to a health-plan contract shall include, as applicable, the following:

(A) The name of the entity providing coverage under the health-plan contract.

(B) If coverage under the health-plan contract is in the name of an individual other than the individual required to provide information under this section, the name of the policy holder of the health-plan contract.

(C) The identification number for the health-plan contract.

(D) The group code for the health-plan contract.

(b) ACTION TO COLLECT INFORMATION.—The Secretary may take such action as the Secretary considers appropriate to collect the information required under subsection (a).

(c) EFFECT ON SERVICES FROM DEPARTMENT.—The Secretary may not deny any services under this chapter to an individual solely due to the fact that the individual fails to provide information required under subsection (a).

(d) HEALTH-PLAN CONTRACT DEFINED.—In this section, the term ''health-plan contract'' has the meaning given that term in section 1725(h) of this title.

(Added Pub. L. 114–315, title VI, § 604(a), Dec. 16, 2016, 130 Stat. 1571; amended Pub. L. 117–328, div. U, title I, § 142(c)(1), Dec. 29, 2022, 136 Stat. 5424.)

Editorial Notes

AMENDMENTS

2022—Subsec. (d). Pub. L. 117–328 substituted ''section 1725(h)'' for ''section 1725(f)''.

§ 1706. Management of health care: other requirements

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall, to the extent feasible, design, establish and manage health care programs in such a manner as to promote cost-effective delivery of health care services in the most clinically appropriate setting.

(b)(1) In managing the provision of hospital care and medical services under such section, the Secretary shall ensure that the Department (and each geographic service area of the Veterans Health Administration) maintains its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities of the Department that are dedicated to the specialized needs of those veterans in a manner that (A) affords those veterans reasonable access to care and services for those specialized needs, and (B) ensures that overall capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide such services is not reduced below the capacity of the Department, nationwide, to provide those services, as of October 9, 1996. The Secretary shall carry out this paragraph in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(2) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

(B) For opioid substitution programs, the number of patients treated annually and the amounts expended.

(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

(D) For substance-use disorder programs—

(i) the number of beds (whether hospital, nursing home, or other designated beds) employed and the average bed occupancy of such beds;

(ii) the percentage of unique patients admitted directly to outpatient care during the fiscal year who had two or more additional visits to specialized outpatient care within 30 days of their first visit, with a comparison from 1996 until the date of the report;

(iii) the percentage of unique inpatients with substance-use disorder diagnoses treated during the fiscal year who had one or more specialized clinic visits within three days of their index discharge, with a comparison from 1996 until the date of the report;

(iv) the percentage of unique outpatients seen in a facility or geographic service area during the fiscal year who had one or more specialized clinic visits, with a comparison from 1996 until the date of the report; and

(v) the rate of recidivism of patients at each specialized clinic in each geographic service area of the Veterans Health Administration.

(E) For mental health programs, the number and type of staff that are available at each facility to provide specialized mental health treatment, including satellite clinics, outpatient programs, and community-based outpatient clinics, with a comparison from 1996 to the date of the report.

(F) The number of such clinics providing mental health care, the number and type of mental health staff at each such clinic, and the type of mental health programs at each such clinic.

(G) The total amounts expended for mental health during the fiscal year.

(3) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans within dis-

tinct programs or facilities shall be measured for veterans with spinal cord dysfunction, traumatic brain injury, blindness, or prosthetics and sensory aids as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For spinal cord injury and dysfunction specialized centers and for blind rehabilitation specialized centers, the number of staffed beds and the number of full-time equivalent employees assigned to provide care at such centers.

(B) For prosthetics and sensory aids, the annual amount expended.

(C) For traumatic brain injury, the number of patients treated annually and the amounts expended.

(4) In carrying out paragraph (1), the Secretary may not use patient outcome data as a substitute for, or the equivalent of, compliance with the requirement under that paragraph for maintenance of capacity.

(5)(A) Not later than April 1 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's compliance, by facility and by service-network, with the requirements of this subsection. Each such report shall include information on recidivism rates associated with substance-use disorder treatment.

(B) In preparing each report under subparagraph (A), the Secretary shall use standardized data and data definitions.

(C) Each report under subparagraph (A) shall be audited by the Inspector General of the Department, who shall submit to Congress a certification as to the accuracy of each such report.

(6)(A) To ensure compliance with paragraph (1), the Under Secretary for Health shall prescribe objective standards of job performance for employees in positions described in subparagraph (B) with respect to the job performance of those employees in carrying out the requirements of paragraph (1). Those job performance standards shall include measures of workload, allocation of resources, and quality-of-care indicators.

(B) Positions described in this subparagraph are positions in the Veterans Health Administration that have responsibility for allocating and managing resources applicable to the requirements of paragraph (1).

(C) The Under Secretary shall develop the job performance standards under subparagraph (A) in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(c) The Secretary shall ensure that each primary care health care facility of the Department develops and carries out a plan to provide mental health services, either through referral or direct provision of services, to veterans who require such services.

(Added Pub. L. 104–262, title I, §104(a)(1), Oct. 9, 1996, 110 Stat. 3183; amended Pub. L. 105–368, title IX, §903(a), title X, §1005(b)(2), Nov. 11, 1998, 112 Stat. 3360, 3365; Pub. L. 107–95, §8(a), Dec. 21, 2001, 115 Stat. 919; Pub. L. 107–135, title II, §203, Jan. 23, 2002, 115 Stat. 2458; Pub. L. 109–461, title II, §208(a), Dec. 22, 2006, 120 Stat. 3413; Pub. L. 114–223, div. A, title II, §253, Sept. 29, 2016, 130 Stat. 894.)

Editorial Notes

AMENDMENTS

2016—Subsec. (b)(5)(A). Pub. L. 114–223 struck out ''through 2008'' after ''each year''.

2006—Subsec. (b)(5)(A). Pub. L. 109–461 substituted ''2008'' for ''2004''.

2002—Subsec. (b)(1). Pub. L. 107–135, §203(a)(1), inserted ''(and each geographic service area of the Veterans Health Administration)'' after ''ensure that the Department'' in introductory provisions and ''(and each geographic service area of the Veterans Health Administration)'' after ''overall capacity of the Department'' in cl. (B).

Subsec. (b)(2) to (4). Pub. L. 107–135, §203(a)(3), added pars. (2) to (4). Former pars. (2) and (3) redesignated (5) and (6), respectively.

Subsec. (b)(5). Pub. L. 107–135, §203(a)(2), (b), redesignated par. (2) as (5), inserted ''(A)'' before ''Not later than'', substituted ''April 1 of each year through 2004'' for ''April 1, 1999, April 1, 2000, and April 1, 2001'', inserted at end of subpar. (A) ''Each such report shall include information on recidivism rates associated with substance-use disorder treatment.'', and added subpars. (B) and (C).

Subsec. (b)(6). Pub. L. 107–135, §203(a)(2), redesignated par. (3) as (6).

2001—Subsec. (c). Pub. L. 107–95 added subsec. (c).

1998—Subsec. (b)(1). Pub. L. 105–368, §1005(b)(2), substituted ''October 9, 1996'' for ''the date of the enactment of this section''.

Subsec. (b)(2). Pub. L. 105–368, §903(a)(1), substituted ''April 1, 1999, April 1, 2000, and April 1, 2001'' for ''April 1, 1997, April 1, 1998, and April 1, 1999''.

Subsec. (b)(3). Pub. L. 105–368, §903(a)(2), added par. (3).

Statutory Notes and Related Subsidiaries

DEADLINE FOR PRESCRIBING STANDARDS

Pub. L. 105–368, title IX, §903(b), Nov. 11, 1998, 112 Stat. 3361, provided that: ''The standards of job performance required by paragraph (3) of section 1706(b) of title 38, United States Code, as added by subsection (a), shall be prescribed not later than January 1, 1999.''

§ 1706A. Remediation of medical service lines

(a) IN GENERAL.—Not later than 30 days after determining under section 1703(e)(1) of this title that a medical service line of the Department is providing hospital care, medical services, or extended care services that does not comply with the standards for quality established by the Secretary, the Secretary shall submit to Congress an assessment of the factors that led the Secretary to make such determination and a plan with specific actions, and the time to complete them, to be taken to comply with such standards for quality, including the following:

(1) Increasing personnel or temporary personnel assistance, including mobile deployment teams.

(2) Special hiring incentives, including the Education Debt Reduction Program under subchapter VII of chapter 76 of this title and recruitment, relocation, and retention incentives.

(3) Utilizing direct hiring authority.

(4) Providing improved training opportunities for staff.