

(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