

(A) the quality of care furnished under the model, including the measurement of patient-level outcomes and patient-centeredness criteria determined appropriate by the Secretary; and

(B) the changes in spending by reason of that model.

(2) The Secretary shall make the results of each evaluation under this subsection available to the public in a timely fashion and may establish requirements for other entities participating in the testing of models under this section to collect and report information that the Secretary determines is necessary to monitor and evaluate such models.

(i) COORDINATION AND ADVICE.—(1) The Secretary shall obtain advice from the Under Secretary for Health and the Special Medical Advisory Group established pursuant to section 7312 of this title in the development and implementation of any pilot program operated under this section.

(2) In carrying out the duties under this section, the Secretary shall consult representatives of relevant Federal agencies, and clinical and analytical experts with expertise in medicine and health care management. The Secretary shall use appropriate mechanisms to seek input from interested parties.

(j) EXPANSION OF SUCCESSFUL PILOT PROGRAMS.—Taking into account the evaluation under subsection (f), the Secretary may, through rulemaking, expand (including implementation on a nationwide basis) the duration and the scope of a model that is being tested under subsection (a) to the extent determined appropriate by the Secretary, if—

(1) the Secretary determines that such expansion is expected to—

(A) reduce spending without reducing the quality of care; or

(B) improve the quality of patient care without increasing spending; and

(2) the Secretary determines that such expansion would not deny or limit the coverage or provision of benefits for individuals receiving benefits under this chapter.

(Added Pub. L. 115–182, title I, §152(a), June 6, 2018, 132 Stat. 1432.)

#### Editorial Notes

##### REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (a)(6)(B)(ii), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XIX of the Act is classified generally to subchapter XIX (§1396 et seq.) of chapter 7 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see section 1305 of Title 42 and Tables.

The date of the enactment of the Caring for Our Veterans Act of 2018, referred to in subsec. (g)(3), is the date of enactment of Pub. L. 115–182, which was approved June 6, 2018.

#### § 1703F. Credentialing verification requirements for providers of non-Department health care services

(a) IN GENERAL.—The Secretary shall ensure that Third Party Administrators and credentials

verification organizations comply with the requirements specified in subsection (b) to help ensure certain health care providers are excluded from providing non-Department health care services.

(b) REQUIREMENTS SPECIFIED.—The Secretary shall require Third Party Administrators and credentials verification organizations to carry out the following:

(1) Hold and maintain an active credential verification accreditation from a national health care accreditation body.

(2) Conduct initial verification of provider history and license sanctions for all States and United States territories for a period of time—

(A) that includes the period before the provider began providing non-Department health care services; and

(B) dating back not less than 10 years.

(3) Not less frequently than every three years, perform recredentialing, including verifying provider history and license sanctions for all States and United States territories.

(4) Implement continuous monitoring of each provider through the National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.).

(5) Perform other forms of credentialing verification as the Secretary considers appropriate.

(c) DEFINITIONS.—In this section:

(1) The term “credentials verification organization” means an entity that manages the provider credentialing process and performs credentialing verification for non-Department providers that participate in the Veterans Community Care Program under section 1703 of this title through a Veterans Care Agreement.

(2) 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 this title.

(3) The term “Veterans Care Agreement” means an agreement for non-Department health care services entered into under section 1703A of this title.

(4) The term “non-Department health care services” means services—

(A) provided under this subchapter at non-Department facilities (as defined in section 1701 of this title);

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

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

(D) purchased with amounts deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 U.S.C. 1701 note).

(Added Pub. L. 117–328, div. U, title I, §141(a)(1), Dec. 29, 2022, 136 Stat. 5422.)

**Editorial Notes**

## REFERENCES IN TEXT

The Health Care Quality Improvement Act of 1986, referred to in subsec. (b)(4), is title IV of Pub. L. 99-660, Nov. 14, 1986, 100 Stat. 3784, which is classified generally to chapter 117 (§1101 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 1101 of Title 42 and Tables.

**Statutory Notes and Related Subsidiaries**

## DEADLINE FOR IMPLEMENTATION

Pub. L. 117-328, div. U, title I, §141(b), Dec. 29, 2022, 136 Stat. 5423, provided that: "Not later than 180 days after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall commence the implementation of section 1703F of title 38, United States Code, as added by subsection (a)(1)."

**§ 1703G. Quarterly report on referrals for non-Department health care**

The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a quarterly report containing, with respect to referrals for non-Department health care originating from a medical facility of the Department during the quarter preceding the date of the submission of the report, a measurement of, for each such medical facility—

- (1) the period of time between—
  - (A) the date on which a clinician employed by the Department determines that a veteran requires care, or a veteran presents to the Department requesting care, and the date on which the referral for care is sent to a non-Department health care provider;
  - (B) the date on which such referral is sent to a non-Department health care provider and the date on which such non-Department health care provider accepts such referral;
  - (C) the date on which such non-Department health care provider accepts such referral and the date on which such referral is completed;
  - (D) the date on which such referral is completed and the date on which an appointment with a non-Department health care provider is made; and
  - (E) the date on which such an appointment is made and the date on which such appointment occurs; and
- (2) any other period of time that the Secretary determines necessary.

(Added Pub. L. 118-210, title I, §140(a), Jan. 2, 2025, 138 Stat. 2743.)

**Statutory Notes and Related Subsidiaries**

## EFFECTIVE DATE

Pub. L. 118-210, title I, §140(b), Jan. 2, 2025, 138 Stat. 2744, provided that: "The first report under section 1703G [38 U.S.C. 1703G], as added by this section, shall be due not later than 180 days after the date of the enactment of this section [Jan. 2, 2025]."

**§ 1704. Preventive health services: annual report**

Not later than October 31 each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Rep-

resentatives a report on preventive health services. Each such report shall include the following:

- (1) A description of the programs and activities of the Department with respect to preventive health services during the preceding fiscal year, including a description of the following:

- (A) The programs conducted by the Department—
  - (i) to educate veterans with respect to health promotion and disease prevention;
  - (ii) to provide veterans with preventive health screenings and other clinical services, with such description setting forth the types of resources used by the Department to conduct such screenings and services and the number of veterans reached by such screenings and services; and
  - (iii) to provide veterans each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule.

- (B) The means by which the Secretary addressed the specific preventive health services needs of particular groups of veterans (including veterans with service-connected disabilities, elderly veterans, low-income veterans, women veterans, institutionalized veterans, and veterans who are at risk for mental illness).

- (C) The manner in which the provision of such services was coordinated with the activities of the Medical and Prosthetic Research Service of the Department and the National Center for Preventive Health.

- (D) The manner in which the provision of such services was integrated into training programs of the Department, including initial and continuing medical training of medical students, residents, and Department staff.

- (E) The manner in which the Department participated in cooperative preventive health efforts with other governmental and private entities (including State and local health promotion offices and not-for-profit organizations).

- (F) The specific research carried out by the Department with respect to the long-term relationships among screening activities, treatment, and morbidity and mortality outcomes.

- (G) The cost effectiveness of such programs and activities, including an explanation of the means by which the costs and benefits (including the quality of life of veterans who participate in such programs and activities) of such programs and activities are measured.

- (2) A specific description of research activities on preventive health services carried out during that period using employees, funds, equipment, office space, or other support services of the Department, with such description setting forth—

- (A) the source of funds for those activities;
- (B) the articles or publications (including the authors of the articles and publications) in which those activities are described;
- (C) the Federal, State, or local governmental entity or private entity, if any, with which such activities were carried out; and