

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.

(4) Nothing in this section shall be construed to authorize the Secretary to suspend the program established under paragraph (1).

(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 serv-

ices, 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 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.

(4) In determining under paragraph (1)(D) whether the Department is 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, for purposes of calculating a wait time for a veteran to schedule an appointment at a medical facility of the Department, the Secretary shall measure from the date of request for the appointment, unless a later date has been agreed to by the veteran in consultation with a health care provider of the Department, to the first next available appointment date relevant to the requested medical service.

(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 sub-

ject 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 subsection (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 compel-

ling 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 appropriate 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

¹ See References in Text note below.

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 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; Pub. L. 117-328, div. U, title I, §§121, 125(b), Dec. 29, 2022, 136 Stat. 5415, 5418.)

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. (l)(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

2022—Subsec. (a)(4). Pub. L. 117-328, §125(b), added par. (4).

Subsec. (d)(4). Pub. L. 117-328, §121, added par. (4).

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.”

PLAN REGARDING INFORMING VETERANS OF EXPECTED WAIT TIMES FOR APPOINTMENTS FOR CARE

Pub. L. 117-328, div. U, title I, §122, Dec. 29, 2022, 136 Stat. 5415, provided that:

“(a) IN GENERAL.—Not later than October 1, 2023, the Secretary of Veterans Affairs shall develop a plan to ensure that veterans eligible for care or services pursu-

ant to section 1703(d)(1) of title 38, United States Code, including veterans making their own appointments using advanced technology, are informed of the expected number of days between the date on which the veteran requested care until—

“(1) the date on which the veteran will be able to receive care through a non-Department of Veterans Affairs provider under such section;

“(2) the date on which the veteran will be able to receive care through a provider of the Department;

“(3) the date on which—

“(A) the Department will schedule an appointment for care through a non-Department provider under such section; or

“(B) for veterans making their own appointments using advanced technology, the veteran would be able to schedule an appointment for care through a provider of the Department or through a non-Department provider under such section;

“(4) the date on which the Department will schedule an appointment for care through a provider of the Department.

“(b) IMPLEMENTATION.—The Secretary shall implement the plan required under subsection (a) not later than three years after the date of the enactment of this Act [Dec. 29, 2022].

“(c) MATTERS TO BE INCLUDED.—The Secretary shall include in the plan required under subsection (a) a list of the information technology systems, contracting mechanisms, staff, legislative authorities, pilot programs, and other components that the Secretary determines necessary to implement the plan within the three-year implementation deadline under subsection (b), as well as their associated milestones and resource requirements.

“(d) UPDATES.—Not less frequently than quarterly, the Secretary shall brief the Committee on Veterans Affairs of the Senate and the Committee on Veterans Affairs of the House of Representatives and submit to those committees a report in writing regarding the status of the implementation of the plan required under subsection (a), to include an assessment of the progress of the Secretary in meeting the three-year implementation deadline under subsection (b).”

COMMUNITY CARE SELF-SCHEDULING PILOT PROGRAM

Pub. L. 117-328, div. U, title I, §§131-134, Dec. 29, 2022, 136 Stat. 5419-5422, provided that:

“SEC. 131. DEFINITIONS.

“In this chapter [chapter 3 (§§131-134) of title I of div. U of Pub. L. 117-328, enacting this note]:

“(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ‘appropriate congressional committees’ 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) COVERED VETERAN.—The term ‘covered veteran’ means a covered veteran under section 1703(b) of title 38, United States Code.

“(3) PILOT PROGRAM.—The term ‘pilot program’ means the pilot program required under section 132(a).

“(4) VETERANS COMMUNITY CARE PROGRAM.—The term ‘Veterans Community Care Program’ means the program to furnish hospital care, medical services, and extended care services to covered veterans under section 1703 of title 38, United States Code.

“SEC. 132. PILOT PROGRAM ESTABLISHING COMMUNITY CARE APPOINTMENT SELF-SCHEDULING TECHNOLOGY.

“(a) PILOT PROGRAM.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall commence a pilot program under which covered veterans eligible for hospital care, medical services, or extended care services under subsection (d)(1) of section 1703 of title 38, United

States Code, may use a technology that has the capabilities specified in section 133(a) to schedule and confirm medical appointments with health care providers participating in the Veterans Community Care Program.

“(b) EXPANSION OR DEVELOPMENT OF NEW TECHNOLOGY.—In carrying out the pilot program, the Secretary may expand capabilities of an existing appointment self-scheduling technology of the Department of Veterans Affairs or purchase a new appointment self-scheduling technology.

“(c) COMPETITION.—In contracting for the expansion of capabilities of an existing appointment self-scheduling technology of the Department or the purchase of a new appointment self-scheduling technology under the pilot program, the Secretary shall comply with section 3301 of title 41, United States Code, and award any such contract not later than 270 days after the date of the enactment of this Act.

“(d) SELECTION OF LOCATIONS.—The Secretary shall select not fewer than two Veterans Integrated Services Networks of the Department in which to carry out the pilot program.

“(e) DURATION OF PILOT PROGRAM.—

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

“(2) EXTENSION.—The Secretary may extend the duration of the pilot program and may expand the selection of Veterans Integrated Services Networks under subsection (d) if the Secretary determines that the pilot program is reducing the wait times of veterans seeking hospital care, medical services, or extended care services under the Veterans Community Care Program.

“(f) OUTREACH.—The Secretary shall ensure that veterans participating in the Veterans Community Care Program in Veterans Integrated Services Networks in which the pilot program is being carried out are informed about the pilot program.

“SEC. 133. APPOINTMENT SELF-SCHEDULING CAPABILITIES.

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that the appointment self-scheduling technology used in the pilot program includes the following capabilities:

“(1) Capability to self-schedule, modify, and cancel appointments directly online for primary care, specialty care, and mental health care under the Veterans Community Care Program with regard to each category of eligibility under section 1703(d)(1) of title 38, United States Code.

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

“(3) Not fewer than two of the following capabilities:

“(A) Capability to view appointment availability in real time to the extent practicable.

“(B) Capability to load relevant patient information from the Decision Support Tool of the Department or any other information technology system of the Department used to determine the eligibility of veterans for health care under section 1703(d)(1) of title 38, United States Code.

“(C) Capability to search for providers and facilities participating in the Veterans Community Care Program based on distance from the residential address of a veteran.

“(D) Capability to filter provider results by clinical expertise, ratings, reviews, sex, languages spoken, and other criteria as determined by the Secretary.

“(E) Capability to provide telephonic and electronic contact information for all such providers that do not offer online scheduling at the time.

“(F) Capability to store and print authorization letters for veterans for health care under the Veterans Community Care Program.

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

“(H) Capability to be used 24 hours per day, seven days per week.

“(I) Capability to ensure veterans who self-schedule appointments through the appointment self-scheduling technology have scheduled such appointment with a provider possessing the required specialty and clinical expertise.

“(J) Capability to integrate with the Veterans Health Information Systems and Technology Architecture of the Department and the health record deployed by the Electronic Health Record Modernization program, or any successor information technology system or health record of the Department.

“(K) Capability to integrate with information technology systems of Third Party Administrators.

“(b) INDEPENDENT VALIDATION AND VERIFICATION.—

“(1) IN GENERAL.—The Comptroller General of the United States shall evaluate whether the appointment self-scheduling technology used in the pilot program includes the capabilities required under subsection (a) and successfully performs such capabilities.

“(2) BRIEFING.—Not later than 30 days after the date on which the Comptroller General completes the evaluation under paragraph (1), the Comptroller General shall brief the appropriate congressional committees on such evaluation.

“(c) CERTIFICATION.—Not later than 18 months after commencement of the pilot program, the Secretary shall certify to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives whether the appointment self-scheduling technology used in the pilot program and any other patient self-scheduling technology developed or used by the Department of Veterans Affairs to schedule appointments under the Veterans Community Care Program as of the date of the certification includes the capabilities required under subsection (a).

“(d) THIRD PARTY ADMINISTRATOR DEFINED.—In this section, the term ‘Third Party Administrator’ means an entity that manages a provider network and performs administrative services related to such network within the Veterans Community Care Program under section 1703 of title 38, United States Code.

“SEC. 134. REPORT.

“Not later than 180 days after the date of the enactment of this Act, and every 180 days thereafter, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees a report that includes—

“(1) an assessment by the Secretary of the pilot program during the 180-day period preceding the date of the report, including—

“(A) the cost of the pilot program;

“(B) the volume of usage of the appointment self-scheduling technology under the pilot program;

“(C) the quality of the pilot program;

“(D) patient satisfaction with the pilot program;

“(E) benefits to veterans of using the pilot program;

“(F) the feasibility of allowing self-scheduling for different specialties under the pilot program;

“(G) participation in the pilot program by health care providers under the Veterans Community Care Program; and

“(H) such other findings and conclusions with respect to the pilot program as the Secretary considers appropriate; and

“(2) such recommendations as the Secretary considers appropriate regarding—

“(A) extension of the pilot program to other or all Veterans Integrated Service Networks of the Department of Veterans Affairs; and

“(B) making the pilot program permanent.”

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 access 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;