

**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

(D) the clinical, research, or staff education projects for which funding applications were submitted (including the source of the funds applied for) and upon which a decision is pending or was denied.

(3) An accounting of the expenditure of funds during that period by the National Center for Preventive Health under section 7318 of this title.

(Added Pub. L. 102-585, title V, §512(a), Nov. 4, 1992, 106 Stat. 4957; amended Pub. L. 114-315, title VI, §602(b), Dec. 16, 2016, 130 Stat. 1569.)

#### Editorial Notes

##### AMENDMENTS

2016—Par. (1)(A)(iii). Pub. L. 114-315 added cl. (iii).

#### Statutory Notes and Related Subsidiaries

##### CONSTRUCTION OF 2016 AMENDMENT

Nothing in amendment by Pub. L. 114-315 to be construed to require a veteran to receive an immunization that the veteran does not want to receive, see section 602(d) of Pub. L. 114-315, set out as a note under section 1701 of this title.

#### § 1704A. Independent assessments of health care delivery systems and management processes

(a) INDEPENDENT ASSESSMENTS.—(1) Not less frequently than once every 10 years, the Secretary shall enter into one or more contracts with a private sector entity or entities described in subsection (d) to conduct an independent assessment of the hospital care, medical services, and other health care furnished by the Department.

(2) Each assessment required under paragraph (1) shall address each of the following:

(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

(B) The accuracy of models and forecasting methods used by the Department to project health care demand, including with respect to veteran demographics, rates of use of health care furnished by the Department, the inflation of health care costs, and such other factors as may be determined relevant by the Secretary.

(C) The reliability and accuracy of models and forecasting methods used by the Department to project the budgetary needs of the Veterans Health Administration and how such models and forecasting methods inform budgetary trends.

(D) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at facilities of the Department and non-Department facilities, including through Federal and private sector partners and at joint medical facilities, and the effect of such authorities and mechanisms on eligibility and access to care.

(E) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate

documentation, and subsequent coding of inpatient services.

(F) The efforts of the Department to recruit and retain staff at levels necessary to carry out the functions of the Veterans Health Administration and the process used by the Department to determine staffing levels necessary for such functions.

(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at the medical facility, compared with health care industry performance metrics, which may include the following:

(i) An assessment of the case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

(ii) An assessment of the time spent by each such health care provider on matters other than the case load of the health care provider, including time spent by the health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or supervising other health care professionals of the Department.

(iii) An assessment of the complexity of health care conditions per patient treated by each health care provider at such medical facility during an average week.

(H) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses or opportunities with respect to the technology used by the Department, especially those strategies with respect to clinical documentation of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in facilities of the Department or non-Department facilities.

(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, or other health care and to ensure that such amounts collected are accurate.

(iv) To increase the accuracy and timeliness of payments by the Department to vendors and providers.

(v) To reduce expenditures while improving the quality of care furnished.