441, 1441A-58.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1724 was renumbered section 3524 of this title.

Prior section 1725, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1197, related to period of operation for approval by Administrator, prior to repeal by Pub. L. 92-540, title IV, § 402(2), Oct. 24, 1972, 86 Stat. 1090. See section 3689 of this title.

AMENDMENTS

2000—Subsec. (e). Pub. L. 106-377 added subsec. (e).

1991—Pub. L. 102-83, § 5(a), renumbered section 624 of this title as this section.

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Subsec. (d). Pub. L. 102-83, § 5(c)(1), substituted "1720(a)" for "620(a)".

1988—Subsec. (b). Pub. L. 100-322 amended subsec. (b) generally. Prior to amendment, subsec. (b) read as follows: "The Administrator may furnish necessary hospital care and medical services to any otherwise eligible veteran for any service-connected disability if the veteran (1) is a citizen of the United States sojourning or residing abroad, or (2) is in the Republic of the Philippines."

1982—Pub. L. 97-295 substituted "Hospital care, medical services, and nursing home care abroad" for "Hospital care and medical services abroad" in section catchline, without regard to a prior amendment by Pub. L. 93-82, which had substituted "Hospital care, medical services and nursing home care abroad" for "Hospital care and medical services abroad". See 1973 Amendment note below.

1981—Subsec. (d). Pub. L. 97-72 struck out "and at the same rate as specified in section 632(a)(4) of this title" after "on the same terms and conditions set forth in section 620(a) of this title".

1978—Subsec. (c). Pub. L. 95-520 substituted "Veterans Memorial Medical Center" for "Veterans Memorial Hospital".

1976—Subsec. (c). Pub. L. 94-581 substituted "the Administrator may furnish" for "he may furnish" and "hospital care to a veteran for any" for "hospital care to a veteran of any war for any".

1973—Pub. L. 93-82, § 108(b), substituted "Hospital care, medical services and nursing home care abroad" for "Hospital care and medical services abroad" in section catchline.

Subsec. (d). Pub. L. 93-82, § 108(a), added subsec. (d).

1962—Subsec. (b). Pub. L. 87-815 struck out "temporarily" before "sojourning".

1960—Subsec. (a). Pub. L. 86-624 substituted "outside any State" for "outside the continental limits of the United States, or a Territory, Commonwealth, or possession of the United States".

1959—Subsec. (b). Pub. L. 86-152 extended authority to provide hospital and medical care for veterans who are United States citizens temporarily residing abroad to include those with peacetime service-incurred disabilities.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

§ 1725. Reimbursement for emergency treatment

(a) GENERAL AUTHORITY.—(1) Subject to subsections (c) and (d), the Secretary shall reimburse a veteran described in subsection (b) for the reasonable value of emergency treatment furnished the veteran in a non-Department facility.

(2) In any case in which reimbursement is authorized under subsection (a)(1), the Secretary, in the Secretary's discretion, may, in lieu of reimbursing the veteran, make payment of the reasonable value of the furnished emergency treatment directly—

(A) to a hospital or other health care provider that furnished the treatment; or

(B) to the person or organization that paid for such treatment on behalf of the veteran.

(b) ELIGIBILITY.—(1) A veteran referred to in subsection (a)(1) is an individual who is an active Department health-care participant who is personally liable for emergency treatment furnished the veteran in a non-Department facility.

(2) A veteran is an active Department health-care participant if—

(A) the veteran is enrolled in the health care system established under section 1705(a) of this title; and

(B) the veteran received care under this chapter within the 24-month period preceding the furnishing of such emergency treatment.

(3) A veteran is personally liable for emergency treatment furnished the veteran in a non-Department facility if the veteran—

(A) is financially liable to the provider of emergency treatment for that treatment;

(B) has no entitlement to care or services under a health-plan contract (determined, in the case of a health-plan contract as defined in subsection (f)(2)(B) or (f)(2)(C), without regard to any requirement or limitation relating to eligibility for care or services from any department or agency of the United States);

(C) has no other contractual or legal recourse against a third party that would, in whole, extinguish such liability to the provider; and

(D) is not eligible for reimbursement for medical care or services under section 1728 of this title.

(c) LIMITATIONS ON REIMBURSEMENT.—(1) The Secretary, in accordance with regulations prescribed by the Secretary, shall—

(A) establish the maximum amount payable under subsection (a);

(B) delineate the circumstances under which such payments may be made, to include such requirements on requesting reimbursement as the Secretary shall establish; and

(C) provide that in no event may a payment under that subsection include any amount for which the veteran is not personally liable.

(2) Subject to paragraph (1), the Secretary may provide reimbursement under this section only after the veteran or the provider of emergency treatment has exhausted without success all claims and remedies reasonably available to the veteran or provider against a third party for payment of such treatment.

(3) Payment by the Secretary under this section on behalf of a veteran to a provider of emer-

gency treatment shall, unless rejected and refunded by the provider within 30 days of receipt, extinguish any liability on the part of the veteran for that treatment. Neither the absence of a contract or agreement between the Secretary and the provider nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirement in the preceding sentence.

(4)(A) If the veteran has contractual or legal recourse against a third party that would only, in part, extinguish the veteran's liability to the provider of the emergency treatment, and payment for the treatment may be made both under subsection (a) and by the third party, the amount payable for such treatment under such subsection shall be the amount by which the costs for the emergency treatment exceed the amount payable or paid by the third party, except that the amount payable may not exceed the maximum amount payable established under paragraph (1)(A).

(B) In any case in which a third party is financially responsible for part of the veteran's emergency treatment expenses, the Secretary shall be the secondary payer.

(C) A payment in the amount payable under subparagraph (A) shall be considered payment in full and shall extinguish the veteran's liability to the provider.

(D) The Secretary may not reimburse a veteran under this section for any copayment or similar payment that the veteran owes the third party or for which the veteran is responsible under a health-plan contract.

(d) INDEPENDENT RIGHT OF RECOVERY.—(1) In accordance with regulations prescribed by the Secretary, the United States shall have the independent right to recover any amount paid under this section when, and to the extent that, a third party subsequently makes a payment for the same emergency treatment.

(2) Any amount paid by the United States to the veteran (or the veteran's personal representative, successor, dependents, or survivors) or to any other person or organization paying for such treatment shall constitute a lien in favor of the United States against any recovery the payee subsequently receives from a third party for the same treatment.

(3) Any amount paid by the United States to the provider that furnished the veteran's emergency treatment shall constitute a lien against any subsequent amount the provider receives from a third party for the same emergency treatment for which the United States made payment.

(4) The veteran (or the veteran's personal representative, successor, dependents, or survivors) shall ensure that the Secretary is promptly notified of any payment received from any third party for emergency treatment furnished to the veteran. The veteran (or the veteran's personal representative, successor, dependents, or survivors) shall immediately forward all documents relating to such payment, cooperate with the Secretary in the investigation of such payment, and assist the Secretary in enforcing the United States right to recover any payment made under subsection (c)(3).

(e) WAIVER.—The Secretary, in the Secretary's discretion, may waive recovery of a payment

made to a veteran under this section that is otherwise required by subsection (d)(1) when the Secretary determines that such waiver would be in the best interest of the United States, as defined by regulations prescribed by the Secretary.

(f) DEFINITIONS.—For purposes of this section:

(1) The term "emergency treatment" means medical care or services furnished, in the judgment of the Secretary—

(A) when Department or other Federal facilities are not feasibly available and an attempt to use them beforehand would not be reasonable;

(B) when such care or services are rendered in a medical emergency of such nature that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health; and

(C) until—

(i) such time as the veteran can be transferred safely to a Department facility or other Federal facility and such facility is capable of accepting such transfer; or

(ii) such time as a Department facility or other Federal facility accepts such transfer if—

(I) at the time the veteran could have been transferred safely to a Department facility or other Federal facility, no Department facility or other Federal facility agreed to accept such transfer; and

(II) the non-Department facility in which such medical care or services was furnished made and documented reasonable attempts to transfer the veteran to a Department facility or other Federal facility.

(2) The term "health-plan contract" includes any of the following:

(A) An insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement under which health services for individuals are provided or the expenses of such services are paid.

(B) An insurance program described in section 1811 of the Social Security Act (42 U.S.C. 1395c) or established by section 1831 of that Act (42 U.S.C. 1395j).

(C) A State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.).

(D) A workers' compensation law or plan described in section 1729(a)(2)(A) of this title.

(3) The term "third party" means any of the following:

(A) A Federal entity.

(B) A State or political subdivision of a State.

(C) An employer or an employer's insurance carrier.

(D) An automobile accident reparations insurance carrier.

(E) A person or entity obligated to provide, or to pay the expenses of, health services under a health-plan contract.

(Added Pub. L. 106-117, title I, §111(a), Nov. 30, 1999, 113 Stat. 1553; amended Pub. L. 110-387, title

IV, § 402(a), Oct. 10, 2008, 122 Stat. 4123; Pub. L. 111-137, § 1(a), (b), Feb. 1, 2010, 123 Stat. 3495.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (f)(2), is act Aug. 14, 1935, ch. 531, 49 Stat. 620, as amended. Title XIX of the Act is classified generally to subchapter XIX (§ 1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

AMENDMENTS

2010—Subsec. (b)(3)(C). Pub. L. 111-137, § 1(a)(1), struck out “or in part” after “in whole”.

Subsec. (c)(4). Pub. L. 111-137, § 1(b), added par. (4).

Subsec. (f)(2)(E). Pub. L. 111-137, § 1(a)(2), struck out subpar. (E) which read as follows: “A law of a State or political subdivision described in section 1729(a)(2)(B) of this title.”

2008—Subsec. (a)(1). Pub. L. 110-387, § 402(a)(1), substituted “shall reimburse” for “may reimburse”.

Subsec. (f)(1)(C). Pub. L. 110-387, § 402(a)(2), added subpar. (C) and struck out former subpar. (C) which read as follows: “until such time as the veteran can be transferred safely to a Department facility or other Federal facility”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2010 AMENDMENT

Pub. L. 111-137, § 1(c), Feb. 1, 2010, 123 Stat. 3495, provided that:

“(1) IN GENERAL.—The amendments made by subsections (a) and (b) [amending this section] shall take effect on the date of the enactment of this Act [Feb. 1, 2010], and shall apply with respect to emergency treatment furnished on or after the date of the enactment of this Act.

“(2) REIMBURSEMENT FOR TREATMENT PROVIDED BEFORE EFFECTIVE DATE.—The Secretary may provide reimbursement under section 1725 of title 38, United States Code, as amended by subsections (a) and (b), for emergency treatment furnished to a veteran before the date of the enactment of this Act [Feb. 1, 2010], if the Secretary determines that, under the circumstances applicable with respect to the veteran, it is appropriate to do so.”

EFFECTIVE DATE

Pub. L. 106-117, title I, § 111(c), Nov. 30, 1999, 113 Stat. 1556, provided that: “The amendments made by this section [enacting this section and amending section 1729A of this title] shall take effect 180 days after the date of the enactment of this Act [Nov. 30, 1999].”

IMPLEMENTATION REPORTS

Pub. L. 106-117, title I, § 111(d), Nov. 30, 1999, 113 Stat. 1556, required the Secretary of Veterans Affairs to include with the budget justification materials submitted to Congress in support of the Department of Veterans Affairs budget for fiscal years 2002 and 2003 a report on the implementation of this section, including information on the experience of the Department under that section and the costs incurred.

§ 1725A. Access to walk-in care

(a) PROCEDURES TO ENSURE ACCESS TO WALK-IN CARE.—The Secretary shall develop procedures to ensure that eligible veterans are able to access walk-in care from qualifying non-Department entities or providers.

(b) ELIGIBLE VETERANS.—For purposes of this section, an eligible veteran is any individual who—

(1) is enrolled in the health care system established under section 1705(a) of this title; and

(2) has received care under this chapter within the 24-month period preceding the furnishing of walk-in care under this section.

(c) QUALIFYING NON-DEPARTMENT ENTITIES OR PROVIDERS.—For purposes of this section, a qualifying non-Department entity or provider is a non-Department entity or provider that has entered into a contract, agreement, or other arrangement with the Secretary to furnish services under this section.

(d) FEDERALLY-QUALIFIED HEALTH CENTERS.—Whenever practicable, the Secretary may use a Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) to carry out this section.

(e) CONTINUITY OF CARE.—The Secretary shall ensure continuity of care for those eligible veterans who receive walk-in care services under this section, including through the establishment of a mechanism to receive medical records from walk-in care providers and provide pertinent patient medical records to providers of walk-in care.

(f) COPAYMENTS.—(1)(A) The Secretary may require an eligible veteran to pay the United States a copayment for each episode of hospital care or medical services provided under this section if the eligible veteran would be required to pay a copayment under this title.

(B) An eligible veteran not required to pay a copayment under this title may access walk-in care without a copayment for the first two visits in a calendar year. For any additional visits, a copayment at an amount determined by the Secretary may be required.

(C) An eligible veteran required to pay a copayment under this title may be required to pay a regular copayment for the first two walk-in care visits in a calendar year. For any additional visits, a higher copayment at an amount determined by the Secretary may be required.

(2) After the first two episodes of care furnished to an eligible veteran under this section, the Secretary may adjust the copayment required of the veteran under this subsection based upon the priority group of enrollment of the eligible veteran, the number of episodes of care furnished to the eligible veteran during a year, and other factors the Secretary considers appropriate under this section.

(3) The amount or amounts of the copayments required under this subsection shall be prescribed by the Secretary by rule.

(4) Sections 8153(c) and 1703A(j) of this title shall not apply to this subsection.

(g) REGULATIONS.—Not later than 1 year after the date of the enactment of the Caring for Our Veterans Act of 2018, the Secretary shall promulgate regulations to carry out this section.

(h) WALK-IN CARE DEFINED.—In this section, the term “walk-in care” means non-emergent care provided by a qualifying non-Department entity or provider that furnishes episodic care and not longitudinal management of conditions and is otherwise defined through regulations the Secretary shall promulgate.

(Added Pub. L. 115-182, title I, § 105(a), June 6, 2018, 132 Stat. 1412; amended Pub. L. 115-251, title

II, §211(a)(7), Sept. 29, 2018, 132 Stat. 3175; Pub. L. 116-61, §6(2), Sept. 30, 2019, 133 Stat. 1117.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsec. (g), is the date of enactment of Pub. L. 115-182, which was approved June 6, 2018.

AMENDMENTS

2019—Subsec. (c). Pub. L. 116-61 inserted comma after “a contract”.

2018—Subsec. (c). Pub. L. 115-251, §211(a)(7)(A), substituted “agreement, or other arrangement” for “or other agreement”.

Subsec. (f)(4). Pub. L. 115-251, §211(a)(7)(B), substituted “Sections 8153(c) and 1703A(j)” for “Section 8153(c)”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 115-182, title I, §105(b), June 6, 2018, 132 Stat. 1413, provided that: “Section 1725A of title 38, United States Code, as added by subsection (a) shall take effect on the date upon which final regulations implementing such section take effect.”

§ 1726. Reimbursement for loss of personal effects by natural disaster

The Secretary shall, under regulations which the Secretary shall prescribe, reimburse veterans in Department hospitals and domiciliaries for any loss of personal effects sustained by fire, earthquake, or other natural disaster while such effects were stored in designated locations in Department hospitals or domiciliaries.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1144, §627; Pub. L. 93-82, title I, §105, Aug. 2, 1973, 87 Stat. 183; Pub. L. 94-581, title II, §210(a)(12), Oct. 21, 1976, 90 Stat. 2863; renumbered §1726 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1726, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1197, provided for control by agencies of United States, prior to repeal by Pub. L. 89-358, §3(a)(3), Mar. 3, 1966, 80 Stat. 20. See section 3689 of this title.

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 626 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in two places.

1976—Pub. L. 94-581 substituted “the Administrator shall prescribe” for “he shall prescribe”.

1973—Pub. L. 93-82 substituted “natural disaster” for “fire” in section catchline and extended reimbursement provisions to earthquake and other natural disasters also.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Jan. 1, 1971, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

§ 1727. Persons eligible under prior law

Persons who have a status which would, under the laws in effect on December 31, 1957, entitle them to the medical services, hospital and domiciliary care, and other benefits, provided for in this chapter, but who do not meet the service requirements contained in this chapter, shall be entitled to such benefits notwithstanding failure to meet such service requirements.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1144, §627; Pub. L. 94-581, title II, §202(m), Oct. 21, 1976, 90 Stat. 2856; renumbered §1727 Pub. L. 102-83, §5(a), Aug. 6, 1991, 105 Stat. 406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83 renumbered section 627 of this title as this section.

1976—Pub. L. 94-581 substituted “1957” for “1958”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1728. Reimbursement of certain medical expenses

(a) The Secretary shall, under such regulations as the Secretary prescribes, reimburse veterans eligible for hospital care or medical services under this chapter for the customary and usual charges of emergency treatment (including travel and incidental expenses under the terms and conditions set forth in section 111 of this title) for which such veterans have made payment, from sources other than the Department, where such emergency treatment was rendered to such veterans in need thereof for any of the following:

(1) An adjudicated service-connected disability.

(2) A non-service-connected disability associated with and held to be aggravating a service-connected disability.

(3) Any disability of a veteran if the veteran has a total disability permanent in nature from a service-connected disability.

(4) Any illness, injury, or dental condition of a veteran who—

(A) is a participant in a vocational rehabilitation program (as defined in section 3101(9) of this title); and

(B) is medically determined to have been in need of care or treatment to make possible the veteran's entrance into a course of training, or prevent interruption of a course of training, or hasten the return to a course of training which was interrupted because of such illness, injury, or dental condition.

(b) In any case where reimbursement would be in order under subsection (a) of this section, the Secretary may, in lieu of reimbursing such vet-

eran, make payment of the reasonable value of emergency treatment directly—

(1) to the hospital or other health facility furnishing the emergency treatment; or

(2) to the person or organization making such expenditure on behalf of such veteran.

(c) In this section, the term “emergency treatment” has the meaning given such term in section 1725(f)(1) of this title.

(Added Pub. L. 93-82, title I, § 106(a), Aug. 2, 1973, 87 Stat. 183, § 628; amended Pub. L. 94-581, title II, §§ 202(n), 210(a)(13), Oct. 21, 1976, 90 Stat. 2856, 2863; Pub. L. 96-151, title II, § 201(d), Dec. 20, 1979, 93 Stat. 1093; Pub. L. 101-237, title II, § 202(a), Dec. 18, 1989, 103 Stat. 2066; Pub. L. 102-54, § 14(b)(14), June 13, 1991, 105 Stat. 284; renumbered § 1728 and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 110-387, title IV, § 402(b), Oct. 10, 2008, 122 Stat. 4123.)

Editorial Notes

AMENDMENTS

2008—Subsec. (a). Pub. L. 110-387, § 402(b)(1), added subsec. (a) and struck out former subsec. (a) which authorized the Secretary to reimburse veterans entitled to hospital care or medical services for the reasonable value of such care or services for which such veterans made payment from sources other than the Department under certain conditions.

Subsec. (b). Pub. L. 110-387, § 402(b)(2), substituted “emergency treatment” for “care or services” in introductory provisions and in par. (1).

Subsec. (c). Pub. L. 110-387, § 402(b)(3), added subsec. (c).

1991—Pub. L. 102-83, § 5(a), renumbered section 628 of this title as this section.

Subsec. (a). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places in introductory provisions.

Pub. L. 102-83, § 4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in introductory provisions and in par. (3).

Subsec. (a)(2)(D). Pub. L. 102-83, § 5(c)(1), substituted “3101(9)” for “1501(9)”.

Pub. L. 102-54 substituted “(i) is” for “is (i)”.

Subsec. (b). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

1989—Subsec. (a)(2)(D). Pub. L. 101-237 substituted “(i) a participant in a vocational rehabilitation program (as defined in section 1501(9) of this title), and (ii)” for “found to be (i) in need of vocational rehabilitation under chapter 31 of this title and for whom an objective had been selected or (ii) pursuing a course of vocational rehabilitation training and”.

1979—Subsec. (a). Pub. L. 96-151 substituted provisions relating to travel and incidental expenses for provisions relating to necessary travel.

1976—Subsec. (a). Pub. L. 94-581 substituted “as the Administrator shall prescribe” for “as he shall prescribe” in provisions preceding par. (1), substituted “delay” for “they” in par. (1), and substituted “make possible such veteran’s entrance” for “make possible his entrance” in par. (2)(D)(ii).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1989 AMENDMENT

Pub. L. 101-237, title II, § 202(b), Dec. 18, 1989, 103 Stat. 2067, provided that: “The amendment made by subsection (a) [amending this section] shall apply with respect to hospital care and medical services received on or after the date of the enactment of this Act [Dec. 18, 1989].”

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-151 effective Jan. 1, 1980, see section 206 of Pub. L. 96-151, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE

Section effective Jan. 1, 1971, see section 501 of Pub. L. 93-82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

§ 1729. Recovery by the United States of the cost of certain care and services

(a)(1) Subject to the provisions of this section, in any case in which the United States is required by law to furnish or pay for care or services under this chapter for a non-service-connected disability described in paragraph (2) of this subsection, the United States has the right to recover or collect from a third party the reasonable charges of care or services so furnished or paid for to the extent that the recipient or provider of the care or services would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished or paid for by a department or agency of the United States.

(2) Paragraph (1) of this subsection applies to a non-service-connected disability—

(A) that is incurred incident to the individual’s employment and that is covered under a workers’ compensation law or plan that provides for payment for the cost of health care and services provided to the individual by reason of the disability;

(B) that is incurred as the result of a motor vehicle accident to which applies a State law that requires the owners or operators of motor vehicles registered in that State to have in force automobile accident reparations insurance;

(C) that is incurred as the result of a crime of personal violence that occurred in a State, or a political subdivision of a State, in which a person injured as the result of such a crime is entitled to receive health care and services at such State’s or subdivision’s expense for personal injuries suffered as the result of such crime;

(D) that is incurred by an individual who is entitled to care (or payment of the expenses of care) under a health-plan contract; or

(E) for which care and services are furnished under this chapter to a veteran who—

(i) has a service-connected disability; and

(ii) is entitled to care (or payment of the expenses of care) under a health-plan contract.

(3) In the case of a health-plan contract that contains a requirement for payment of a deductible or copayment by the individual—

(A) the individual’s not having paid such deductible or copayment with respect to care or services furnished under this chapter shall not preclude recovery or collection under this section; and

(B) the amount that the United States may collect or recover under this section shall be

reduced by the appropriate deductible or copayment amount, or both.

(b)(1) As to the right provided in subsection (a) of this section, the United States shall be subrogated to any right or claim that the individual (or the individual's personal representative, successor, dependents, or survivors) may have against a third party.

(2)(A) In order to enforce any right or claim to which the United States is subrogated under paragraph (1) of this subsection, the United States may intervene or join in any action or proceeding brought by the individual (or the individual's personal representative, successor, dependents, or survivors) against a third party.

(B) The United States may institute and prosecute legal proceedings against the third party if—

(i) an action or proceeding described in subparagraph (A) of this paragraph is not begun within 180 days after the first day on which care or services for which recovery is sought are furnished to the individual by the Secretary under this chapter;

(ii) the United States has sent written notice by certified mail to the individual at the individual's last-known address (or to the individual's personal representative or successor) of the intention of the United States to institute such legal proceedings; and

(iii) a period of 60 days has passed following the mailing of such notice.

(C) A proceeding under subparagraph (B) of this paragraph may not be brought after the end of the six-year period beginning on the last day on which the care or services for which recovery is sought are furnished.

(c)(1) The Secretary may compromise, settle, or waive any claim which the United States has under this section.

(2)(A) The Secretary, after consultation with the Comptroller General of the United States, shall prescribe regulations for the purpose of determining reasonable charges for care or services under subsection (a)(1) of this section. Any determination of such charges shall be made in accordance with such regulations.

(B) Such regulations shall provide that reasonable charges for care or services sought to be recovered or collected from a third-party liable under a health-plan contract may not exceed the amount that such third party demonstrates to the satisfaction of the Secretary it would pay for the care or services if provided by facilities (other than facilities of departments or agencies of the United States) in the same geographic area.

(C) Not later than 45 days after the date on which the Secretary prescribes such regulations (or any amendment to such regulations), the Comptroller General shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives the Comptroller General's comments on and recommendations regarding such regulations (or amendment).

(d) Any contract or agreement into which the Secretary enters with a person under section 3718 of title 31 for collection services to recover indebtedness owed the United States under this section shall provide, with respect to such serv-

ices, that such person is subject to sections 5701 and 7332 of this title.

(e) An individual eligible for care or services under this chapter—

(1) may not be denied such care or services by reason of this section; and

(2) may not be required by reason of this section to make any copayment or deductible payment in order to receive such care.

(f) No law of any State or of any political subdivision of a State, and no provision of any contract or other agreement, shall operate to prevent recovery or collection by the United States under this section or with respect to care or services furnished under section 1784 of this title.

[(g) Repealed. Pub. L. 105-33, title VIII, § 8023(b)(4), Aug. 5, 1997, 111 Stat. 667.]

(h)(1) Subject to paragraph (3) of this subsection, the Secretary shall make available medical records of an individual described in paragraph (2) of this subsection for inspection and review by representatives of the third party concerned for the sole purposes of permitting the third party to verify—

(A) that the care or services for which recovery or collection is sought were furnished to the individual; and

(B) that the provision of such care or services to the individual meets criteria generally applicable under the health-plan contract involved.

(2) An individual described in this paragraph is an individual who is a beneficiary of a health-plan contract under which recovery or collection is sought under this section from the third party concerned for the cost of the care or services furnished to the individual.

(3) Records shall be made available under this subsection under such conditions to protect the confidentiality of such records as the Secretary shall prescribe in regulations.

(i) For purposes of this section—

(1)(A) The term "health-plan contract" means an insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement, under which health services for individuals are provided or the expenses of such services are paid.

(B) Such term does not include—

(i) an insurance program described in section 1811 of the Social Security Act (42 U.S.C. 1395c) or established by section 1831 of such Act (42 U.S.C. 1395j);

(ii) a State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.);

(iii) a workers' compensation law or plan described in subparagraph (A) of subsection (a)(2) of this section; or

(iv) a program, plan, or policy under a law described in subparagraph (B) or (C) of such subsection.

(2) The term "payment" includes reimbursement and indemnification.

(3) The term "third party" means—

(A) a State or political subdivision of a State;

(B) an employer or an employer's insurance carrier;

(C) an automobile accident reparations insurance carrier; or

(D) a person obligated to provide, or to pay the expenses of, health services under a health-plan contract.

(Added Pub. L. 97-72, title I, §106(a)(1), Nov. 3, 1981, 95 Stat. 1050, §629; amended Pub. L. 99-272, title XIX, §19013(a), Apr. 7, 1986, 100 Stat. 382; Pub. L. 100-322, title II, §202, May 20, 1988, 102 Stat. 509; Pub. L. 101-508, title VIII, §8011(a)-(c), Nov. 5, 1990, 104 Stat. 1388-344; Pub. L. 102-40, title IV, §402(d)(1), May 7, 1991, 105 Stat. 239; renumbered §1729 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-568, title VI, §604, Oct. 29, 1992, 106 Stat. 4343; Pub. L. 103-66, title XII, §12003, Aug. 10, 1993, 107 Stat. 414; Pub. L. 104-262, title I, §101(d)(10), Oct. 9, 1996, 110 Stat. 3180; Pub. L. 105-33, title VIII, §§8022, 8023(b)(4), (d), Aug. 5, 1997, 111 Stat. 665, 667; Pub. L. 107-135, title II, §§208(e)(4), 209(b), Jan. 23, 2002, 115 Stat. 2463, 2464; Pub. L. 110-161, div. I, title II, §232, Dec. 26, 2007, 121 Stat. 2273; Pub. L. 110-329, div. E, title II, §225, Sept. 30, 2008, 122 Stat. 3713; Pub. L. 110-387, title VIII, §804(b), Oct. 10, 2008, 122 Stat. 4141; Pub. L. 111-163, title V, §518, May 5, 2010, 124 Stat. 1167; Pub. L. 112-154, title I, §113, Aug. 6, 2012, 126 Stat. 1176; Pub. L. 113-37, §2(d), Sept. 30, 2013, 127 Stat. 524; Pub. L. 113-175, title I, §108, Sept. 26, 2014, 128 Stat. 1903; Pub. L. 114-58, title I, §104, Sept. 30, 2015, 129 Stat. 532; Pub. L. 114-228, title I, §104, Sept. 29, 2016, 130 Stat. 937; Pub. L. 115-62, title I, §104, Sept. 29, 2017, 131 Stat. 1161; Pub. L. 115-182, title I, §113, June 6, 2018, 132 Stat. 1421; Pub. L. 115-251, title I, §104, title II, §211(a)(8), Sept. 29, 2018, 132 Stat. 3168, 3175.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (i)(1)(B)(ii), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Social Security Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-182, §113(b), substituted “Subject to the provisions of this section, in any case in which the United States is required by law to furnish or pay for care or services under this chapter for a non-service-connected disability described in paragraph (2) of this subsection, the United States has the right to recover or collect from a third party the reasonable charges of care or services so furnished or paid for to the extent that the recipient or provider of the care or services would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished or paid for by a department or agency of the United States.” for “Subject to the provisions of this section, in any case in which a veteran is furnished care or services under this chapter for a non-service-connected disability described in paragraph (2) of this subsection, the United States has the right to recover or collect reasonable charges for such care or services (as determined by the Secretary) from a third party to the extent that the veteran (or the provider of the care or services) would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished by a department or agency of the United States.”

Subsec. (a)(2)(A). Pub. L. 115-182, §113(a)(1)(A), substituted “the individual’s” for “the veteran’s” and “the individual” for “the veteran”.

Subsec. (a)(2)(D). Pub. L. 115-251, §211(a)(8), substituted “; or” for period at end.

Pub. L. 115-182, §113(c), amended subpar. (D) generally. Prior to amendment, subpar. (D) read as follows: “that is incurred by a veteran—

“(i) who does not have a service-connected disability; and

“(ii) who is entitled to care (or payment of the expenses of care) under a health-plan contract; or”.

Subsec. (a)(2)(E). Pub. L. 115-251, §104, struck out “before September 30, 2019,” after “furnished” in introductory provisions.

Subsec. (a)(3). Pub. L. 115-182, §113(a)(1)(B)(i), substituted “the individual” for “the veteran” in introductory provisions.

Subsec. (a)(3)(A). Pub. L. 115-182, §113(a)(1)(B)(ii), substituted “the individual’s” for “the veteran’s”.

Subsec. (b)(1). Pub. L. 115-182, §113(a)(2)(A), substituted “the individual” for “the veteran” and “the individual’s” for “the veteran’s”.

Subsec. (b)(2)(A). Pub. L. 115-182, §113(a)(2)(B)(i), substituted “the individual” for “the veteran” and “the individual’s” for “the veteran’s”.

Subsec. (b)(2)(B)(i). Pub. L. 115-182, §113(a)(2)(B)(ii)(I), substituted “the individual” for “the veteran”.

Subsec. (b)(2)(B)(ii). Pub. L. 115-182, §113(a)(2)(B)(ii)(II), substituted “the individual” for “the veteran” and substituted “the individual’s” for “the veteran’s” in two places.

Subsec. (e). Pub. L. 115-182, §113(a)(3), substituted “An individual” for “A veteran” in introductory provisions.

Subsec. (h)(1). Pub. L. 115-182, §113(a)(4)(A)(i), substituted “an individual” for “a veteran” in introductory provisions.

Subsec. (h)(1)(A). Pub. L. 115-182, §113(a)(4)(A)(ii), substituted “the individual” for “the veteran”.

Subsec. (h)(1)(B). Pub. L. 115-182, §113(a)(4)(A)(iii), substituted “the individual” for “the veteran”.

Subsec. (h)(2). Pub. L. 115-182, §113(a)(4)(B), substituted “An individual” for “A veteran”, “an individual” for “a veteran”, and “the individual” for “the veteran”.

2017—Subsec. (a)(2)(E). Pub. L. 115-62 substituted “September 30, 2019” for “October 1, 2017” in introductory provisions.

2016—Subsec. (a)(2)(E). Pub. L. 114-228 substituted “October 1, 2017” for “October 1, 2016” in introductory provisions.

2015—Subsec. (a)(2)(E). Pub. L. 114-58 substituted “October 1, 2016” for “October 1, 2015” in introductory provisions.

2014—Subsec. (a)(2)(E). Pub. L. 113-175 substituted “October 1, 2015” for “October 1, 2014” in introductory provisions.

2013—Subsec. (a)(2)(E). Pub. L. 113-37 substituted “October 1, 2014” for “October 1, 2013” in introductory provisions.

2012—Subsec. (a)(2)(E). Pub. L. 112-154 substituted “October 1, 2013” for “October 1, 2012” in introductory provisions.

2010—Subsec. (a)(2)(E). Pub. L. 111-163 amended subpar. (E) generally. Prior to amendment, subpar. (E) read as follows: “for which care and services are furnished before October 1, 2010, under this chapter to a veteran who—

“(i) has a service-connected disability; and

“(ii) is entitled to care (or payment of the expenses of care) under a health-plan contract.”

2008—Subsec. (a)(2)(E). Pub. L. 110-387, which directed substitution of “October 1, 2010” for “October 1, 2008”, was executed by making the substitution for “October 1, 2009” in introductory provisions to reflect the probable intent of Congress and the amendment by Pub. L. 110-329. See below.

Pub. L. 110-329 substituted “October 1, 2009,” for “October 1, 2008,” in introductory provisions.

2007—Subsec. (a)(2)(E). Pub. L. 110-161 substituted “October 1, 2008” for “October 1, 2007”.

2002—Subsec. (a)(2)(E). Pub. L. 107-135, §209(b), substituted “October 1, 2007” for “October 1, 2002”.

Subsec. (f). Pub. L. 107-135, §208(e)(4), substituted “section 1784” for “section 1711(b)”.

1997—Subsec. (a)(1). Pub. L. 105-33, §8023(d)(1), substituted “reasonable charges for” for “the reasonable cost of”.

Subsec. (a)(2)(E). Pub. L. 105-33, §8022, substituted “October 1, 2002” for “October 1, 1998”.

Subsec. (c)(2)(A). Pub. L. 105-33, §8023(d)(2), substituted “reasonable charges for” for “the reasonable cost of” and “such charges” for “such cost”.

Subsec. (c)(2)(B). Pub. L. 105-33, §8023(d)(2)(A), substituted “reasonable charges for” for “the reasonable cost of”.

Subsec. (g). Pub. L. 105-33, §8023(b)(4), struck out subsec. (g) which established in the Treasury a fund known as the Department of Veterans Affairs Medical-Care Cost Recovery Fund and provided for deposits to and payments from the Fund.

1996—Subsec. (g)(3)(A). Pub. L. 104-262 substituted “under subsection (f) or (g) of section 1710 of this title for hospital care, medical services, or nursing home care” for “under section 1710(f) of this title for hospital care or nursing home care, under section 1712(f) of this title for medical services.”.

1993—Subsec. (a)(2)(E). Pub. L. 103-66 substituted “October 1, 1998” for “August 1, 1994”.

1992—Subsec. (a)(2)(E). Pub. L. 102-568 substituted “August 1, 1994” for “October 1, 1993”.

1991—Pub. L. 102-83, §5(a), renumbered section 629 of this title as this section.

Subsecs. (a) to (c). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (d). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-40 substituted “5701” for “3301” and “7332” for “4132”.

Subsec. (f). Pub. L. 102-83, §5(c)(1), substituted “1711(b)” for “611(b)”.

Subsec. (g)(3)(A). Pub. L. 102-83, §5(c)(1), substituted “1710(f)” for “610(f)”, “1712(f)” for “612(f)”, and “1722A” for “622A” in introductory provisions.

Subsec. (h)(1), (3). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

1990—Subsec. (a)(2)(E). Pub. L. 101-508, §8011(a), added subpar. (E).

Subsec. (c)(2)(B). Pub. L. 101-508, §8011(b), substituted “if provided by” for “in accordance with the prevailing rates at which the third party makes payments under comparable health-plan contracts with”.

Subsec. (g). Pub. L. 101-508, §8011(c), amended subsec. (g) generally. Prior to amendment, subsec. (g) read as follows: “Amounts collected or recovered on behalf of the United States under this section shall be deposited into the Treasury as miscellaneous receipts.”

1988—Subsec. (b)(2)(C). Pub. L. 100-322 added subpar. (C).

1986—Pub. L. 99-272 amended section generally, inserting authority to recover from a third party under a health-plan contract the reasonable costs of a non-service-connected disability, to require the Administrator to prescribe regulations to govern determination of reasonable costs, to authorize the compromise, settlement or waiver of claims, and to provide for the deposit of money collected under this section in the Treasury.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2013 AMENDMENT

Amendment by Pub. L. 113-37 effective Oct. 1, 2013, see section 4(a) of Pub. L. 113-37, set out as a note under section 322 of this title.

EFFECTIVE DATE OF 1997 AMENDMENT

Amendment by section 8023(b)(4) of Pub. L. 105-33 effective Oct. 1, 1997, and amendment by section 8023(d) of

Pub. L. 105-33 effective Aug. 5, 1997, see section 8023(g) of Pub. L. 105-33, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1990 AMENDMENT

Pub. L. 101-508, title VIII, §8011(e), Nov. 5, 1990, 104 Stat. 1388-345, provided that: “The amendments made by this section [amending this section] shall take effect as of October 1, 1990.”

EFFECTIVE DATE OF 1986 AMENDMENT

Pub. L. 99-272, title XIX, §19013(b), Apr. 7, 1986, 100 Stat. 385, provided that:

“(1) Except as provided in paragraph (2), section 629 [now 1729] of title 38, United States Code, as amended by subsection (a), shall apply to care and services provided on or after the date of the enactment of this Act [Apr. 7, 1986].

“(2)(A) Such section shall not apply so as to nullify any provision of a health-plan contract (as defined in subsection (i) of such section) that—

“(i) was entered into before the date of the enactment of this Act; and

“(ii) is not modified or renewed on or after such date.

“(B) In the case of a health-plan contract (as so defined) that was entered into before such date and which is modified or renewed on or after such date, the amendment made by subsection (a) [amending this section] shall apply—

“(i) with respect to such plan as of the day after the date that it is so modified or renewed; and

“(ii) with respect to care and services provided after such date of modification or renewal.

“(3) For purposes of paragraph (2), the term ‘modified’ includes any change in premium or coverage.”

EFFECTIVE DATE

Pub. L. 97-72, title I, §106(b), Nov. 3, 1981, 95 Stat. 1051, provided that: “Section 629 [now 1729] of title 38, United States Code, as added by subsection (a), shall apply with respect to care and services furnished under chapter 17 of title 38, United States Code, on or after the date of the enactment of this Act [Nov. 3, 1981].”

HEALTHCARE FACILITIES CERTIFIED AS MEDICARE AND MEDICAID PROVIDERS FOR COLLECTION PURPOSES

Pub. L. 107-206, title I, Aug. 2, 2002, 116 Stat. 888, provided in part: “That for the purposes of enabling the collection from third-party insurance carriers for non-service related medical care of veterans, all Department of Veterans Affairs healthcare facilities are hereby certified as Medicare and Medicaid providers and the Centers for Medicare and Medicaid Services within the Department of Health and Human Services shall issue each Department of Veterans Affairs healthcare facility a provider number as soon as practicable after the date of enactment of this Act [Aug. 2, 2002]: *Provided further*, That nothing in the preceding proviso shall be construed to enable the Department of Veterans Affairs to bill Medicare or Medicaid for any medical services provided by the Veterans Health Administration or to require the Centers for Medicare and Medicaid Services to pay for any medical services provided by the Department of Veterans Affairs”.

DISPOSITION OF FUNDS IN AND TERMINATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL-CARE COST RECOVERY FUND

Pub. L. 105-33, title VIII, §8023(c), Aug. 5, 1997, 111 Stat. 667, provided that: “The amount of the unobligated balance remaining in the Department of Veterans Affairs Medical-Care Cost Recovery Fund (established pursuant to section 1729(g)(1) of title 38, United States Code) at the close of June 30, 1997, shall be deposited, not later than December 31, 1997, in the Treasury as miscellaneous receipts, and the Department of Veterans Affairs Medical-Care Cost Recovery Fund shall be terminated when the deposit is made.”

TRANSFERS TO MEDICAL-CARE COST RECOVERY FUND

Pub. L. 101-508, title VIII, §8011(d), Nov. 5, 1990, 104 Stat. 1388-345, as amended by Pub. L. 102-83, §5(c)(2), Aug. 6, 1991, 105 Stat. 406, provided that the Secretary of the Treasury was to transfer \$25,000,000 from the Department of Veterans Affairs Loan Guaranty Revolving Fund to the Department of Veterans Affairs Medical-Care Cost Recovery Fund and that the amount so transferred was to be available until the end of Sept. 30, 1991, for the support of the equivalent of 800 full-time employees and other expenses described in former subsec. (g)(3) of this section, and provided that the first \$25,000,000 recovered or collected by the Department of Veterans Affairs during fiscal year 1991 as a result of third-party medical recovery activities was to be credited to the Department of Veterans Affairs Loan Guaranty Revolving Fund.

REPORTS ON IMPLEMENTATION OF 1986 AMENDMENT

Pub. L. 99-272, title XIX, §19013(c), Apr. 7, 1986, 100 Stat. 385, directed Administrator of Veterans' Affairs, not later than six months after Apr. 7, 1986, to submit to Committees on Veterans' Affairs of Senate and House of Representatives a report on the process for and results of implementation of this section, as amended by subsection (a), such report to show costs of administration (and a detailed breakdown of such costs) and the amount of receipts and collections under this section, and not later than Feb. 1, 1988, to submit to such Committees a report updating the information in the report previously submitted and providing information on the process and results of such implementation through at least the end of fiscal year 1987.

§ 1729A. Department of Veterans Affairs Medical Care Collections Fund

(a) There is in the Treasury a fund to be known as the Department of Veterans Affairs Medical Care Collections Fund.

(b) Amounts recovered or collected under any of the following provisions of law shall be deposited in the fund:

- (1) Section 1710(f) of this title.
- (2) Section 1710(g) of this title.
- (3) Section 1711 of this title.
- (4) Section 1722A of this title.
- (5) Section 1725 of this title.
- (6) Section 1729 of this title.
- (7) Section 1784 of this title.
- (8) Section 8165(a) of this title.

(9) Section 113 of the Veterans Millennium Health Care and Benefits Act (Public Law 106-117; 38 U.S.C. 8111 note).

(10) Public Law 87-693, popularly known as the "Federal Medical Care Recovery Act" (42 U.S.C. 2651 et seq.), to the extent that a recovery or collection under that law is based on medical care or services furnished under this chapter.

(c)(1) Subject to the provisions of appropriations Acts, amounts in the fund shall be available, without fiscal year limitation, to the Secretary for the following purposes:

(A) Furnishing medical care and services under this chapter, to be available during any fiscal year for the same purposes and subject to the same limitations (other than with respect to the period of availability for obligation) as apply to amounts appropriated from the general fund of the Treasury for that fiscal year for medical care.

(B) Expenses of the Department for the identification, billing, auditing, and collection of

amounts owed the United States by reason of medical care and services furnished under this chapter.

(2) Amounts available under paragraph (1) may not be used for any purpose other than a purpose set forth in subparagraph (A) or (B) of that paragraph.

(d) Of the total amount recovered or collected by the Department during a fiscal year under the provisions of law referred to in subsection (b) and made available from the fund, the Secretary shall make available to each Department health care facility of the Department an amount that bears the same ratio to the total amount so made available as the amount recovered or collected by such facility during that fiscal year under such provisions of law bears to such total amount recovered or collected during that fiscal year. The Secretary shall make available to each facility the entirety of the amount specified to be made available to such facility by the preceding sentence.

(e) Amounts recovered or collected under the provisions of law referred to in subsection (b) shall be treated for the purposes of sections 251 and 252 of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901, 902) as offsets to discretionary appropriations (rather than as offsets to direct spending) to the extent that such amounts are made available for expenditure in appropriations Acts for the purposes specified in subsection (c).

(Added Pub. L. 105-33, title VIII, §8023(a)(1), Aug. 5, 1997, 111 Stat. 665; amended Pub. L. 106-117, title I, §111(b)(1), title II, §203, Nov. 30, 1999, 113 Stat. 1556, 1561; Pub. L. 107-135, title II, §208(e)(5), Jan. 23, 2002, 115 Stat. 2463; Pub. L. 108-7, div. K, title I, §113(b), Feb. 20, 2003, 117 Stat. 482; Pub. L. 108-183, title VII, §708(a)(2), Dec. 16, 2003, 117 Stat. 2673.)

Editorial Notes

REFERENCES IN TEXT

Public Law 87-693, popularly known as the Federal Medical Care Recovery Act, referred to in subsec. (b)(10), is Pub. L. 87-693, Sept. 25, 1962, 76 Stat. 593, which is classified generally to chapter 32 (§2651 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Tables.

AMENDMENTS

2003—Subsec. (b). Pub. L. 108-183, §708(a)(2)(A), struck out "after June 30, 1997," after "collected" in introductory provisions.

Subsec. (b)(8) to (10). Pub. L. 108-7 added pars. (8) and (9) and redesignated former par. (8) as (10).

Subsec. (c)(3). Pub. L. 108-183, §708(a)(2)(B), struck out par. (3) which related to duties of the Secretary for fiscal year 1998.

Subsecs. (e), (f). Pub. L. 108-183, §708(a)(2)(C), (D), redesignated subsec. (f) as (e) and struck out former subsec. (e) which required the Secretary to submit to the Committees on Veterans' Affairs of the Senate and House of Representatives quarterly reports on the operation of the section for fiscal years 1998, 1999, and 2000 and for the first quarter of fiscal year 2001.

2002—Subsec. (b)(7), (8). Pub. L. 107-135 added par. (7) and redesignated former par. (7) as (8).

1999—Subsec. (b)(5) to (7). Pub. L. 106-117, §111(b)(1), added par. (5) and redesignated former pars. (5) and (6) as (6) and (7), respectively.

Subsec. (d). Pub. L. 106-117, §203, struck out par. (1) designation, substituted "each Department health care

facility" for "each designated health care region" and "each facility" for "each region", substituted "such facility" for "such region" in two places, and struck out par. (2) which read as follows: "In this subsection, the term 'designated health care regions of the Department' means the geographic areas designated by the Secretary for purposes of the management of, and allocation of resources for, health care services provided by the Department."

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1999 AMENDMENT

Amendment by section 111(b)(1) of Pub. L. 106-117 effective 180 days after Nov. 30, 1999, see section 111(c) of Pub. L. 106-117, set out as an Effective Date note under section 1725 of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1997, see section 8023(g) of Pub. L. 105-33, set out as an Effective Date of 1997 Amendment note under section 1710 of this title.

IMPROVEMENTS FOR RECOVERY AND COLLECTION OF AMOUNTS FOR DEPARTMENT OF VETERANS AFFAIRS MEDICAL CARE COLLECTIONS FUND

Pub. L. 112-154, title I, §111, Aug. 6, 2012, 126 Stat. 1175, provided that:

"(a) DEVELOPMENT AND IMPLEMENTATION OF PLAN FOR RECOVERY AND COLLECTION.—

"(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act [Aug. 6, 2012], the Secretary of Veterans Affairs shall develop and implement a plan to ensure the recovery and collection of amounts under the provisions of law described in section 1729A(b) of title 38, United States Code, for deposit in the Department of Veterans Affairs Medical Care Collections Fund.

"(2) ELEMENTS.—The plan required by paragraph (1) shall include the following:

"(A) An effective process to identify billable fee claims.

"(B) Effective and practicable policies and procedures that ensure recovery and collection of amounts described in section 1729A(b) of such title.

"(C) The training of employees of the Department, on or before September 30, 2013, who are responsible for the recovery or collection of such amounts to enable such employees to comply with the process required by subparagraph (A) and the policies and procedures required by subparagraph (B).

"(D) Fee revenue goals for the Department.

"(E) An effective monitoring system to ensure achievement of goals described in subparagraph (D) and compliance with the policies and procedures described in subparagraph (B).

"(b) MONITORING OF THIRD-PARTY COLLECTIONS.—The Secretary shall monitor the recovery and collection of amounts from third parties (as defined in section 1729(i) of such title) for deposit in such fund."

MEDICAL SERVICES ACCOUNTS

Pub. L. 108-447, div. I, title I, §115, Dec. 8, 2004, 118 Stat. 3293, provided that:

"(a) Hereafter receipts that would otherwise be credited to the accounts listed in subsection (c) shall be deposited into the Medical Care Collections Fund, and shall be transferred to and merged with the 'Medical services' account, in fiscal year 2005 and subsequent years, to remain available until expended, to carry out the purposes of the 'Medical services' account.

"(b) The unobligated balances in the accounts listed in subsection (c), shall be transferred to and merged with the 'Medical services' account in fiscal year 2005 and subsequent years, and remain available until expended, to carry out the purposes of the 'Medical services' account: *Provided*, That the obligated balances in these accounts may be transferred to the 'Medical serv-

ices' account at the discretion of the Secretary of Veterans Affairs and shall remain available until expended.

"(c) Veterans Extended Care Revolving Fund; Medical Facilities Revolving Fund; Special Therapeutic and Rehabilitation Fund; Nursing Home Revolving Fund; Veterans Health Services Improvement Fund; and Parking Revolving Fund."

Similar provisions were contained in the following prior appropriation act:

Pub. L. 108-199, div. G, title I, §115, Jan. 23, 2004, 118 Stat. 370.

REPORT ON IMPLEMENTATION OF SECTION 8023 OF PUB. L. 105-33

Pub. L. 105-33, title VIII, §8023(f), Aug. 5, 1997, 111 Stat. 667, provided that: "Not later than January 1, 1999, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this section [enacting this section, amending sections 712, 1710, 1722A, and 1729 of this title, and enacting provisions set out as notes under sections 712 and 1729 of this title]. The report shall describe the collections under each of the provisions specified in section 1729A(b) of title 38, United States Code, as added by subsection (a). Information on such collections shall be shown for each of the health service networks (known as Veterans Integrated Service Networks) and, to the extent practicable for each facility within each such network. The Secretary shall include in the report an analysis of differences among the networks with respect to (A) the market in which the networks operates, (B) the effort expended to achieve collections, (C) the efficiency of such effort, and (D) any other relevant information."

§ 1729B. Consolidated patient accounting centers

(a) IN GENERAL.—Not later than five years after the date of the enactment of this section, the Secretary of Veterans Affairs shall establish not more than seven consolidated patient accounting centers for conducting industry-modeled regionalized billing and collection activities of the Department.

(b) FUNCTIONS.—The centers shall carry out the following functions:

(1) Reengineer and integrate all business processes of the revenue cycle of the Department.

(2) Standardize and coordinate all activities of the Department related to the revenue cycle for all health care services furnished to veterans for non-service-connected medical conditions.

(3) Apply commercial industry standards for measures of access, timeliness, and performance metrics with respect to revenue enhancement of the Department.

(4) Apply other requirements with respect to such revenue cycle improvement as the Secretary may specify.

(Added Pub. L. 110-387, title IV, §406(a), Oct. 10, 2008, 122 Stat. 4129.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (a), is the date of enactment of Pub. L. 110-387, which was approved Oct. 10, 2008.

PRIOR PROVISIONS

A prior section 1729B, added Pub. L. 106-117, title II, §202(a), Nov. 30, 1999, 113 Stat. 1561; amended Pub. L.

107-103, title V, §509(c), Dec. 27, 2001, 115 Stat. 997; Pub. L. 107-330, title III, §308(g)(7), Dec. 6, 2002, 116 Stat. 2829, related to the Department of Veterans Affairs Health Services Improvement Fund, prior to repeal by Pub. L. 108-7, div. K, title I, §113(a)(1), Feb. 20, 2003, 117 Stat. 482.

Statutory Notes and Related Subsidiaries

TRANSFER OF BALANCE

Pub. L. 108-7, div. K, title I, §113(a)(1), Feb. 20, 2003, 117 Stat. 482, repealed former section 1729B of this title and provided that any balance as of Feb. 20, 2003, in the Department of Veterans Affairs Health Services Improvement Fund established under former section 1729B was to be transferred to the Department of Veterans Affairs Medical Care Collections Fund established under section 1729A of this title.

§ 1730. Community residential care

(a) Subject to this section and regulations to be prescribed by the Secretary under this section, the Secretary may assist a veteran by referring such veteran for placement in, and aiding such veteran in obtaining placement in, a community residential-care facility if—

(1) at the time of initiating the assistance the Secretary—

(A) is furnishing the veteran medical services on an outpatient basis or hospital, domiciliary, or nursing home care; or

(B) has furnished the veteran such care or services within the preceding 12 months; and

(2) placement of the veteran in a community residential-care facility is appropriate.

(b)(1) The Secretary may not provide assistance under subsection (a) of this section with respect to a community residential-care facility unless such facility is approved by the Secretary for the purposes of this section.

(2) The Secretary's approval of a facility for the purposes of this section shall be based upon the Secretary's determination, after inspection of the facility, that the facility meets the standards established in regulations prescribed under this section. Such standards shall include the following:

(A) Health and safety criteria, including a requirement of compliance with applicable State laws and local ordinances relating to health and safety.

(B) A requirement that the costs charged for care by a facility be reasonable, as determined by the Secretary, giving consideration to such factors as (i) the level of care, supervision, and other services to be provided, (ii) the cost of goods and services in the geographic area in which the facility is located, and (iii) comparability with other facilities in such area providing similar services.

(C) Criteria for determining the resources that a facility needs in order to provide an appropriate level of services to veterans.

(D) Such other criteria as the Secretary determines are appropriate to protect the welfare of veterans placed in a facility under this section.

(3) Payment of the charges of a community residential-care facility for any care or service provided to a veteran whom the Secretary has referred to that facility under this section is not

the responsibility of the United States or of the Department.

(c)(1) In order to determine continued compliance by community residential-care facilities that have been approved under subsection (b) of this section with the standards established in regulations prescribed under this section, the Secretary shall provide for periodic inspection of such facilities.

(2) If the Secretary determines that a facility is not in compliance with such standards, the Secretary (in accordance with regulations prescribed under this section)—

(A) shall cease to refer veterans to such facility; and

(B) may, with the permission of the veteran (or the person or entity authorized by law to give permission on behalf of the veteran), assist in removing a veteran from such facility.

Regulations prescribed to carry out this paragraph shall provide for reasonable notice and, upon request made on behalf of the facility, a hearing before any action authorized by this paragraph is taken.

(d) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include the standards required by subsection (b) of this section.

(e)(1) To the extent possible, the Secretary shall make available each report of an inspection of a community residential-care facility under subsection (b)(2) or (c)(1) of this section to each Federal, State, and local agency charged with the responsibility of licensing or otherwise regulating or inspecting such facility.

(2) The Secretary shall make the standards prescribed in regulations under subsection (d) of this section available to all Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting community residential-care facilities.

(f) For the purpose of this section, the term "community residential-care facility" means a facility that provides room and board and such limited personal care for and supervision of residents as the Secretary determines, in accordance with regulations prescribed under this section, are necessary for the health, safety, and welfare of residents.

(Added Pub. L. 98-160, title I, §104(a), Nov. 21, 1983, 97 Stat. 996, §630; amended Pub. L. 102-54, §14(b)(15), June 13, 1991, 105 Stat. 284; renumbered §1730 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 630 of this title as this section.

Subsec. (a). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Pub. L. 102-54 struck out "(1)" after "(a)" and redesignated former subpar. (A) as par. (1), cls. (i) and (ii) as subpars. (A) and (B), respectively, and former subpar. (B) as par. (2).

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing and "Secretary's" for "Administrator's" in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration" in par. (3).

Subsecs. (c) to (f). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

§ 1730A. Prohibition on collection of copayments from certain veterans

(a) PROHIBITION.—Notwithstanding subsections (f) and (g) of section 1710 and section 1722A(a) of this title or any other provision of law, the Secretary may not require a covered veteran to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary.

(b) COVERED VETERAN DEFINED.—In this section, the term "covered veteran" means a veteran who—

- (1) is catastrophically disabled, as defined by the Secretary; or
- (2) is an Indian or urban Indian (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

(Added Pub. L. 111-163, title V, §511(a), May 5, 2010, 124 Stat. 1164; amended Pub. L. 116-315, title III, §3002(a), Jan. 5, 2021, 134 Stat. 4990.)

Editorial Notes

AMENDMENTS

2021—Pub. L. 116-315 substituted "certain" for "catastrophically disabled" in section catchline, designated existing provisions as subsec. (a) and inserted heading, substituted "a covered veteran" for "a veteran who is catastrophically disabled, as defined by the Secretary," and added subsec. (b).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2021 AMENDMENT

Pub. L. 116-315, title III, §3002(c), Jan. 5, 2021, 134 Stat. 4991, provided that: "The amendments made by this section [amending this section] shall take effect on the day that is one year after the date of the enactment of this Act [Jan. 5, 2021]."

§ 1730B. Access to State prescription drug monitoring programs

(a) ACCESS TO PROGRAMS.—(1) Any licensed health care provider or delegate of such a provider shall be considered an authorized recipient or user for the purpose of querying and receiving data from the national network of State-based prescription drug monitoring programs, or any individual State or regional prescription drug monitoring program, to support the safe and effective prescribing of controlled substances to covered patients.

(2) Under the authority granted by paragraph (1)—

(A) licensed health care providers or delegates of such providers shall query the national network of State-based prescription monitoring programs, or, if providing care in a State that does not participate in such national network, an individual State or regional prescription drug monitoring program, in accordance with applicable regulations and policies of the Veterans Health Administration; and

(B) notwithstanding any general or specific provision of law, rule, or regulation of a State, no State may restrict the access of licensed

health care providers or delegates of such providers from accessing that State's prescription drug monitoring programs.

(3) No State shall deny or revoke the license, registration, or certification of a licensed health care provider or delegate who otherwise meets that State's qualifications for holding the license, registration, or certification on the basis that the licensed health care provider or delegate queried or received data, or attempted to query or receive data, from the national network of State-based prescription drug monitoring programs, or any individual State or regional prescription drug monitoring program, under this section.

(b) COVERED PATIENTS.—For purposes of this section, a covered patient is a patient who—

- (1) receives a prescription for a controlled substance; and
- (2) is not receiving palliative care or enrolled in hospice care.

(c) DEFINITIONS.—In this section:

(1) The term "controlled substance" has the meaning given such term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

(2) The term "delegate" means a person or automated system accessing the national network of State-based prescription monitoring programs, or any individual State or regional prescription drug monitoring program, at the direction or under the supervision of a licensed health care provider.

(3) The term "licensed health care provider" means a health care provider employed by the Department who is licensed, certified, or registered within any State to fill or prescribe medications within the scope of his or her practice as a Department employee.

(4) The term "national network of State-based prescription monitoring programs" means an interconnected nation-wide system that facilitates the transfer to State prescription drug monitoring program data across State lines.

(5) The term "State" means a State, as defined in section 101(20) of this title, or a political subdivision of a State.

(Added Pub. L. 115-182, title I, §134(a), June 6, 2018, 132 Stat. 1428; amended Pub. L. 115-251, title II, §206, Sept. 29, 2018, 132 Stat. 3173.)

Editorial Notes

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115-251, §206(1)(A), inserted ", or any individual State or regional prescription drug monitoring program," after "programs".

Subsec. (a)(2)(A). Pub. L. 115-251, §206(1)(B), substituted "the national network of State-based prescription monitoring programs, or, if providing care in a State that does not participate in such national network, an individual State or regional prescription drug monitoring program," for "such network".

Subsec. (a)(3). Pub. L. 115-251, §206(1)(C), which directed "inserting ' , or any individual State or regional prescription drug monitoring program,' after 'programs'", was executed by inserting the quoted text after "programs" as if that word had been enclosed in quotation marks in the directory language, to reflect the probable intent of Congress.

Subsec. (c)(2). Pub. L. 115-251, §206(2), inserted “, or any individual State or regional prescription drug monitoring program,” after “programs”.

§ 1730C. Licensure of health care professionals providing treatment via telemedicine

(a) IN GENERAL.—Notwithstanding any provision of law regarding the licensure of health care professionals, a covered health care professional may practice the health care profession of the health care professional at any location in any State, regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment to an individual under this chapter.

(b) COVERED HEALTH CARE PROFESSIONALS.—For purposes of this section, a covered health care professional is any of the following individuals:

(1) A health care professional who—

(A) is an employee of the Department appointed under section 7306, 7401, 7405, 7406, or 7408 of this title or under title 5;

(B) is authorized by the Secretary to provide health care under this chapter;

(C) is required to adhere to all standards for quality relating to the provision of health care in accordance with applicable policies of the Department; and

(D)(i) has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional; or

(ii) with respect to a health care profession listed under section 7402(b) of this title, has the qualifications for such profession as set forth by the Secretary.

(2) A postgraduate health care employee who—

(A) is appointed under section 7401(1), 7401(3), or 7405 of this title or title 5 for any category of personnel described in paragraph (1) or (3) of section 7401 of this title;

(B) must obtain an active, current, full, and unrestricted license, registration, or certification or meet qualification standards set forth by the Secretary within a specified time frame; and

(C) is under the clinical supervision of a health care professional described in paragraph (1); or

(3) A health professions trainee who—

(A) is appointed under section 7405 or 7406 of this title; and

(B) is under the clinical supervision of a health care professional described in paragraph (1).

(c) PROPERTY OF FEDERAL GOVERNMENT.—Subsection (a) shall apply to a covered health care professional providing treatment to a patient regardless of whether the covered health care professional or patient is located in a facility owned by the Federal Government during such treatment.

(d) RELATION TO STATE LAW.—(1) The provisions of this section shall supersede any provisions of the law of any State to the extent that such provision of State law are inconsistent with this section.

(2) No State shall deny or revoke the license, registration, or certification of a covered health care professional who otherwise meets the qualifications of the State for holding the license, registration, or certification on the basis that the covered health care professional has engaged or intends to engage in activity covered by subsection (a).

(e) RULE OF CONSTRUCTION.—Nothing in this section may be construed to remove, limit, or otherwise affect any obligation of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.).

(f) STATE DEFINED.—In this section, the term “State” means a State, as defined in section 101(20) of this title, or a political subdivision of a State.

(Added Pub. L. 115-182, title I, §151(a), June 6, 2018, 132 Stat. 1430; amended Pub. L. 116-283, div. H, title XCI, §9101, Jan. 1, 2021, 134 Stat. 4780.)

Editorial Notes

REFERENCES IN TEXT

The Controlled Substances Act, referred to in subsec. (e), is title II of Pub. L. 91-513, Oct. 27, 1970, 84 Stat. 1242, which is classified principally to subchapter I (§801 et seq.) of chapter 13 of Title 21, Food and Drugs. For complete classification of this Act to the Code, see Short Title note set out under section 801 of Title 21 and Tables.

AMENDMENTS

2021—Subsec. (b). Pub. L. 116-283 amended subsec. (b) generally. Prior to amendment, subsec. (b) related to who were considered covered health care professionals.

SUBCHAPTER IV—HOSPITAL CARE AND MEDICAL TREATMENT FOR VETERANS IN THE REPUBLIC OF THE PHILIPPINES

Editorial Notes

AMENDMENTS

1981—Pub. L. 97-72, title I, §107(d)(1), Nov. 3, 1981, 95 Stat. 1053, substituted “HOSPITAL CARE AND MEDICAL TREATMENT FOR VETERANS IN THE REPUBLIC OF THE PHILIPPINES” for “HOSPITAL AND MEDICAL CARE FOR COMMONWEALTH OF THE PHILIPPINES ARMY VETERANS” in subchapter heading.

§ 1731. Assistance to the Republic of the Philippines

The President is authorized to assist the Republic of the Philippines in fulfilling its responsibility in providing medical care and treatment for Commonwealth Army veterans and new Philippine Scouts in need of such care and treatment for service-connected disabilities and non-service-connected disabilities under certain conditions.

(Added Pub. L. 93-82, title I, §107(a), Aug. 2, 1973, 87 Stat. 184, §631; amended Pub. L. 97-72, title I, §107(b), Nov. 3, 1981, 95 Stat. 1052; renumbered §1731, Pub. L. 102-83, §5(a), Aug. 6, 1991, 105 Stat. 406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1731 was renumbered section 3531 of this title.

AMENDMENTS

1991—Pub. L. 102-83 renumbered section 631 of this title as this section.

1981—Pub. L. 97-72 inserted “in fulfilling its responsibility” after “The President is authorized to assist the Republic of the Philippines”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective July 1, 1973, see section 501 of Pub. L. 93-82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

§ 1732. Contracts and grants to provide for the care and treatment of United States veterans by the Veterans Memorial Medical Center

(a) The President, with the concurrence of the Republic of the Philippines, may authorize the Secretary to enter into contracts with the Veterans Memorial Medical Center, with the approval of the appropriate department of the Government of the Republic of the Philippines, covering the period beginning on October 1, 1981, and ending on September 30, 1994, under which the United States—

(1) will provide for payments for hospital care and medical services (including nursing home care) in the Veterans Memorial Medical Center, as authorized by section 1724 of this title and on the terms and conditions set forth in such section, to eligible United States veterans at a per diem rate to be jointly determined for each fiscal year by the two Governments to be fair and reasonable; and

(2) may provide that payments for such hospital care and medical services provided to eligible United States veterans may consist in whole or in part of available medicines, medical supplies, and equipment furnished by the Secretary to the Veterans Memorial Medical Center at valuations therefor as determined by the Secretary, who may furnish such medicines, medical supplies, and equipment through the revolving supply fund pursuant to section 8121 of this title.

(b)(1) To further assure the effective care and treatment of United States veterans in the Veterans Memorial Medical Center, there is authorized to be appropriated for each fiscal year during the period beginning on October 1, 1981, and ending on September 30, 1990, the sum of \$1,000,000 to be used by the Secretary for making grants to the Veterans Memorial Medical Center for the purpose of assisting the Republic of the Philippines in the replacement and upgrading of equipment and in rehabilitating the physical plant and facilities of such center.

(2) Grants under this subsection shall be made on such terms and conditions as prescribed by the Secretary. Such terms and conditions may include a requirement of prior approval by the Secretary of the uses of the funds provided by such grants.

(3) Funds for such grants may be provided only from appropriations made to the Department for the specific purpose of making such grants.

(c) The Secretary may stop payments under a contract or grant under this section upon reasonable notice as stipulated by the contract or grant if the Republic of the Philippines and the

Veterans Memorial Medical Center do not maintain the medical center in a well-equipped and effective operating condition as determined by the Secretary.

(d)(1) The authority of the Secretary to enter into contracts and to make grants under this section is effective for any fiscal year only to the extent that appropriations are available for that purpose.

(2) Appropriations made for the purpose of this section shall remain available until expended.

(Added Pub. L. 93-82, title I, §107(a), Aug. 2, 1973, 87 Stat. 184, §632; amended Pub. L. 94-581, title II, §210(a)(14), Oct. 21, 1976, 90 Stat. 2863; Pub. L. 95-520, §3(b), Oct. 26, 1978, 92 Stat. 1820; Pub. L. 97-72, title I, §107(c)(1), Nov. 3, 1981, 95 Stat. 1052; Pub. L. 99-576, title II, §206(a)(1), Oct. 28, 1986, 100 Stat. 3256; Pub. L. 100-687, div. B, title XV, §1502(a), (b), Nov. 18, 1988, 102 Stat. 4132; Pub. L. 102-40, title IV, §402(d)(1), May 7, 1991, 105 Stat. 239; renumbered §1732 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-86, title III, §304(a), Aug. 14, 1991, 105 Stat. 416; Pub. L. 102-585, title V, §503, Nov. 4, 1992, 106 Stat. 4955.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1732 was renumbered section 3532 of this title.

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-585 substituted “September 30, 1994” for “September 30, 1992”.

1991—Pub. L. 102-83, §5(a), renumbered section 632 of this title as this section.

Subsec. (a). Pub. L. 102-86 amended subsec. (a) of this section as in effect before the redesignations made by Pub. L. 102-83, §5, by substituting “1992” for “1990”.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (a)(1). Pub. L. 102-83, §5(c)(1), substituted “1724” for “624”.

Subsec. (a)(2). Pub. L. 102-40, §402(d)(1), substituted “8121” for “5021”.

Subsec. (b)(1), (2). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (b)(3). Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

Subsecs. (c), (d)(1). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

1988—Subsecs. (a), (b)(1). Pub. L. 100-687 substituted “1990” for “1989” in subsec. (a) and substituted “1990” for “1989” and “\$1,000,000” for “\$500,000” in subsec. (b)(1).

1986—Subsecs. (a), (b)(1). Pub. L. 99-576 substituted “September 30, 1989” for “September 30, 1986”.

1981—Pub. L. 97-72 amended section generally, first by substituting Sept. 30, 1986, for Sept. 30, 1981, as the ending date for the period during which the President, with the concurrence of the Republic of the Philippines, may authorize the Administrator to enter into contracts with the Veterans Memorial Medical Center to provide for payments for hospital care and medical services, and by including nursing home care, for eligible United States veterans as authorized by and on the same conditions as set forth in section 624, with such care to consist in whole or in part of available medicines, medical supplies, and equipment furnished through the revolving supply fund, pursuant to section 5021, at valuations determined by the Administrator using available appropriations for payments and with

the per diem rate for such care and services to be jointly determined annually by the two Governments as fair and reasonable, second by increasing from \$50,000 to \$500,000 per year the size of grants to replace and upgrade equipment and rehabilitate the Center's physical plant, third by continuing the Administrator's authority to stop payments in certain cases, and fourth by limiting the Administrator's authority to contract for hospital care and to make grants for any fiscal year, to the extent that appropriations are available for that purpose.

1978—Subsec. (a). Pub. L. 95-520, §3(b)(1), (2), substituted "Veterans Memorial Medical Center" for "Veterans Memorial Hospital" in introductory text and pars. (1), (2), (5), and (7), and in introductory text, substituted "enter into contracts" for "enter into a contract" and "September 30, 1981" for "June 30, 1978".

Subsec. (b). Pub. L. 95-520, §3(b)(3), substituted "October 1, 1981" for "July 1, 1978".

Subsec. (c). Pub. L. 95-520, §3(b)(1), substituted "Veterans Memorial Medical Center" for "Veterans Memorial Hospital".

Subsec. (d). Pub. L. 95-520, §3(b)(1), (4), substituted "Veterans Memorial Medical Center" for "Veterans Memorial Hospital" in three places and "occurring during the period beginning July 1, 1973, and ending September 30, 1981" for "during the five years beginning July 1, 1973, and ending June 30, 1978".

1976—Subsec. (d). Pub. L. 94-581 substituted "approval by the Administrator" for "approved by him".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE

Section effective July 1, 1973, see section 501 of Pub. L. 93-82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

SAVINGS PROVISION

Pub. L. 93-82, title I, §107(c), Aug. 2, 1973, 87 Stat. 186, provided that section 107(a) of Pub. L. 93-82, enacting this section and section 631 [now 1731] of this title, did not affect any right, cause, obligation, contract (including the contract executed Apr. 25, 1967, between the Government of the Republic of the Philippines and the Government of the United States resulting from Pub. L. 89-612, which was to remain in effect until modified or superseded by an agreement executed under authority of Pub. L. 93-82), authorization of appropriation, grant, function, power, or duty vested by law or otherwise under this section in effect on the day before Aug. 2, 1973.

RATIFICATION OF ACTIONS OF SECRETARY OF VETERANS AFFAIRS IN CARRYING OUT THIS SECTION

Pub. L. 102-86, title III, §304(b), Aug. 14, 1991, 105 Stat. 416, provided that: "Any actions by the Secretary of Veterans Affairs in carrying out the provisions of section 632 [now 1732] of title 38, United States Code, by contract or otherwise, during the period beginning on October 1, 1990, and ending on the date of the enactment of this Act [Aug. 14, 1991] are hereby ratified."

RATIFICATION OF ACTION OF ADMINISTRATOR IN CONTRACTING

Pub. L. 99-576, title II, §206(a)(2), Oct. 28, 1986, 100 Stat. 3256, ratified actions by the Administrator of Veterans' Affairs in contracting under subsec. (a) of this section with respect to the period beginning Oct. 1, 1986, and ending Oct. 28, 1986.

REPORTS ON USE OF FUNDS

Pub. L. 99-576, title II, §206(b), Oct. 28, 1986, 100 Stat. 3256, directed Administrator of Veterans' Affairs, not

later than Feb. 1, 1987, 1988, and 1989, to submit to Congress a report describing use of funds provided to Republic of the Philippines under subsec. (b) of this section during the preceding fiscal year.

§ 1733. Supervision of program by the President

The President, or any officer of the United States to whom the President may delegate authority under this section, may from time to time prescribe such rules and regulations and impose such conditions on the receipt of financial aid as may be necessary to carry out this subchapter.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1146, §633; Pub. L. 94-581, title II, §210(a)(15), Oct. 21, 1976, 90 Stat. 2863; renumbered §1733, Pub. L. 102-83, §5(a), Aug. 6, 1991, 105 Stat. 406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1733 was renumbered section 3533 of this title.

Another prior section 1733, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1198, as amended by Pub. L. 91-219, title II, §206(b), Mar. 26, 1970, 84 Stat. 82; Pub. L. 91-584, §12, Dec. 24, 1970, 84 Stat. 1577, related to measurement of courses, prior to the general amendment of this section by Pub. L. 92-540, title III, §313, Oct. 24, 1972, 86 Stat. 1084. See section 3688 of this title.

AMENDMENTS

1991—Pub. L. 102-83 renumbered section 633 of this title as this section.

1976—Pub. L. 94-581 substituted "the President" for "he" and struck out "his" before "authority".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

Executive Documents

EX. ORD. NO. 11762. DELEGATION OF AUTHORITY TO ADMINISTRATOR OF VETERANS' AFFAIRS RELATING TO GRANTS-IN-AID TO REPUBLIC OF THE PHILIPPINES FOR MEDICAL CARE AND TREATMENT OF VETERANS

Ex. Ord. No. 11762, Jan. 17, 1974, 39 F.R. 2347, provided: By virtue of the authority vested in me by section 633 [now 1733] of title 38 and by section 301 of title 3 of the United States Code, and as President of the United States of America, it is hereby ordered as follows:

SECTION 1. (a) Subject to the provisions of subsections (b) and (c) of this section, the Administrator of Veterans' Affairs is hereby designated and empowered to exercise, without the approval, ratification, or other action of the President, the authority vested in the President by sections 631, 632, 633, and 634 [now 1731, 1732, 1733, and 1734] of title 38 of the United States Code, as amended by section 107(a) of the Veterans Health Care Expansion Act of 1973 (Public Law 93-82; Stat. 184).

(b) The Secretary of State shall negotiate the agreement, and any modifications thereby with the Republic of the Philippines required by the provisions of sections 631, 632, 633, and 634 [now 1731, 1732, 1733, and 1734] of title 38 of the United States Code.

(c) All rules and regulations prescribed by the Administrator pursuant to the authority delegated to him by this order shall be subject to prior approval by the Director of the Office of Management and Budget.

SEC. 2. Nothing in this order shall be construed as modifying or terminating any other authority heretofore delegated by the President to the Administrator of Veterans' Affairs.

RICHARD NIXON.

§ 1734. Hospital and nursing home care and medical services in the United States

(a) The Secretary shall furnish hospital and nursing home care and medical services to any individual described in subsection (b) in the same manner, and subject to the same terms and conditions, as apply to the furnishing of such care and services to individuals who are veterans as defined in section 101(2) of this title. Any disability of an individual described in subsection (b) that is a service-connected disability for purposes of this subchapter (as provided for under section 1735(2) of this title) shall be considered to be a service-connected disability for purposes of furnishing care and services under the preceding sentence.

(b) Subsection (a) applies to any individual who is a Commonwealth Army veteran or new Philippine Scout and who—

(1) is residing in the United States; and

(2) is a citizen of the United States or an alien lawfully admitted to the United States for permanent residence.

(Added Pub. L. 96-22, title I, §106(a), June 13, 1979, 93 Stat. 53, §634; renumbered §1734 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 106-377, §1(a)(1) [title V, §501(b)], Oct. 27, 2000, 114 Stat. 1441, 1441A-57; Pub. L. 108-170, title I, §103, Dec. 6, 2003, 117 Stat. 2044.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1734 was renumbered section 3534 of this title.

Another prior section 1734, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1199, as amended by Pub. L. 89-358, §4(m), Mar. 3, 1966, 80 Stat. 25, related to overcharging of eligible persons by educational institutions, prior to the general amendment of this section by Pub. L. 92-540, title III, §313, Oct. 24, 1972, 86 Stat. 1084. See section 3690 of this title.

AMENDMENTS

2003—Pub. L. 108-170 amended text generally. Prior to amendment, text read as follows:

“(a) The Secretary, within the limits of Department facilities, may furnish hospital and nursing home care and medical services to Commonwealth Army veterans and new Philippine Scouts for the treatment of the service-connected disabilities of such veterans and scouts.

“(b) An individual who is in receipt of benefits under subchapter II or IV of chapter 11 of this title paid by reason of service described in section 107(a) of this title who is residing in the United States and who is a citizen of, or an alien lawfully admitted for permanent residence in, the United States shall be eligible for hospital and nursing home care and medical services in the same manner as a veteran, and the disease or disability for which such benefits are paid shall be considered to be a service-connected disability for purposes of this chapter.”

2000—Pub. L. 106-377 designated existing provisions as subsec. (a) and added subsec. (b).

1991—Pub. L. 102-83, §5(a), renumbered section 634 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1979, see section 107 of Pub. L. 96-22, set out as an Effective Date of 1979 Amendment note under section 1701 of this title.

§ 1735. Definitions

For the purposes of this subchapter—

(1) The term “Commonwealth Army veterans” means persons who served before July 1, 1946, in the organized military forces of the Government of the Philippines, while such forces were in the service of the Armed Forces pursuant to the military order of the President dated July 26, 1941, including among such military forces organized guerrilla forces under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States, and who were discharged or released from such service under conditions other than dishonorable. The term “new Philippine Scouts” means persons who served in the Philippine Scouts under section 14 of the Armed Forces Voluntary Recruitment Act of 1945, and who were discharged or released from such service under conditions other than dishonorable.

(2) The term “service-connected disabilities” means disabilities determined by the Secretary under laws administered by the Secretary to have been incurred in or aggravated by the service described in paragraph (1) in line of duty.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1146, §634; Pub. L. 89-612, §3, Sept. 30, 1966, 80 Stat. 861; renumbered §635, Pub. L. 96-22, title I, §106(a), June 13, 1979, 93 Stat. 53; renumbered §1735 and amended Pub. L. 102-83, §§4(a)(1), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 403-406.)

Editorial Notes

REFERENCES IN TEXT

Section 14 of the Armed Forces Voluntary Recruitment Act of 1945, referred to in par. (1), is section 14 of act Oct. 6, 1945, ch. 393, 59 Stat. 543, which enacted section 637 of former Title 10, Army and Air Force, and was omitted from the Code in the revision and reenactment of Title 10, Armed Forces, by act Aug. 10, 1956, ch. 1041, 70A Stat. 1.

PRIOR PROVISIONS

Prior sections 1735 and 1736 were renumbered sections 3535 and 3536 of this title, respectively.

Another prior section 1736, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1199; Pub. L. 88-126, §3, Sept. 23, 1963, 77 Stat. 162; Pub. L. 89-358, §4(o), Mar. 3, 1966, 80 Stat. 25, related to discontinuance of the educational assistance allowance by the Administrator, prior to repeal by Pub. L. 92-540, title IV, §402(2), Oct. 24, 1972, 86 Stat. 1090. See section 3690 of this title.

Prior section 1737 was renumbered section 3537 of this title.

Another prior section 1737, added Pub. L. 93-508, title III, §303(a), Dec. 3, 1974, 88 Stat. 1591; amended Pub. L. 97-35, title XX, §2005(c), Aug. 13, 1981, 95 Stat. 783, related to entitlement of any eligible person, before Oct. 1, 1981, to an education loan, prior to repeal by Pub. L. 100-689, title I, §124(a), Nov. 18, 1988, 102 Stat. 4174.

Another prior section 1737 was renumbered section 1736 of this title.

Prior section 1738, added Pub. L. 95-202, title II, §201(b), Nov. 23, 1977, 91 Stat. 1437, related to accelerated payment of educational assistance allowances,

prior to repeal by Pub. L. 100-689, title I, §124(a), Nov. 18, 1988, 102 Stat. 4174.

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 635 of this title as this section.

Par. (2). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” before “under”.

Pub. L. 102-83, §4(a)(1), substituted “administered by the Secretary” for “administered by the Veterans’ Administration”.

1966—Par. (1). Pub. L. 89-612 inserted definition of “new Philippine Scouts”.

SUBCHAPTER V—PAYMENTS TO STATE HOMES

§ 1741. Criteria for payment

(a)(1) Except as provided in section 1745 of this title, the Secretary shall pay each State at the per diem rate of—

(A) \$8.70 for domiciliary care; and

(B) \$20.35 for nursing home care and hospital care,

for each veteran receiving such care in a State home, if such veteran is eligible for such care under the laws administered by the Secretary.

(2) The Secretary may pay each State per diem at a rate determined by the Secretary for each veteran receiving extended care services described in any of paragraphs (4) through (6) of section 1710B(a) of this title under a program administered by a State home, if such veteran is eligible for such care under laws administered by the Secretary.

(b) In no case shall the payments made with respect to any veteran under this section exceed one-half of the cost of the veterans’ care in such State home.

(c) Whenever the Secretary makes a determination pursuant to section 1720(a)(2)(A) of this title that the cost of care furnished by the Department in a general hospital under the direct jurisdiction of the Secretary has increased, the Secretary may, effective no earlier than the date of such determination, increase the rates paid under subsection (a) of this section by a percentage not greater than the percentage by which the Secretary has determined that such cost of care has increased.

(d) Subject to section 1743 of this title, the payment of per diem for care furnished in a State home facility shall commence on the date of the completion of the inspection for recognition of the facility under section 1742(a) of this title if the Secretary determines, as a result of that inspection, that the State home meets the standards described in such section.

(e) Payments to States pursuant to this section shall not be considered a liability of a third party, or otherwise be used to offset or reduce any other payment made to assist veterans.

(f) Any State home that requests payment or reimbursement for services provided to a veteran under this section shall provide to the Secretary such information as the Secretary considers necessary to identify each individual veteran eligible for payment under such section.

(g) In this subchapter, the term “State” means each of the several States and each Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)).

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1146, §641; Pub. L. 86-625, July 12, 1960, 74 Stat. 424; Pub. L. 87-819, §1, Oct. 15, 1962, 76 Stat. 935; Pub. L. 88-450, §3(a), Aug. 19, 1964, 78 Stat. 500; Pub. L. 90-432, §1, July 26, 1968, 82 Stat. 448; Pub. L. 91-178, §1, Dec. 30, 1969, 83 Stat. 836; Pub. L. 93-82, title IV, §403(a), Aug. 2, 1973, 87 Stat. 196; Pub. L. 94-417, §1(a), Sept. 21, 1976, 90 Stat. 1277; Pub. L. 94-581, title II, §202(o), Oct. 21, 1976, 90 Stat. 2856; Pub. L. 96-151, title I, §101(b)(1), Dec. 20, 1979, 93 Stat. 1092; Pub. L. 98-160, title I, §105(a), Nov. 21, 1983, 97 Stat. 998; Pub. L. 100-322, title I, §134(a), May 20, 1988, 102 Stat. 507; renumbered §1741 and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-585, title IV, §406, Nov. 4, 1992, 106 Stat. 4954; Pub. L. 104-66, title I, §1141(a), Dec. 21, 1995, 109 Stat. 726; Pub. L. 104-262, title III, §342(a), Oct. 9, 1996, 110 Stat. 3206; Pub. L. 106-117, title I, §101(g), Nov. 30, 1999, 113 Stat. 1550; Pub. L. 108-422, title II, §202, Nov. 30, 2004, 118 Stat. 2382; Pub. L. 109-461, title II, §211(a)(3)(A), (b)(2), Dec. 22, 2006, 120 Stat. 3419, 3420; Pub. L. 116-315, title III, §§3004(b), 3007(b), Jan. 5, 2021, 134 Stat. 4992, 4996.)

Editorial Notes

PRIOR PROVISIONS

Prior sections 1740 and 1741 were renumbered sections 3540 and 3541 of this title, respectively.

AMENDMENTS

2021—Subsec. (a)(1). Pub. L. 116-315, §3007(b), substituted “under the laws administered by the Secretary” for “in a Department facility” in concluding provisions.

Subsec. (g). Pub. L. 116-315, §3004(b), added subsec. (g).

2006—Subsec. (a)(1). Pub. L. 109-461, §211(a)(3)(A), substituted “Except as provided in section 1745 of this title, the” for “The”.

Subsec. (f). Pub. L. 109-461, §211(b)(2), added subsec. (f).

2004—Subsec. (e). Pub. L. 108-422 added subsec. (e).

1999—Subsec. (a)(2). Pub. L. 106-117 substituted “extended care services described in any of paragraphs (4) through (6) of section 1710B(a) of this title under a program administered by a State home” for “adult day health care in a State home”.

1996—Subsec. (a). Pub. L. 104-262 designated existing provisions as par. (1), redesignated former pars. (1) and (2) as subpars. (A) and (B), respectively, and added par. (2).

1995—Subsecs. (c) to (e). Pub. L. 104-66 redesignated subsecs. (d) and (e) as (c) and (d), respectively, and struck out former subsec. (c) which read as follows: “The Secretary shall submit every three years to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the adequacy of the rates provided in subsection (a) of this section in light of projections over each of the following five years of the demand on the Department for the provision of nursing home care to veterans eligible for such care under this section and sections 1710 and 1720 of this title. The first such report shall be submitted not later than June 30, 1986.”

1992—Subsec. (e). Pub. L. 102-585 added subsec. (e).

1991—Pub. L. 102-83, §5(a), renumbered section 641 of this title as this section.

Subsec. (a). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in concluding provisions.

Subsec. (c). Pub. L. 102-83, §5(c)(1), substituted “1710 and 1720” for “610 and 620”.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator".

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Subsec. (d). Pub. L. 102-83, §5(c)(1), substituted "1720(a)(2)(A)" for "620(a)(2)(A)".

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

1988—Subsec. (a). Pub. L. 100-322, §134(a)(1), added cls. (1) and (2) and struck out former cls. (1) to (3) which read as follows:

"(1) \$7.30 for domiciliary care,

"(2) \$17.05 for nursing home care, and

"(3) \$15.25 for hospital care."

Subsec. (d). Pub. L. 100-322, §134(a)(2), added subsec. (d).

1983—Subsec. (a). Pub. L. 98-160, §105(a)(1), substituted "\$7.30" for "\$6.35" in par. (1), "\$17.05" for "\$12.10" in par. (2), and "\$15.25" for "\$13.25" in par. (3).

Subsec. (c). Pub. L. 98-160, §105(a)(2), added subsec. (c).

1979—Subsec. (a). Pub. L. 96-151 substituted "\$6.35" for "\$5.50", "\$12.10" for "\$10.50", and "\$13.25" for "\$11.50".

1976—Pub. L. 94-581 struck out "of any war or of service after January 31, 1955" after "for each veteran" in provisions following par. (3).

Pub. L. 94-417 designated existing provisions as subsec. (a), increased from \$4.50 to \$5.50 the per diem rate for domiciliary care, from \$6 to \$10.50 the per diem rate for nursing home care, and from \$10 to \$11.50 the per diem rate for hospital care, struck out "of any war or of service after January 31, 1955" after "for each veteran", ", in the case of such a veteran receiving domiciliary or hospital care," after "if", and provisions relating to the case of a veteran receiving nursing home care, and added subsec. (b).

1973—Pub. L. 93-82 increased from \$3.50 to \$4.50 the per diem rate for domiciliary care, from \$5 to \$6 the per diem rate for nursing home care, and from \$7.50 to \$10 the per diem rate for hospital care, and substituted "veteran of any war or of service after January 31, 1955" for "veteran of any war".

1969—Pub. L. 91-178 increased from \$3.50 to \$7.50 the per diem payment for hospital care.

1968—Pub. L. 90-432 increased from \$2.50 to \$3.50 the per diem rate for hospital or domiciliary care and from \$3.50 to \$5.00 the per diem rate for nursing home care as the amounts the Administrator shall pay each State providing such services for veterans.

1964—Pub. L. 88-450 amended section generally and, among other changes, authorized payment at the per diem rate of \$3.50 for each veteran receiving nursing care in a State home, if such veteran meets the requirements of paragraph (1), (2), or (3) of section 610(a) of this title, except that the requirement in clause (B) of such paragraph (1) shall, for this purpose, refer to the inability to defray the expenses of necessary nursing home care, and eliminated provisions which permitted reduction of the amount payable to the State homes under certain conditions and prohibited payments to State homes where a bar or canteen is maintained therein where intoxicating liquors are sold.

1962—Subsec. (b). Pub. L. 87-819 provided that no reduction shall be made by the retention or collection by a State home of amounts from the estate of a deceased veteran if such amounts are placed in a post or other special fund for the benefit of the State home or its inhabitants in providing the benefits enumerated in clauses (A) to (C).

1960—Subsec. (a). Pub. L. 86-625 substituted "at the per diem rate of \$2.50 per diem for each veteran" for "at the annual rate of \$700.00 for each veteran".

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2006 AMENDMENT

Amendment by section 211(a)(3)(A) of Pub. L. 109-461 effective 90 days after Dec. 22, 2006, see section 211(a)(5)

of Pub. L. 109-461, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1988 AMENDMENT

Pub. L. 100-322, title I, §134(b), May 20, 1988, 102 Stat. 507, provided that:

"(1) The amendment made by subsection (a)(1) [amending this section] shall take effect as of January 1, 1988.

"(2) The amendment made by subsection (a)(2) [amending this section] shall take effect on October 1, 1988."

EFFECTIVE DATE OF 1983 AMENDMENT

Pub. L. 98-160, title I, §105(b), Nov. 21, 1983, 97 Stat. 998, provided that: "The amendments made by subsection (a) [amending this section] shall take effect on April 1, 1984."

EFFECTIVE DATE OF 1979 AMENDMENT

Pub. L. 96-151, title I, §101(b)(2), Dec. 20, 1979, 93 Stat. 1092, provided that: "The amendments made by paragraph (1) [amending this section] shall take effect on January 1, 1980, but, with respect to fiscal year 1980, shall take effect only to such extent and in such amounts as may be specifically provided for such purpose in appropriation Acts."

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

Pub. L. 94-417, §1(c), Sept. 21, 1976, 90 Stat. 1277, provided that:

"(1) The amendments made by subsection (a) of this section [amending this section] shall be effective on October 1, 1976.

"(2) At the time of the first payment to a State under section 641 [now 1741] of title 38, United States Code, as amended by subsection (a) of this section, the Administrator of Veterans' Affairs shall pay such State, in a lump sum, an amount equal to the difference between the total amount paid each such State under such section 641 [now 1741] for care provided by such State in a State home from January 1, 1976, to October 1, 1976, and the amount such State would have been paid for providing such care if the amendment made by subsection (a) of this section had been effective on January 1, 1976."

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

EFFECTIVE DATE OF 1964 AMENDMENT

Pub. L. 88-450, §3(c), Aug. 19, 1964, 78 Stat. 501, provided that: "The amendment made by this section [amending this section] shall take effect on January 1, 1965; except that subsection (b) of section 641 [now 1741] of title 38, United States Code, as in effect immediately before such date, shall remain in effect with respect to any amounts retained or collected by any State home before such date."

MODIFICATION OF STATE HOME PROGRAM; TECHNICAL SUPPORT AND ASSISTANCE

Pub. L. 116-315, title III, §3004(d)-(f), Jan. 5, 2021, 134 Stat. 4992, 4993, provided that:

"(d) ADDITIONAL LEGISLATIVE OR ADMINISTRATIVE ACTION.—

"(1) CONSULTATION WITH INDIAN TRIBES.—Not later than 180 days after the date of the enactment of this Act [Jan. 5, 2021], the Secretary of Veterans Affairs shall consult with Indian tribes to determine if any legislative or administrative action is necessary to modify the State home program to function efficiently in support of State homes operated by Indian

tribes pursuant to the amendments made by this section [amending this section and sections 101, 8131 and 8132 of this title].

“(2) REPORT TO CONGRESS.—Not later than 90 days after completing consultations under paragraph (1), the Secretary shall submit to the appropriate committees of Congress a report recommending legislative action that the Secretary considers appropriate to modify the State home program described in such paragraph in light of those consultations.

“(3) MODIFICATIONS.—Not later than 180 days after completing consultations under paragraph (1), the Secretary shall make any modifications to regulations implementing the State home program, for which legislative action is not necessary, as the Secretary considers appropriate in light of those consultations.

“(e) TECHNICAL SUPPORT AND ASSISTANCE.—The Secretary of Veterans Affairs shall provide technical support and assistance to Indian tribes in carrying out the State home program at State homes operated by Indian tribes pursuant to the amendments made by this section.

“(f) DEFINITIONS.—In this section:

“(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ‘appropriate committees of Congress’ means—

“(A) the Committee on Veterans’ Affairs and the Committee on Indian Affairs of the Senate; and

“(B) the Committee on Veterans’ Affairs and the Subcommittee for Indigenous Peoples of the United States of the Committee on Natural Resources of the House of Representatives.

“(2) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(3) STATE HOME.—The term ‘State home’ has the meaning given that term in section 101(19) of title 38, United States Code.

“(4) STATE HOME PROGRAM.—The term ‘State home program’ means the program of the Department of Veterans Affairs for which payments are made under subchapter V of chapter 17 of title 38, United States Code, and assistance is provided under subchapter III of chapter 81 of such title.”

WAIVER OF REQUIREMENTS OF DEPARTMENT OF VETERANS AFFAIRS FOR RECEIPT OF PER DIEM PAYMENTS FOR DOMICILIARY CARE AT STATE HOMES AND MODIFICATION OF ELIGIBILITY FOR SUCH PAYMENTS

Pub. L. 116-315, title III, § 3007, Jan. 5, 2021, 134 Stat. 4996, provided that:

“(a) WAIVER OF REQUIREMENTS.—Notwithstanding section 1741 of title 38, United States Code (as amended by subsection (b)), the Secretary of Veterans Affairs shall modify section 51.51(b) of title 38, Code of Federal Regulations (or successor regulations), to provide the Secretary the authority to waive the requirements under such section 51.51(b) for a veteran to be eligible for per diem payments for domiciliary care at a State home if—

“(1) the veteran has met not fewer than four of the requirements set forth in such section; or

“(2) such waiver would be in the best interest of the veteran.

“(b) MODIFICATION OF ELIGIBILITY.—[Amended this section.]

“(c) STATE HOME DEFINED.—In this section, the term ‘State home’ has the meaning given that term in section 101(19) of title 38, United States Code.”

TREATMENT OF STATE HOMES DURING PUBLIC HEALTH EMERGENCY

Pub. L. 116-136, div. B, title X, § 20005, Mar. 27, 2020, 134 Stat. 586, provided that:

“(a) WAIVER OF OCCUPANCY RATE REQUIREMENTS.—During a public health emergency, occupancy rate requirements for State homes for purposes of receiving per diem payments set forth in section 51.40(c) of title

38, Code of Federal Regulations, or successor regulations, shall not apply.

“(b) WAIVER OF VETERAN PERCENTAGE REQUIREMENTS.—During a public health emergency, the veteran percentage requirements for State homes set forth in section 51.210(d) of title 38, Code of [Federal] Regulations, or successor regulations, and in agreements for grants to construct State homes, shall not apply.

“(c) PROVISION OF MEDICINE, EQUIPMENT, AND SUPPLIES.—

“(1) IN GENERAL.—During a public health emergency, the Secretary of Veterans Affairs may provide to State homes medicines, personal protective equipment, medical supplies, and any other equipment, supplies, and assistance available to the Department of Veterans Affairs.

“(2) PROVISION OF EQUIPMENT.—Personal protective equipment may be provided under paragraph (1) through the All Hazards Emergency Cache of the Department of Veterans Affairs or any other source available to the Department.

“(d) DEFINITIONS.—In this section:

“(1) PERSONAL PROTECTIVE EQUIPMENT.—The term ‘personal protective equipment’ means any protective equipment required to prevent the wearer from contracting COVID-19, including gloves, N-95 respirator masks, gowns, goggles, face shields, or other equipment required for safety.

“(2) PUBLIC HEALTH EMERGENCY.—The term ‘public health emergency’ means an emergency with respect to COVID-19 declared by a Federal, State, or local authority.

“(3) STATE HOME.—The term ‘State home’ has the meaning given that term in section 101(19) of title 38, United States Code.”

[For definition of “public health emergency” as used in section 20005 of Pub. L. 116-136, set out above, see section 20003 of Pub. L. 116-136, set out as a note under section 303 of this title.]

PAYMENTS TO STATES FOR NURSING HOME CARE

Pub. L. 88-450, § 3(b), Aug. 19, 1964, 78 Stat. 501, provided that: “No payment shall be made to any State home solely by reason of the amendment made by this section [amending this section] on account of nursing home care furnished any veteran except where such care is furnished the veteran by the State home for the first time after the effective date of this section [Jan. 1, 1965].”

§ 1742. Inspections of such homes; restrictions on beneficiaries

(a) The Secretary may inspect any State home at such times as the Secretary deems necessary. No payment or grant may be made to any home under this subchapter unless such home is determined by the Secretary to meet such standards as the Secretary shall prescribe, which standards with respect to nursing home care shall be no less stringent than those prescribed pursuant to section 1720(b) of this title.

(b) The Secretary may ascertain the number of persons on account of whom payments may be made under this subchapter on account of any State home, but shall have no authority over the management or control of any State home.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1146, § 642; Pub. L. 94-581, title I, § 107(a), title II, § 210(a)(16), Oct. 21, 1976, 90 Stat. 2847, 2863; renumbered § 1742 and amended Pub. L. 102-83, §§ 4(b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1742 was renumbered section 3542 of this title.

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 642 of this title as this section.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted “1720(b)” for “620(b)”.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

1976—Subsec. (a). Pub. L. 94-581 substituted “as the Administrator deems necessary” for “as he deems necessary” in existing provisions and inserted provision that no payment or grant may be made to any home under this subchapter unless such home is determined by the Administrator to meet such standards as the Administrator shall prescribe, which standards with respect to nursing home care shall be no less stringent than those prescribed pursuant to section 620(b) of this title.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1743. Applications

Payments on account of any veteran cared for in a State home shall be made under this subchapter only from the date the Secretary receives a request for determination of such veteran's eligibility; however, if such request is received by the Secretary within ten days after care of such veteran begins, payments shall be made on account of such veteran from the date care began.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1147, §643; Pub. L. 97-251, §7, Sept. 8, 1982, 96 Stat. 716; renumbered §1743 and amended Pub. L. 102-83, §4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1743 was renumbered section 3543 of this title.

AMENDMENTS

1991—Pub. L. 102-83 renumbered section 643 of this title as this section and substituted “Secretary” for “Administrator” in two places.

1982—Pub. L. 97-251 struck out “of any war” after “Payments on account of any veteran”.

§ 1744. Hiring and retention of nurses: payments to assist States

(a) **PAYMENT PROGRAM.**—The Secretary shall make payments to States under this section for the purpose of assisting State homes in the hiring and retention of nurses and the reduction of nursing shortages at State homes.

(b) **ELIGIBLE RECIPIENTS.**—Payments to a State for a fiscal year under this section shall, subject to submission of an application, be made to any State that during that fiscal year—

(1) receives per diem payments under this subchapter for that fiscal year; and

(2) has in effect an employee incentive scholarship program or other employee incentive program at a State home designed to promote the hiring and retention of nursing staff and to reduce nursing shortages at that home.

(c) **USE OF FUNDS RECEIVED.**—A State may use an amount received under this section only to provide funds for a program described in subsection (b)(2). Any program shall meet such criteria as the Secretary may prescribe. In prescribing such criteria, the Secretary shall take into consideration the need for flexibility and innovation.

(d) **LIMITATIONS ON AMOUNT OF PAYMENT.**—(1) A payment under this section may not be used to provide more than 50 percent of the costs for a fiscal year of the employee incentive scholarship or other employee incentive program for which the payment is made.

(2) The amount of the payment to a State under this section for any fiscal year is, for each State home in that State with a program described in subsection (b)(2), the amount equal to 2 percent of the amount of payments estimated to be made to that State, for that State home, under section 1741 of this title for that fiscal year.

(e) **APPLICATIONS.**—A payment under this section for any fiscal year with respect to any State home may only be made based upon an application submitted by the State seeking the payment with respect to that State home. Any such application shall describe the nursing shortage at the State home and the employee incentive scholarship program or other employee incentive program described in subsection (c) for which the payment is sought.

(f) **SOURCE OF FUNDS.**—Payments under this section shall be made from funds available for other payments under this subchapter.

(g) **DISBURSEMENT.**—Payments under this section to a State home shall be made as part of the disbursement of payments under section 1741 of this title with respect to that State home.

(h) **USE OF CERTAIN RECEIPTS.**—The Secretary shall require as a condition of any payment under this section that, in any case in which the State home receives a refund payment made by an employee in breach of the terms of an agreement for employee assistance that used funds provided under this section, the payment shall be returned to the State home's incentive program account and credited as a non-Federal funding source.

(i) **ANNUAL REPORT FROM PAYMENT RECIPIENTS.**—Any State home receiving a payment under this section for any fiscal year, shall, as a condition of the payment, be required to agree to provide to the Secretary a report setting forth in detail the use of funds received through the payment, including a descriptive analysis of how effective the incentive program has been on nurse staffing in the State home during that fiscal year. The report for any fiscal year shall be provided to the Secretary within 60 days of the close of the fiscal year and shall be subject to audit by the Secretary. Eligibility for a payment under this section for any later fiscal year is contingent upon the receipt by the Secretary of the annual report under this subsection for the previous fiscal year in accordance with this subsection.

(j) **REGULATIONS.**—The Secretary shall prescribe regulations to carry out this section. The regulations shall include the establishment of criteria for the award of payments under this section.

(Added Pub. L. 108-422, title II, §201(a)(1), Nov. 30, 2004, 118 Stat. 2380.)

Statutory Notes and Related Subsidiaries

IMPLEMENTATION

Pub. L. 108-422, title II, §201(b), Nov. 30, 2004, 118 Stat. 2382, provided that: "The Secretary of Veterans Affairs shall implement section 1744 of title 38, United States Code, as added by subsection (a), as expeditiously as possible. The Secretary shall establish such interim procedures as necessary so as to ensure that payments are made to eligible States under that section commencing not later than June 1, 2005, notwithstanding that regulations under subsection (j) of that section may not have become final."

§ 1745. Nursing home care, adult day health care, and medications for veterans with service-connected disabilities

(a)(1) The Secretary shall enter into a contract (or an agreement) with each State home for payment by the Secretary for nursing home care provided in the home, in any case in which such care is provided to any veteran as follows:

(A) Any veteran in need of such care for a service-connected disability.

(B) Any veteran who—

- (i) has a service-connected disability rated at 70 percent or more; and
- (ii) is in need of such care.

(2) Payment under each contract (or agreement) between the Secretary and a State home under paragraph (1) shall be based on a methodology, developed by the Secretary in consultation with the State home, to adequately reimburse the State home for the care provided by the State home under the contract (or agreement).

(3) Payment by the Secretary under paragraph (1) to a State home for nursing home care provided to a veteran described in that paragraph constitutes payment in full to the State home for such care furnished to that veteran.

(4)(A) An agreement under this section may be authorized by the Secretary or any Department official authorized by the Secretary, and any such action is not an award for purposes of such laws that would otherwise require the use of competitive procedures for the furnishing of hospital care, medical services, and extended care services.

(B)(i) Except as provided in the agreement itself, in clause (ii), and unless otherwise provided in this section or regulations prescribed pursuant to this section, a State home that enters into an agreement under this section is not subject to, in the carrying out of the agreement, any provision of law to which providers of services and suppliers under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not subject.

(ii) A State home that enters into an agreement under this section is subject to—

(I) all provisions of law regarding integrity, ethics, or fraud, or that subject a person to civil or criminal penalties;

(II) all provisions of law that protect against employment discrimination or that otherwise ensure equal employment opportunities; and

(III) all provisions in this subchapter.

(iii) Notwithstanding subparagraph (B)(ii)(I), a State home that enters into an agreement under this section may not be treated as a Federal contractor or subcontractor for purposes of chapter 67 of title 41 (known as the "McNamara-O'Hara Service Contract Act of 1965").

(b) The Secretary shall furnish such drugs and medicines as may be ordered on prescription of a duly licensed physician as specific therapy in the treatment of illness or injury to any veteran as follows:

(1) Any veteran who—

(A) is not being provided nursing home care for which payment is payable under subsection (a); and

(B) is in need of such drugs and medicines for a service-connected disability.

(2) Any veteran who—

(A) has a service-connected disability rated at 50 percent or more;

(B) is not being provided nursing home care for which payment is payable under subsection (a); and

(C) is in need of such drugs and medicines.

(c) Any State home that requests payment or reimbursement for services provided to a veteran under this section shall provide to the Secretary such information as the Secretary considers necessary to identify each individual veteran eligible for payment under such section.

(d)(1) The Secretary shall enter into an agreement with each State home for payment by the Secretary for medical supervision model adult day health care provided to a veteran described in subsection (a)(1) on whose behalf the State home is not in receipt of payment for nursing home care from the Secretary.

(2)(A) Payment under each agreement between the Secretary and a State home under paragraph (1) for each veteran who receives medical supervision model adult day health care under such agreement shall be made at a rate established through regulations prescribed by the Secretary to adequately reimburse the State home for the care provided by the State home, including necessary transportation expenses.

(B) The Secretary shall consult with the State homes in prescribing regulations under subparagraph (A).

(C) The rate established through regulations under subparagraph (A) shall not take effect until the date that is 30 days after the date on which those regulations are published in the Federal Register.

(3) Payment by the Secretary under paragraph (1) to a State home for medical supervision model adult day health care provided to a veteran described in that paragraph constitutes payment in full to the State home for such care furnished to that veteran.

(4) In this subsection, the term "medical supervision model adult day health care" means adult day health care that includes the coordination of physician services, dental services, nursing services, the administration of drugs, and such other requirements as determined appropriate by the Secretary.

(Added and amended Pub. L. 109-461, title II, §211(a)(1), (2), (b)(1), Dec. 22, 2006, 120 Stat. 3418, 3419; Pub. L. 112-154, title I, §105(a), Aug. 6, 2012,

126 Stat. 1170; Pub. L. 115–159, §2(a), Mar. 27, 2018, 132 Stat. 1244; Pub. L. 115–182, title I, §103(a), June 6, 2018, 132 Stat. 1408; Pub. L. 115–251, title II, §211(a)(9), Sept. 29, 2018, 132 Stat. 3175.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (a)(4)(B)(i), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XVIII of the Act is classified generally to subchapter XVIII (§1395 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

AMENDMENTS

2018—Pub. L. 115–159, §2(a)(2), inserted “, adult day health care,” after “home care” in section catchline.

Subsec. (a)(1). Pub. L. 115–182, §103(a)(1), substituted “(or an agreement)” for “(or agreement under section 1720(c)(1) of this title)” in introductory provisions.

Subsec. (a)(4). Pub. L. 115–182, §103(a)(2), added par. (4).

Subsec. (a)(4)(B)(ii)(III). Pub. L. 115–251 substituted “this subchapter” for “subchapter V of chapter 17 of this title”.

Subsec. (d). Pub. L. 115–159, §2(a)(1), added subsec. (d). 2012—Subsec. (a)(1). Pub. L. 112–154, §105(a)(1), substituted in introductory provisions “The Secretary shall enter into a contract (or agreement under section 1720(c)(1) of this title) with each State home for payment by the Secretary for nursing home care provided in the home” for “The Secretary shall pay each State home for nursing home care at the rate determined under paragraph (2)”.

Subsec. (a)(2). Pub. L. 112–154, §105(a)(2), added par. (2) and struck out former par. (2) which read as follows: “The rate determined under this paragraph with respect to a State home is the lesser of—

“(A) the applicable or prevailing rate payable in the geographic area in which the State home is located, as determined by the Secretary, for nursing home care furnished in a non-Department nursing home (as that term is defined in section 1720(e)(2) of this title); or

“(B) a rate not to exceed the daily cost of care, as determined by the Secretary, following a report to the Secretary by the director of the State home.”

2006—Subsec. (b). Pub. L. 109–461, §211(a)(2), added subsec. (b).

Subsec. (c). Pub. L. 109–461, §211(b)(1), added subsec. (c).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2018 AMENDMENT

Pub. L. 115–182, title I, §103(b), June 6, 2018, 132 Stat. 1409, provided that: “The amendment made by subsection (a) [amending this section] shall apply to care provided on or after the effective date of regulations issued by the Secretary of Veterans Affairs to carry out this section.” Final rule implementing section 103 of Pub. L. 115–182 effective Jan. 13, 2020, see 84 F.R. 67868.

EFFECTIVE DATE OF 2012 AMENDMENT

Amendment by Pub. L. 112–154 applicable to care provided on or after the date that is 180 days after Aug. 6, 2012, with certain exceptions, see section 105(c) of Pub. L. 112–154, set out as a note under 1720 of this title.

EFFECTIVE DATE

Section and amendment by section 211(a)(2) of Pub. L. 109–461 effective 90 days after Dec. 22, 2006, see section 211(a)(5) of Pub. L. 109–461, set out as an Effective Date of 2006 Amendment note under section 1710 of this title.

INITIAL RATE

Pub. L. 115–159, §2(b), Mar. 27, 2018, 132 Stat. 1245, provided that: “Before the Secretary of Veterans Affairs

establishes a payment rate under subsection (d)(2)(A) of section 1745 of such title [meaning title 38, United States Code], as added by subsection (a), the Secretary shall pay to a State home that has entered into an agreement with the Secretary for medical supervision model adult day health care (as defined in subsection (d)(4) of such section) an amount equal to 65 percent of the rate the Secretary would pay under subsection (a)(2) of such section to the State home for nursing home care provided to the veteran.”

SUBCHAPTER VI—SICKLE CELL ANEMIA

§ 1751. Screening, counseling, and medical treatment

The Secretary is authorized to carry out a comprehensive program of providing sickle cell anemia screening, counseling, treatment, and information under the provisions of this chapter.

(Added Pub. L. 93–82, title I, §109(a), Aug. 2, 1973, 87 Stat. 186, §651; renumbered §1751 and amended Pub. L. 102–83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404–406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102–83 renumbered section 651 of this title as this section and substituted “Secretary” for “Administrator”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Sept. 1, 1973, see section 501 of Pub. L. 93–82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

§ 1752. Research

The Secretary is authorized to carry out research and research training in the diagnosis, treatment, and control of sickle cell anemia based upon the screening examinations and treatment provided under this subchapter.

(Added Pub. L. 93–82, title I, §109(a), Aug. 2, 1973, 87 Stat. 186, §652; renumbered §1752 and amended Pub. L. 102–83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404–406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102–83 renumbered section 652 of this title as this section and substituted “Secretary” for “Administrator”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Sept. 1, 1973, see section 501 of Pub. L. 93–82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

§ 1753. Voluntary participation; confidentiality

(a) The participation by any person in any program or portion thereof under this subchapter shall be wholly voluntary and shall not be a prerequisite to eligibility for or receipt of any other service or assistance from, or to participation in, any other program under this title.

(b) Patient records prepared or obtained under this subchapter shall be held confidential in the

same manner and under the same conditions prescribed in section 7332 of this title.

(Added Pub. L. 93-82, title I, § 109(a), Aug. 2, 1973, 87 Stat. 187, § 653; amended Pub. L. 94-581, title I, § 111(b), Oct. 21, 1976, 90 Stat. 2852; Pub. L. 102-40, title IV, § 402(d)(1), May 7, 1991, 105 Stat. 239; renumbered § 1753, Pub. L. 102-83, § 5(a), Aug. 6, 1991, 105 Stat. 406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83 renumbered section 653 of this title as this section.

Subsec. (b). Pub. L. 102-40 substituted “7332” for “4132”.

1976—Subsec. (b). Pub. L. 94-581 substituted “Patient records prepared or obtained under this subchapter shall be held confidential in the same manner and under the same conditions prescribed in section 4132 of this title” for “The Administrator shall promulgate rules and regulations to insure that all information and patient records prepared or obtained under this subchapter shall be held confidential except for (1) such information as the patient (or his guardian) requests in writing to be released or (2) statistical data compiled without reference to patient names or other identifying characteristics”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE

Section effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

§ 1754. Reports

The Secretary shall include in the annual report to the Congress required by section 529 of this title a comprehensive report on the administration of this subchapter, including such recommendations for additional legislation as the Secretary deems necessary.

(Added Pub. L. 93-82, title I, § 109(a), Aug. 2, 1973, 87 Stat. 187, § 654; renumbered § 1754 and amended Pub. L. 102-83, §§ 2(c)(3), 4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 402, 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, § 5(a), renumbered section 654 of this title as this section.

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in two places.

Pub. L. 102-83, § 2(c)(3), substituted “section 529” for “section 214”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

[§§ 1761 to 1764. Repealed. Pub. L. 102-585, title V, § 514(a), Nov. 4, 1992, 106 Stat. 4958]

Section 1761, added Pub. L. 96-22, title I, § 105(a), June 13, 1979, 93 Stat. 52, § 661; amended Pub. L. 98-160, title

I, § 106(b), Nov. 21, 1983, 97 Stat. 998; renumbered § 1761, Pub. L. 102-83, § 5(a), Aug. 6, 1991, 105 Stat. 406, related to purpose of this subchapter, which established a preventive health-care services pilot program.

Prior section 1761 was renumbered section 3561 of this title.

Section 1762, added Pub. L. 96-22, title I, § 105(a), June 13, 1979, 93 Stat. 52, § 662; renumbered § 1762 and amended Pub. L. 102-83, §§ 4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-585, title V, § 513(a), Nov. 4, 1992, 106 Stat. 4958, defined the term “preventive health-care services” for purposes of this subchapter. Section 1762 of this title was transferred to section 1701(9) of this title by Pub. L. 102-585.

Prior section 1762 was renumbered section 3562 of this title.

Section 1763, added Pub. L. 96-22, title I, § 105(a), June 13, 1979, 93 Stat. 52, § 663; amended Pub. L. 96-128, title V, § 501(d), Nov. 28, 1979, 93 Stat. 987; Pub. L. 98-160, title I, § 106(c), Nov. 21, 1983, 97 Stat. 998; Pub. L. 99-272, title XIX, § 1901(d)(6), Apr. 7, 1986, 100 Stat. 379; renumbered § 1763 and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406, related to provision of preventive health-care services under this subchapter.

Prior section 1763 was renumbered section 3563 of this title.

Another prior section 1763, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1201, provided for control by agencies of the United States, prior to repeal by Pub. L. 89-358, § 3(a)(3), Mar. 3, 1966, 80 Stat. 20. See section 3682 of this title.

Section 1764, added Pub. L. 96-22, title I, § 105(a), June 13, 1979, 93 Stat. 53, § 664; amended Pub. L. 98-160, title I, § 106(d), Nov. 21, 1983, 97 Stat. 999; renumbered § 1764 and amended Pub. L. 102-83, §§ 4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406, directed Secretary to include comprehensive reports on administration of this subchapter in annual reports to Congress for fiscal years 1984 through 1988.

Prior section 1764, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1201, provided for dismissal for conflict of interest, prior to repeal by Pub. L. 89-358, §§ 3(a)(3), 12(a), Mar. 3, 1966, 80 Stat. 20, 28, effective Mar. 3, 1966. See section 3683 of this title.

Prior section 1765 was renumbered section 3565 of this title.

Another prior section 1765, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1202, provided for reports by institutions, prior to repeal by Pub. L. 89-358, § 3(a)(3), Mar. 3, 1966, 80 Stat. 20. See section 3684 of this title.

Prior section 1766 was renumbered section 3566 of this title.

Another prior section 1766, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1202, related to overpayments to eligible persons, prior to repeal by Pub. L. 89-358, § 3(a)(3), Mar. 3, 1966, 80 Stat. 20. See section 3685 of this title.

Prior section 1767, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1202, related to examination of records, prior to repeal by Pub. L. 89-358, § 3(a)(3), Mar. 3, 1966, 80 Stat. 20.

Prior section 1768, Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1202, related to false or misleading statements, prior to repeal by Pub. L. 89-358, § 3(a)(3), Mar. 3, 1966, 80 Stat. 20.

A prior section 1770 was renumbered section 3670 of this title.

[SUBCHAPTER VII—TRANSFERRED]

[§§ 1771 to 1774. Renumbered §§ 2031 to 2034]

Editorial Notes

CODIFICATION

Former subchapter VII of chapter 17, which consisted of sections 1771 to 1774, was renumbered subchapter IV of chapter 20 of this title and transferred to follow section 2023 of this title, and sections 1771 to 1774 were re-

numbered sections 2031 to 2034 of this title, respectively.

A prior subchapter VII of this chapter, consisting of sections 1761 to 1764 of this title, related to preventive health care services pilot program, prior to repeal by Pub. L. 102-585, title V, §514(a), Nov. 4, 1992, 106 Stat. 4958.

Other prior sections 1771 to 1774 were renumbered sections 3671 to 3674 of this title, respectively.

Prior sections 1775 to 1777 were renumbered sections 3675 to 3677 of this title, respectively.

Another prior section 1777 was renumbered section 1778 of this title.

Prior section 1778 was renumbered section 3678 of this title.

Another prior section 1778 was renumbered section 1779 of this title.

Prior sections 1779 and 1780 were renumbered sections 3679 and 3680 of this title, respectively.

SUBCHAPTER VIII—HEALTH CARE OF PERSONS OTHER THAN VETERANS

§ 1781. Medical care for survivors and dependents of certain veterans

(a) The Secretary is authorized to provide medical care, in accordance with the provisions of subsection (b) of this section, for—

(1) the spouse or child of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability,

(2) the surviving spouse or child of a veteran who (A) died as a result of a service-connected disability, or (B) at the time of death had a total disability permanent in nature, resulting from a service-connected disability,

(3) the surviving spouse or child of a person who died in the active military, naval, air, or space service in the line of duty and not due to such person's own misconduct, and

(4) an individual designated as a primary provider of personal care services under section 1720G(a)(7)(A) of this title who is not entitled to care or services under a health-plan contract (as defined in section 1725(f) of this title),

who are not otherwise eligible for medical care under chapter 55 of title 10 (CHAMPUS).

(b) In order to accomplish the purposes of subsection (a) of this section, the Secretary shall provide for medical care in the same or similar manner and subject to the same or similar limitations as medical care is furnished to certain dependents and survivors of active duty and retired members of the Armed Forces under chapter 55 of title 10 (CHAMPUS), by—

(1) entering into an agreement with the Secretary of Defense under which that Secretary shall include coverage for such medical care under the contract, or contracts, that Secretary enters into to carry out such chapter 55, and under which the Secretary of Veterans Affairs shall fully reimburse the Secretary of Defense for all costs and expenditures made for the purposes of affording the medical care authorized pursuant to this section; or

(2) contracting in accordance with such regulations as the Secretary shall prescribe for such insurance, medical service, or health plans as the Secretary deems appropriate.

In cases in which Department medical facilities are equipped to provide the care and treatment,

the Secretary is also authorized to carry out such purposes through the use of such facilities not being utilized for the care of eligible veterans. A dependent or survivor receiving care under the preceding sentence shall be eligible for the same medical services as a veteran, including services under sections 1782 and 1783 of this title.

(c) For the purposes of this section, a child between the ages of eighteen and twenty-three (1) who is eligible for benefits under subsection (a) of this section, (2) who is pursuing a full-time course of instruction at an educational institution approved under chapter 36 of this title, and (3) who, while pursuing such course of instruction, incurs a disabling illness or injury (including a disabling illness or injury incurred between terms, semesters, or quarters or during a vacation or holiday period) which is not the result of such child's own willful misconduct and which results in such child's inability to continue or resume such child's chosen program of education at an approved educational institution shall remain eligible for benefits under this section until the end of the six-month period beginning on the date the disability is removed, the end of the two-year period beginning on the date of the onset of the disability, or the twenty-third birthday of the child, whichever occurs first.

(d)(1)(A) An individual otherwise eligible for medical care under this section who is also entitled to hospital insurance benefits under part A of the medicare program is eligible for medical care under this section only if the individual is also enrolled in the supplementary medical insurance program under part B of the medicare program.

(B) The limitation in subparagraph (A) does not apply to an individual who—

(i) has attained 65 years of age as of June 5, 2001; and

(ii) is not enrolled in the supplementary medical insurance program under part B of the medicare program as of that date.

(2) Subject to paragraph (3), if an individual described in paragraph (1) receives medical care for which payment may be made under both this section and the medicare program, the amount payable for such medical care under this section shall be the amount by which (A) the costs for such medical care exceed (B) the sum of—

(i) the amount payable for such medical care under the medicare program; and

(ii) the total amount paid or payable for such medical care by third party payers other than the medicare program.

(3) The amount payable under this subsection for medical care may not exceed the total amount that would be paid under subsection (b) if payment for such medical care were made solely under subsection (b).

(4) In this subsection:

(A) The term "medicare program" means the program of health insurance administered by the Secretary of Health and Human Services under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(B) The term "third party" has the meaning given that term in section 1729(i)(3) of this title.

(e) Payment by the Secretary under this section on behalf of a covered beneficiary for medical care shall constitute payment in full and extinguish any liability on the part of the beneficiary for that care.

(Added Pub. L. 93-82, title I, § 103(b), Aug. 2, 1973, 87 Stat. 181, § 613; amended Pub. L. 94-581, title I, § 104, title II, § 210(a)(4), Oct. 21, 1976, 90 Stat. 2845, 2862; Pub. L. 96-151, title II, § 205(a), Dec. 20, 1979, 93 Stat. 1094; Pub. L. 97-72, title I, § 105, Nov. 3, 1981, 95 Stat. 1050; Pub. L. 97-251, § 5(a), Sept. 8, 1982, 96 Stat. 716; renumbered § 1713 and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(B), (E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-190, div. A, title VII, § 704(b)(2), Dec. 5, 1991, 105 Stat. 1402; Pub. L. 107-14, § 3, June 5, 2001, 115 Stat. 25; renumbered § 1781 and amended Pub. L. 107-135, title II, § 208(c), Jan. 23, 2002, 115 Stat. 2463; Pub. L. 107-330, title III, § 308(g)(8), Dec. 6, 2002, 116 Stat. 2829; Pub. L. 111-163, title I, § 102, title V, § 503, May 5, 2010, 124 Stat. 1139, 1157; Pub. L. 114-58, title VI, § 601(7), Sept. 30, 2015, 129 Stat. 538; Pub. L. 116-283, div. A, title IX, § 926(a)(30), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (d)(4)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XVIII of the Act is classified generally to subchapter XVIII (§ 1395 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

PRIOR PROVISIONS

A prior section 1781 was renumbered section 3681 of this title.

AMENDMENTS

2021—Subsec. (a)(3). Pub. L. 116-283 substituted “air, or space service” for “or air service”.

2015—Subsec. (a)(4). Pub. L. 114-58 substituted “title),” for “title);”.

2010—Subsec. (a)(4). Pub. L. 111-163, § 102, added par. (4).

Subsec. (e). Pub. L. 111-163, § 503, added subsec. (e).

2002—Pub. L. 107-135, § 208(c)(1), (2), renumbered section 1713 of this title as this section.

Subsec. (b). Pub. L. 107-135, § 208(c)(3), inserted at end “A dependent or survivor receiving care under the preceding sentence shall be eligible for the same medical services as a veteran, including services under sections 1782 and 1783 of this title.”

Subsec. (d)(1)(B)(i). Pub. L. 107-330, § 308(g)(8)(A), substituted “as of June 5, 2001” for “as of the date of the enactment of the Veterans’ Survivor Benefits Improvements Act of 2001”.

Subsec. (d)(4). Pub. L. 107-330, § 308(g)(8)(B), substituted “subsection” for “paragraph” in introductory provisions.

2001—Subsec. (d). Pub. L. 107-14 amended subsec. (d) generally. Prior to amendment, subsec. (d) read as follows: “Notwithstanding section 1086(d)(1) of title 10 or any other provision of law, any spouse, surviving spouse, or child who, after losing eligibility for medical care under this section by virtue of becoming entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.), has exhausted any such benefits shall become eligible for medical care under this section and shall not thereafter lose such eligibility under this section by virtue of becoming again eligible for such hospital insurance benefits.”

1991—Pub. L. 102-83, § 5(a), renumbered section 613 of this title as this section.

Subsec. (a). Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions.

Subsec. (b). Pub. L. 102-83, § 4(b)(2)(B), substituted “that Secretary” for second and third references to “the Secretary” and “the Secretary of Defense” for last reference to “the Secretary” in par. (1).

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing in introductory and concluding provisions and in par. (2).

Pub. L. 102-83, § 4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in concluding provisions.

Subsec. (d). Pub. L. 102-190 substituted “section 1086(d)(1)” for “the second sentence of section 1086(c)”.

1982—Subsec. (d). Pub. L. 97-251 added subsec. (d).

1981—Subsec. (b). Pub. L. 97-72 substituted “equipped to provide the care and treatment” for “particularly equipped to provide the most effective care and treatment” in provisions following par. (2).

1979—Subsec. (a). Pub. L. 96-151, § 205(a)(1), in cl. (1) substituted reference to spouse for reference to wife, in cl. (2) substituted reference to surviving spouse for reference to widow, and added cl. (3).

Subsec. (c). Pub. L. 96-151, § 205(a)(2), added subsec. (c).

1976—Subsec. (a)(2). Pub. L. 94-581, § 104, designated existing provisions as cl. (A) and added cl. (B).

Subsec. (b)(1). Pub. L. 94-581, § 210(a)(4)(A), substituted “the Secretary enters” for “he enters”.

Subsec. (b)(2). Pub. L. 94-581, § 210(a)(4)(B), substituted “the Administrator” for “he” in two places.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1982 AMENDMENT

Pub. L. 97-251, § 5(b), Sept. 8, 1982, 96 Stat. 716, provided that: “The amendment made by subsection (a) [amending this section] shall take effect on October 1, 1982.”

EFFECTIVE DATE OF 1979 AMENDMENT

Pub. L. 96-151, title II, § 205(b), Dec. 20, 1979, 93 Stat. 1095, provided that: “The amendments made by subsection (a) [amending this section] shall take effect with respect to fiscal year 1980 only to such extent and for such amounts as may be specifically provided for such purpose in appropriation Acts.”

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE

Section effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as an Effective Date of 1973 Amendment note under section 1701 of this title.

§ 1782. Counseling, training, and mental health services for immediate family members and caregivers

(a) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is receiving treatment for a service-connected disability pursuant to paragraph (1) or (2) of section 1710(a) of this title, the Secretary shall provide to individuals described in subsection (c) such consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with that treatment.

(b) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING NON-SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is eli-

gible to receive treatment for a non-service-connected disability under the conditions described in paragraph (1), (2), or (3) of section 1710(a) of this title, the Secretary may, in the discretion of the Secretary, provide to individuals described in subsection (c) such consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with that treatment.

(c) **ELIGIBLE INDIVIDUALS.**—Individuals who may be provided services under this subsection are—

(1) the members of the immediate family or the legal guardian of a veteran;

(2) a family caregiver of an eligible veteran or a caregiver of a covered veteran (as those terms are defined in section 1720G of this title); or

(3) the individual in whose household such veteran certifies an intention to live.

(d) **TRAVEL AND TRANSPORTATION AUTHORIZED.**—Services provided under subsections (a) and (b) may include, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of individuals described in subsection (c) in the case of any of the following:

(1) A veteran who is receiving care for a service-connected disability.

(2) A dependent or survivor receiving care under the last sentence of section 1783(b) of this title.

(Added Pub. L. 107–135, title II, §208(b), Jan. 23, 2002, 115 Stat. 2462; amended Pub. L. 110–387, title III, §301(a)(2), Oct. 10, 2008, 122 Stat. 4120; Pub. L. 111–163, title I, §103(a), (b), May 5, 2010, 124 Stat. 1139, 1140.)

Editorial Notes

PRIOR PROVISIONS

A prior section 1782 was renumbered section 3682 of this title.

AMENDMENTS

2010—Pub. L. 111–163, §103(b), inserted “and caregivers” after “members” in section catchline.

Subsec. (c)(2), (3). Pub. L. 111–163, §103(a), added par. (2) and redesignated former par. (2) as (3).

2008—Subsec. (a). Pub. L. 110–387, §301(a)(2)(A), inserted “marriage and family counseling,” after “professional counseling.”

Subsec. (b). Pub. L. 110–387, §301(a)(2)(B), inserted “marriage and family counseling,” after “professional counseling,” and substituted period at end for “if—

“(1) those services were initiated during the veteran’s hospitalization; and

“(2) the continued provision of those services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.”

§ 1783. Bereavement counseling

(a) **DEATHS OF VETERANS.**—In the case of an individual who was a recipient of services under section 1782 of this title at the time of the death of the veteran, the Secretary may provide bereavement counseling to that individual in the case of a death—

(1) that was unexpected; or

(2) that occurred while the veteran was participating in a hospice program (or a similar program) conducted by the Secretary.

(b) **DEATHS IN ACTIVE SERVICE.**—(1) The Secretary may provide bereavement counseling to an individual who is a member of the immediate family of a member of the Armed Forces who dies in the active military, naval, air, or space service in the line of duty and under circumstances not due to the person’s own misconduct.

(2) For purposes of this subsection, the members of the immediate family of a member of the Armed Forces described in paragraph (1) include the parents of such member.

(c) **PROVISION OF COUNSELING THROUGH VET CENTERS.**—Bereavement counseling may be provided under this section through the facilities and personnel of centers for the provision of readjustment counseling and related mental health services under section 1712A of this title.

(d) **BEREAVEMENT COUNSELING DEFINED.**—For purposes of this section, the term “bereavement counseling” means such counseling services, for a limited period, as the Secretary determines to be reasonable and necessary to assist an individual with the emotional and psychological stress accompanying the death of another individual.

(Added Pub. L. 107–135, title II, §208(b), Jan. 23, 2002, 115 Stat. 2463; amended Pub. L. 109–461, title II, §216, Dec. 22, 2006, 120 Stat. 3424; Pub. L. 116–283, div. A, title IX, §926(a)(31), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

PRIOR PROVISIONS

A prior section 1783 was renumbered section 3683 of this title.

AMENDMENTS

2021—Subsec. (b)(1). Pub. L. 116–283 substituted “air, or space service” for “or air service”.

2006—Subsec. (b). Pub. L. 109–461, §216(a), designated existing provisions as par. (1) and added par. (2).

Subsecs. (c), (d). Pub. L. 109–461, §216(b), added subsec. (c) and redesignated former subsec. (c) as (d).

§ 1784. Humanitarian care

The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary.

(Added Pub. L. 107–135, title II, §208(b), Jan. 23, 2002, 115 Stat. 2463.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1784 was renumbered section 3684 of this title.

§ 1784A. Examination and treatment for emergency medical conditions and women in labor

(a) **IN GENERAL.**—In the case of a hospital of the Department that has an emergency department, if any individual comes to the hospital or the campus of the hospital and a request is made on behalf of the individual for examination or treatment for a medical condition, the hospital must provide for an appropriate medical screen-

ing examination within the capability of the emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists.

(b) NECESSARY STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND LABOR.—(1) If any individual comes to a hospital of the Department that has an emergency department or the campus of such a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either—

(A) within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition; or

(B) for transfer of the individual to another medical facility in accordance with subsection (c).

(2) A hospital is deemed to meet the requirement of paragraph (1)(A) with respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on behalf of the individual) of the risks and benefits to the individual of such examination and treatment, but the individual (or a person acting on behalf of the individual) refuses to consent to the examination and treatment. The hospital shall take all reasonable steps to secure the written informed consent of the individual (or person) to refuse such examination and treatment.

(3) A hospital is deemed to meet the requirement of paragraph (1)(B) with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with subsection (c) and informs the individual (or a person acting on behalf of the individual) of the risks and benefits to the individual of such transfer, but the individual (or a person acting on behalf of the individual) refuses to consent to the transfer. The hospital shall take all reasonable steps to secure the written informed consent of the individual (or person) to refuse such transfer.

(c) RESTRICTING TRANSFERS UNTIL INDIVIDUAL STABILIZED.—(1) If an individual at a hospital of the Department has an emergency medical condition that has not been stabilized, the hospital may not transfer the individual unless—

(A)(i) the individual (or a legally responsible person acting on behalf of the individual), after being informed of the obligations of the hospital under this section and of the risk of transfer, requests, in writing, transfer to another medical facility;

(ii) a physician of the Department has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of labor, to the unborn child from effecting the transfer; or

(iii) if a physician of the Department is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as defined by the

Secretary for purposes of this section) has signed a certification described in clause (ii) after a physician of the Department, in consultation with the person, has made the determination described in such clause, and subsequently countersigns the certification; and

(B) the transfer is an appropriate transfer to that facility.

(2) A certification described in clause (ii) or (iii) of paragraph (1)(A) shall include a summary of the risks and benefits upon which the certification is based.

(3) For purposes of paragraph (1)(B), an appropriate transfer to a medical facility is a transfer—

(A) in which the transferring hospital provides the medical treatment within its capacity that minimizes the risks to the health of the individual and, in the case of a woman in labor, the health of the unborn child;

(B) in which the receiving facility—

(i) has available space and qualified personnel for the treatment of the individual; and

(ii) has agreed to accept transfer of the individual and to provide appropriate medical treatment;

(C) in which the transferring hospital sends to the receiving facility all medical records (or copies thereof) available at the time of the transfer relating to the emergency medical condition for which the individual has presented, including—

(i) observations of signs or symptoms;

(ii) preliminary diagnosis;

(iii) treatment provided;

(iv) the results of any tests; and

(v) the informed written request or certification (or copy thereof) provided under paragraph (1)(A);

(D) in which the transfer is effected through qualified personnel and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer; and

(E) that meets such other requirements as the Secretary considers necessary in the interest of the health and safety of the individual or individuals transferred.

(d) PAYMENT TO THE DEPARTMENT.—The Secretary shall charge for any care or services provided under this section in accordance with billing and reimbursement authorities available to the Secretary under other provisions of law.

(e) DEFINITIONS.—In this section:

(1) The term “campus” means, with respect to a hospital of the Department—

(A) the physical area immediately adjacent to the main buildings of the hospital;

(B) other areas and structures that are not strictly contiguous to the main buildings but are located not more than 250 yards from the main buildings; and

(C) any other areas determined by the Secretary to be part of the campus of the hospital.

(2) The term “emergency medical condition” means—

(A) a medical condition manifesting itself by acute symptoms of sufficient severity (in-

cluding severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

- (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- (ii) serious impairment to bodily functions; or
- (iii) serious dysfunction of any bodily organ or part; or

(B) in the case of a pregnant woman, a stage of labor that a medical provider determines indicates—

- (i) that there is inadequate time to effect a safe transfer to another hospital before delivery; or
- (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

(3)(A) The term “to stabilize” means—

- (i) with respect to an emergency medical condition described in paragraph (2)(A), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility; or
- (ii) with respect to an emergency medical condition described in paragraph (2)(B), to deliver (including the placenta).

(B) The term “stabilized” means—

- (i) with respect to an emergency medical condition described in paragraph (2)(A), that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility; or
- (ii) with respect to an emergency medical condition described in paragraph (2)(B), that the woman has delivered (including the placenta).

(4) The term “transfer” means the movement (including the discharge) of an individual outside the facilities of a hospital of the Department at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who—

- (A) has been declared dead; or
- (B) leaves the facility without the permission of any such person.

(Added Pub. L. 114-315, title VI, § 606(a), Dec. 16, 2016, 130 Stat. 1572.)

§ 1785. Care and services during certain disasters and emergencies

(a) **AUTHORITY TO PROVIDE HOSPITAL CARE AND MEDICAL SERVICES.**—During and immediately following a disaster or emergency referred to in subsection (b), the Secretary may furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by that disaster or emergency.

(b) **COVERED DISASTERS AND EMERGENCIES.**—A disaster or emergency referred to in this subsection is any disaster or emergency as follows:

(1) A major disaster or emergency declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

(2) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2812 of the Public Health Service Act (42 U.S.C. 300hh)¹ is activated by the Secretary of Health and Human Services under that section or as otherwise authorized by law.

(c) **APPLICABILITY TO ELIGIBLE INDIVIDUALS WHO ARE VETERANS.**—The Secretary may furnish care and services under this section to an individual described in subsection (a) who is a veteran without regard to whether that individual is enrolled in the system of patient enrollment under section 1705 of this title.

(d) **REIMBURSEMENT FROM OTHER FEDERAL DEPARTMENTS AND AGENCIES.**—(1) The cost of any care or services furnished under this section to an officer or employee of a department or agency of the United States other than the Department or to a member of the Armed Forces shall be reimbursed at such rates as may be agreed upon by the Secretary and the head of such department or agency or the Secretary concerned, in the case of a member of the Armed Forces, based on the cost of the care or service furnished.

(2) Amounts received by the Department under this subsection shall be credited to the Medical Care Collections Fund under section 1729A of this title.

(e) **REPORT TO CONGRESSIONAL COMMITTEES.**—Within 60 days of the commencement of a disaster or emergency referred to in subsection (b) in which the Secretary furnishes care and services under this section (or as soon thereafter as is practicable), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the Secretary's allocation of facilities and personnel in order to furnish such care and services.

(f) **REGULATIONS.**—The Secretary shall prescribe regulations governing the exercise of the authority of the Secretary under this section.

(Added Pub. L. 107-287, § 4(a)(1), Nov. 7, 2002, 116 Stat. 2028; amended Pub. L. 109-444, § 8(a)(2), Dec. 21, 2006, 120 Stat. 3313; Pub. L. 109-461, title X, §§ 1004(a)(2), 1006(b), Dec. 22, 2006, 120 Stat. 3465, 3468; Pub. L. 111-275, title X, § 1001(c)(2), Oct. 13, 2010, 124 Stat. 2896.)

Editorial Notes

REFERENCES IN TEXT

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, referred to in subsec. (b)(1), is Pub. L. 93-288, May 22, 1974, 88 Stat. 143, which is classified principally to chapter 68 (§ 5121 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 5121 of Title 42 and Tables.

Section 2812 of the Public Health Service Act, referred to in subsec. (b)(2), is classified to section 300hh-11 of Title 42, The Public Health and Welfare.

PRIOR PROVISIONS

A prior section 1785 was renumbered section 3685 of this title.

¹ See References in Text note below.

AMENDMENTS

2010—Subsec. (b)(2). Pub. L. 111-275 substituted “section 2812 of the Public Health Service Act (42 U.S.C. 300hh)” for “section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh-11(b))” and struck out “paragraph (3)(A) of” before “that section”.

2006—Subsec. (b)(1). Pub. L. 109-461, §1006(b), provided that as of the enactment of Pub. L. 109-461, the amendments made by Pub. L. 109-444 were deemed for all purposes not to have taken effect and that Pub. L. 109-444 ceased to be in effect. See Amendment notes below and section 1006(b) of Pub. L. 109-461, set out as a Coordination of Provisions With Pub. L. 109-444 note under section 101 of this title.

Pub. L. 109-461, §1004(a)(2), substituted “Robert T.” for “Robert B.”.

Pub. L. 109-444, which substituted “Robert T.” for “Robert B.”, was terminated by Pub. L. 109-461, §1006(b). See Amendment notes above.

Statutory Notes and Related Subsidiaries

TRANSFER OF FUNCTIONS

For transfer of functions, personnel, assets, and liabilities of the National Disaster Medical System, including the functions of the Secretary of Homeland Security and the Under Secretary for Emergency Preparedness and Response relating thereto, to the Secretary of Health and Human Services, see title III of Pub. L. 109-295, set out in part as a note under section 300hh-11 of Title 42, The Public Health and Welfare, and section 301(b) of Pub. L. 109-417, set out as a note under section 300hh-11 of Title 42.

For transfer of functions, personnel, assets, and liabilities of the National Disaster Medical System of the Department of Health and Human Services, including the functions of the Secretary of Health and Human Services and the Assistant Secretary for Public Health Emergency Preparedness [now Assistant Secretary for Preparedness and Response] relating thereto, to the Secretary of Homeland Security, and for treatment of related references, see former section 313(5) and sections 551(d), 552(d), and 557 of Title 6, Domestic Security, and the Department of Homeland Security Reorganization Plan of November 25, 2002, as modified, set out as a note under section 542 of Title 6.

§ 1786. Care for newborn children of women veterans receiving maternity care

(a) IN GENERAL.—Except as provided in subsection (c), the Secretary may furnish health care services described in subsection (b) and transportation necessary to receive such services to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than seven days after the birth of the child if the veteran delivered the child in—

- (1) a facility of the Department;
- (2) another facility pursuant to a Department contract for services relating to such delivery; or
- (3) another location, including a health care facility, if the veteran delivers the child before arriving at a facility described in paragraph (1) or (2).

(b) COVERED HEALTH CARE SERVICES.—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn child requires, including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer

of the newborn child and responsibility for treatment of the newborn child.

(c) EXCEPTION BASED ON MEDICAL NECESSITY.—Pursuant to such regulations as the Secretary shall prescribe to carry out this section, the Secretary may furnish more than seven days of health care services described in subsection (b), and may furnish transportation necessary to receive such services, to a newborn child based on medical necessity if the child is in need of additional care, including if the child has been discharged or released from a hospital and requires readmittance to ensure the health and welfare of the child.

(d) TRANSPORTATION.—(1) Transportation furnished under subsection (a) to, from, or between care settings to meet the needs of a newborn child includes costs for either or both the newborn child and parents.

(2) Transportation furnished under subsection (a) includes transportation by ambulance, including air ambulance, or other appropriate medically staffed modes of transportation—

(A) to another health care facility (including a specialty pediatric hospital) that accepts transfer of the newborn child or otherwise provides post-delivery care services when the treating facility is not capable of furnishing the care or services required; or

(B) to a health care facility in a medical emergency of such nature that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health.

(3) Amounts paid by the Department for transportation under this section shall be derived from the Medical Services appropriations account of the Department.

(e) REIMBURSEMENT OR PAYMENT FOR HEALTH CARE SERVICES OR TRANSPORTATION.—(1) Pursuant to regulations the Secretary shall prescribe to establish rates of reimbursement and any limitations thereto under this section, the Secretary shall directly reimburse a covered entity for health care services or transportation services provided under this section, unless the cost of the services or transportation is covered by an established agreement or contract. If such an agreement or contract exists, its negotiated payment terms shall apply.

(2)(A) Reimbursement or payment by the Secretary under this section on behalf of an individual to a covered entity shall, unless rejected and refunded by the covered entity within 30 days of receipt, extinguish any liability on the part of the individual for the health care services or transportation covered by such payment.

(B) Neither the absence of a contract or agreement between the Secretary and a covered entity nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirements of subparagraph (A).

(3) In this subsection, the term “covered entity” means any individual, transportation carrier, organization, or other entity that furnished or paid for health care services or transportation under this section.

(Added Pub. L. 111-163, title II, §206(a), May 5, 2010, 124 Stat. 1145; amended Pub. L. 116-283, div.

H, title XCI, §9102, Jan. 1, 2021, 134 Stat. 4781; Pub. L. 116-315, title III, §3006(a), Jan. 5, 2021, 134 Stat. 4994.)

Editorial Notes

PRIOR PROVISIONS

A prior section 1786 was renumbered section 3686 of this title.

Another prior section 1786, added Pub. L. 89-358, §3(b), Mar. 3, 1966, 80 Stat. 23, related to the examination of records, prior to repeal by section 316(1) of Pub. L. 92-540. See section 3690 of this title.

AMENDMENTS

2021—Subsec. (a). Pub. L. 116-315, §3006(a)(1)(A), inserted “and transportation necessary to receive such services” after “described in subsection (b)” in introductory provisions.

Pub. L. 116-283, §9102(1), substituted “Except as provided in subsection (c), the Secretary” for “The Secretary” in introductory provisions.

Subsec. (a)(3). Pub. L. 116-315, §3006(a)(1)(B)-(D), added par. (3).

Subsec. (b). Pub. L. 116-315, §3006(a)(2), inserted before period at end “, including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer of the newborn child and responsibility for treatment of the newborn child”.

Subsec. (c). Pub. L. 116-283, §9102(2), added subsec. (c).

Subsecs. (d), (e). Pub. L. 116-315, §3006(a)(3), added subsecs. (d) and (e).

Statutory Notes and Related Subsidiaries

TREATMENT OF CERTAIN EXPENSES ALREADY INCURRED

Pub. L. 116-315, title III, §3006(b), Jan. 5, 2021, 134 Stat. 4995, provided that:

“(1) IN GENERAL.—Pursuant to such regulations as the Secretary of Veterans Affairs shall prescribe, with respect to transportation furnished in order for a newborn child of a veteran to receive health care services under section 1786 of title 38, United States Code, during the period specified in paragraph (2), the Secretary may—

“(A) waive a debt owed by the veteran to the Department of Veterans Affairs or reimburse expenses already paid by the veteran to the Department for such transportation;

“(B) reimburse the veteran for expenses already paid by the veteran to a covered entity for such transportation; or

“(C) reimburse a covered entity for the costs of such transportation.

“(2) PERIOD SPECIFIED.—The period specified in this paragraph is the period beginning on May 5, 2010, and ending on the date of the enactment of this Act [Jan. 5, 2021].

“(3) COVERED ENTITY DEFINED.—In this subsection, the term ‘covered entity’ has the meaning given that term in section 1786(e)(3) of title 38, United States Code, as added by subsection (a).”

§ 1787. Health care of family members of veterans stationed at Camp Lejeune, North Carolina

(a) IN GENERAL.—Subject to subsection (b), a family member of a veteran described in subparagraph (F) of section 1710(e)(1) of this title who resided at Camp Lejeune, North Carolina, for not fewer than 30 days during the period described in such subparagraph or who was in utero during such period while the mother of such family member resided at such location shall be eligible for hospital care and medical

services furnished by the Secretary for any of the illnesses or conditions described in such subparagraph, notwithstanding that there is insufficient medical evidence to conclude that such illnesses or conditions are attributable to such residence.

(b) LIMITATIONS.—(1) The Secretary may only furnish hospital care and medical services under subsection (a) to the extent and in the amount provided in advance in appropriations Acts for such purpose.

(2) Hospital care and medical services may not be furnished under subsection (a) for an illness or condition of a family member that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than the residence of the family member described in that subsection.

(3) The Secretary may provide reimbursement for hospital care or medical services provided to a family member under this section only after the family member or the provider of such care or services has exhausted without success all claims and remedies reasonably available to the family member or provider against a third party (as defined in section 1725(f) of this title) for payment of such care or services, including with respect to health-plan contracts (as defined in such section).

(Added Pub. L. 112-154, title I, §102(b)(1), Aug. 6, 2012, 126 Stat. 1168.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1787 was renumbered section 3687 of this title.

Another prior section 1787, added Pub. L. 89-358, §3(b), Mar. 3, 1966, 80 Stat. 23, related to the submission of false or misleading statements by educational institutions, persons or veterans, prior to repeal by section 316(1) of Pub. L. 92-540. See section 3690 of this title.

Prior section 1788 was renumbered section 3688 of this title.

Another prior section 1788 was renumbered section 3692 of this title.

Prior section 1789 was renumbered section 3689 of this title.

Another prior section 1789, which required the Administrator not to approve of enrollments in courses in institutions listed by the Attorney General under section 12 of Ex. Ord. No. 10450, was renumbered section 1793 of this title.

Prior section 1790 was renumbered section 3690 of this title.

Another prior section 1790 was renumbered section 3694 of this title.

Prior section 1791 was renumbered section 3691 of this title.

Another prior section 1791 was renumbered section 3695 of this title.

Prior sections 1792 and 1793 were renumbered sections 3692 and 3693 of this title, respectively.

Another prior section 1793, added Pub. L. 89-358, §3(b), Mar. 3, 1966, 80 Stat. 23, §1789; amended Pub. L. 91-24, §15, June 11, 1969, 83 Stat. 35; renumbered and amended Pub. L. 92-540, title III, §316(2), title IV, §403(12), Oct. 24, 1972, 86 Stat. 1086, 1090, required that the Administrator not to approve of enrollment in any course in an institution listed by the Attorney General under section 12 of Executive Order 10450, prior to repeal by section 511(1) of Pub. L. 94-502.

Prior sections 1794 to 1799 were renumbered sections 3694 to 3699 of this title, respectively, and sections 3698 and 3699 were subsequently repealed.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Aug. 6, 2012, and applicable with respect to hospital care and medical services provided on or after Aug. 6, 2012, see section 102(d) of Pub. L. 112-154, set out as an Effective Date of 2012 Amendment note under section 1710 of this title.

§ 1788. Transplant procedures with live donors and related services

(a) IN GENERAL.—Subject to subsections (b) and (c), in a case in which a veteran is eligible for a transplant procedure from the Department, the Secretary may provide for an operation on a live donor to carry out such procedure for such veteran, notwithstanding that the live donor may not be eligible for health care from the Department.

(b) OTHER SERVICES.—Subject to the availability of appropriations for such purpose, the Secretary shall furnish to a live donor any care or services before and after conducting the transplant procedure under subsection (a) that may be required in connection with such procedure.

(c) USE OF NON-DEPARTMENT FACILITIES.—In carrying out this section, the Secretary may provide for the operation described in subsection (a) on a live donor and furnish to the live donor the care and services described in subsection (b) at a non-Department facility pursuant to an agreement entered into by the Secretary under this title. The live donor shall be deemed to be an individual eligible for hospital care and medical services at a non-Department facility pursuant to such an agreement solely for the purposes of receiving such operation, care, and services at the non-Department facility.

(Added Pub. L. 115-182, title I, §153(a), June 6, 2018, 132 Stat. 1437; amended Pub. L. 115-251, title II, §211(a)(10), Sept. 29, 2018, 132 Stat. 3175.)

Editorial Notes

AMENDMENTS

2018—Subsec. (c). Pub. L. 115-251 substituted “this title” for “this chapter”.

§ 1789. Mental health services for members of the reserve components of the Armed Forces

The Secretary, in consultation with the Secretary of Defense, may furnish mental health services to members of the reserve components of the Armed Forces.

(Added Pub. L. 116-283, div. A, title VII, §763(a), Jan. 1, 2021, 134 Stat. 3725.)

CHAPTER 18—BENEFITS FOR CHILDREN OF VIETNAM VETERANS AND CERTAIN OTHER VETERANS

Sec.

[1801. Repealed.]

SUBCHAPTER I—CHILDREN OF VIETNAM VETERANS BORN WITH SPINA BIFIDA

- 1802. Spina bifida conditions covered.
- 1803. Health care.
- 1804. Vocational training and rehabilitation.
- 1805. Monetary allowance.
- [1806. Repealed.]

Sec.

SUBCHAPTER II—CHILDREN OF WOMEN VIETNAM VETERANS BORN WITH CERTAIN BIRTH DEFECTS

- 1811. Definitions.
- 1812. Covered birth defects.
- 1813. Health care.
- 1814. Vocational training.
- 1815. Monetary allowance.
- 1816. Regulations.

SUBCHAPTER III—CHILDREN OF CERTAIN KOREA AND THAILAND SERVICE VETERANS BORN WITH SPINA BIFIDA

- 1821. Benefits for children of certain Korea service veterans born with spina bifida.
- 1822. Benefits for children of certain Thailand service veterans born with spina bifida.

SUBCHAPTER IV—GENERAL PROVISIONS

- 1831. Definitions.
- 1832. Applicability of certain administrative provisions.
- 1833. Treatment of receipt of monetary allowance and other benefits.
- 1834. Nonduplication of benefits.

Editorial Notes

AMENDMENTS

2019—Pub. L. 116-23, §4(c)(2), June 25, 2019, 133 Stat. 971, substituted “CHILDREN OF CERTAIN KOREA AND THAILAND SERVICE VETERANS BORN WITH SPINA BIFIDA” for “CHILDREN OF CERTAIN KOREA SERVICE VETERANS BORN WITH SPINA BIFIDA” in item for subchapter III and added item 1822.

2003—Pub. L. 108-183, §102(d)(2), (e)(1), Dec. 16, 2003, 117 Stat. 2654, substituted “BENEFITS FOR CHILDREN OF VIETNAM VETERANS AND CERTAIN OTHER VETERANS” for “BENEFITS FOR CHILDREN OF VIETNAM VETERANS” in chapter heading, added item for subchapter III and item 1821, and redesignated former item for subchapter III and items 1821 to 1824 as item for subchapter IV and items 1831 to 1834, respectively.

2000—Pub. L. 106-419, title IV, §401(f)(1), (3), Nov. 1, 2000, 114 Stat. 1860, 1861, substituted “BENEFITS FOR CHILDREN OF VIETNAM VETERANS” for “BENEFITS FOR CHILDREN OF VIETNAM VETERANS WHO ARE BORN WITH SPINA BIFIDA” in chapter heading, added item for subchapter I, struck out items 1801 “Definitions” and 1806 “Applicability of certain administrative provisions”, added item for subchapter II and items 1811 to 1816, and added item for subchapter III and items 1821 to 1824.

1997—Pub. L. 105-114, title IV, §404(b)(2), Nov. 21, 1997, 111 Stat. 2295, substituted “Applicability of certain administrative provisions” for “Effective date of awards” in item 1806.

[§ 1801. Repealed. Pub. L. 106-419, title IV, § 401(c)(1), Nov. 1, 2000, 114 Stat. 1860]

Section, added Pub. L. 104-204, title IV, §421(b)(1), Sept. 26, 1996, 110 Stat. 2923; amended Pub. L. 105-114, title IV, §404(a), Nov. 21, 1997, 111 Stat. 2294, defined “child” and “Vietnam veteran”.

A prior section 1801 was renumbered section 3701 of this title.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF REPEAL

Repeal effective on the first day of the first month beginning more than one year after Nov. 1, 2000, see section 401(g) of Pub. L. 106-419, set out as an Effective Date note under section 1811 of this title.

EFFECTIVE DATE

Chapter effective Oct. 1, 1997, notwithstanding section 421(d) of Pub. L. 104-204, set out below, unless legis-