

clude 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.