

fication of this Act to the Code, see section 1305 of Title 42 and Tables.

#### AMENDMENTS

2022—Subsecs. (f), (g). Pub. L. 117-328, § 125(a)(1), added subsecs. (f) and (g) and struck out former subsecs. (f) and (g) which read as follows:

“(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).”

Subsec. (i)(3), (4). Pub. L. 117-328, § 125(a)(2), added pars. (3) and (4)

2018—Subsec. (i). Pub. L. 115-251 inserted introductory provisions, substituted “means” for “refers to” in par. (2), and realigned margins.

#### Statutory Notes and Related Subsidiaries

##### PUBLICATION OF CLARIFYING INFORMATION FOR NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

Pub. L. 117-328, div. U, title I, § 143, Dec. 29, 2022, 136 Stat. 5424, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall publish on one or more publicly available internet websites of the Department of Veterans Affairs, including the main internet website regarding emergency care authorization for non-Department providers, the following information:

“(1) A summary table or similar resource that provides a list of all authorities of the Department to authorize emergency care from non-Department providers and, for each such authority, the corresponding deadline for submission of claims.

“(2) An illustrated summary of steps, such as a process map, with a checklist for the submission of clean claims that non-Department providers can follow to assure compliance with the claims-filing process of the Department.

“(3) Contact information for the appropriate office or service line of the Department to address process questions from non-Department providers.

“(b) PERIODIC REVIEW.—Not less frequently than once every 180 days, the Secretary shall review the information published under subsection (a) to ensure that such information is current.

“(c) CLEAN CLAIMS DEFINED.—In this section, the term ‘clean claims’ means clean electronic claims and clean paper claims (as those terms are defined in section 1703D(i) of title 38, United States Code).”

#### § 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)(A) 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.

(B) The Secretary shall ensure that the standards for quality established under paragraph (1) are comparable to industry standards to ensure there is adequate data transference between care furnished by the Department and care furnished by a non-Department provider.

(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.

(v) Outcomes relating to patient quality of life.

(4) The Secretary shall consult with all pertinent Federal entities (including the Department of Defense, the Department of Health and Human Services, the Centers for Medicare & Medicaid Services, and the Indian Health Service), entities in the private sector, and other non-governmental entities including Third Party Administrators in establishing standards for quality.

(5) When collecting, considering, and applying data related to patient care for purposes of establishing standards for quality under paragraph (1), the Secretary shall ensure no metric is being over or under analyzed.

(6) In establishing standards for quality under paragraph (1), the Secretary shall—

(A) utilize the most up-to-date practices for extracting and analyzing relevant data;

(B) utilize all relevant data available to the Secretary;

(C) ensure the most efficient use of time and resources related to the use of data scientists employed by the Department; and

(D) collaborate, as appropriate, with entities specified in paragraph (4).

(7)(A) Not less frequently than once every five years, the Secretary shall update the standards for quality established under paragraph (1) pursuant to the requirements for the establishment of such standards under this subsection.

(B) Not later than 30 days after any date on which the Secretary updates, pursuant to subparagraph (A), the standards for quality under paragraph (1), the Secretary shall submit to the appropriate committees of Congress a report on such updated standards for quality.

(b) PUBLICATION AND CONSIDERATION OF PUBLIC COMMENTS.—(1) Not less frequently than once every three years, the Secretary shall publish the quality rating of medical facilities of the Department pursuant to standards for quality under subsection (a) 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 or updates 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; Pub. L. 118–210, title I, §104(a), Jan. 2, 2025, 138 Stat. 2711.)

### Editorial Notes

#### AMENDMENTS

2025—Subsec. (a)(2). Pub. L. 118–210, §104(a)(1)(A), designated existing provisions as subpar. (A) and added subpar. (B).

Subsec. (a)(3)(B)(v). Pub. L. 118–210, §104(a)(1)(B), added cl. (v).

Subsec. (a)(4). Pub. L. 118–210, §104(a)(1)(C), substituted “the Centers for Medicare & Medicaid Services, and the Indian Health Service” for “and the Centers for Medicare & Medicaid Services” and “and other non-governmental entities including Third Party Administrators” for “and other nongovernmental entities”.

Subsec. (a)(5) to (7). Pub. L. 118–210, §104(a)(1)(D), added pars. (5) to (7) and struck out former par. (5) which read as follows:

“(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.”

Subsec. (b)(1). Pub. L. 118–210, §104(a)(2)(A), substituted “Not less frequently than once every three years” for “Not later than 1 year after the date on which the Secretary establishes standards for quality under subsection (a)” and inserted “pursuant to standards for quality under subsection (a)” after “medical facilities of the Department”.

Subsec. (b)(2). Pub. L. 118–210, §104(a)(2)(B), inserted “or updates” after “establishes”.

2018—Subsec. (c). Pub. L. 115–251 inserted heading and introductory provisions, substituted “means” for “refers to” in par. (2), and realigned margins.

### Statutory Notes and Related Subsidiaries

#### DEADLINE FOR UPDATE

Pub. L. 118–210, title I, §104(b), Jan. 2, 2025, 138 Stat. 2712, provided that: “The Secretary, pursuant to paragraph (7) of section 1703C(a) of title 38, United States Code (as added by subsection (a)), shall make the first

update to the standards for quality established under paragraph (1) of such section not later than the date that is five years after the date on which the Secretary submits the report under paragraph (2) of subsection (d) [of section 104 of Pub. L. 118–210, set out as a note below].”

#### UPDATES TO QUALITY CARE METRICS

Pub. L. 118–210, title I, §104(d), Jan. 2, 2025, 138 Stat. 2712, provided that:

“(1) INITIAL REPORT.—Not later than one year after the date of the enactment of this Act [Jan. 2, 2025], the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress [Committees on Veterans' Affairs and Appropriations of the Senate and the House of Representatives] a report on how the Secretary plans to implement the amendments made by subsections [sic] (a) [amending this section].

“(2) DEADLINE; SUMMARY REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary shall—

“(A) implement the amendments made by subsection (a), including by updating the standards for quality established under section 1703C of title 38, United States Code; and

“(B) submit to the appropriate committees of Congress a report detailing the standards for quality updated pursuant to such amendments.”

[Pub. L. 118–210, title I, §104(f), Jan. 2, 2025, 138 Stat. 2713, provided that: “In this section [amending this section and enacting provisions set out as notes above], the term ‘appropriate committees of Congress’ has the meaning given such term in section 1703C of title 38, United States Code.”]

### § 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