

“(2) agrees to ensure that veterans participating in the pilot program under subsection (a) receive training from certified service dog training instructors for a period of time determined appropriate by the entity;

“(3) agrees to ensure that veterans participating in such pilot program are prohibited from having access to a dog under such pilot program at any time during such participation without the supervision of a certified service dog training instructor;

“(4) agrees to ensure that veterans participating in such pilot program receive training in skills unique to the needs of the veteran to address or alleviate PTSD symptoms of the veteran;

“(5) agrees not to use shock collars or prong collars as training tools and to use positive reinforcement training; and

“(6) agrees to provide any follow-up training support specified in subsection (e)(2), as applicable.

“(e) ADOPTION OF DOG.—

“(1) IN GENERAL.—A veteran who has participated in the pilot program under subsection (a) may adopt a dog that the veteran assisted in training during such pilot program if the veteran and the veteran's health provider (in consultation with the entity that provided the canine training with respect to the dog under such pilot program) determine that it is in the best interest of the veteran.

“(2) FOLLOW-UP TRAINING SUPPORT.—If a veteran adopts a dog under paragraph (1), the entity that provided the canine training with respect to the dog under the pilot program shall provide follow-up training support for the life of the dog. Such support shall include the provision of a contact plan between the veteran and the entity that enables the veteran to seek and receive assistance from the entity to ensure the dog is being properly cared for.

“(f) ELIGIBILITY FOR OTHER CARE AND TREATMENT.—Participation in the pilot program under subsection (a) may not preclude a veteran from receiving any other medical care or treatment for PTSD furnished by the Department, including therapy, for which the veteran is otherwise eligible.

“(g) COLLECTION OF DATA.—In carrying out this section, the Secretary shall—

“(1) develop metrics and other appropriate means to measure, with respect to veterans participating in the pilot program under subsection (a)—

“(A) the number of such veterans participating;

“(B) the satisfaction of such veterans with the pilot program;

“(C) whether participation in the pilot program resulted in any clinically relevant improvements for such veterans, as determined by the health care provider or clinical team that referred the veteran to participate in the pilot program; and

“(D) such other factors as the Secretary may determine appropriate; and

“(2) establish processes to document and track the progress of such veterans under the pilot program with respect to health benefits and improvements.

“(h) REPORT BY SECRETARY.—Not later than 1 year before the date on which the pilot program under subsection (a) terminates, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the recommendations of the Secretary regarding—

“(1) whether to extend or make permanent the pilot program; and

“(2) the feasibility and advisability of expanding the pilot program to address mental health conditions other than PTSD.

“(i) GAO BRIEFING AND STUDY.—

“(1) BRIEFING.—Not later than 1 year after the date of the commencement of the pilot program under subsection (a), the Comptroller General of the United States shall provide to the Committees on Veterans' Affairs of the House of Representatives and the Senate a briefing on the methodology established for the pilot program.

“(2) REPORT.—Not later than 270 days after the date on which the pilot program terminates, the Comptroller General shall submit to the committees specified in paragraph (1) a report on the pilot program. Such report shall include an evaluation of the approach and methodology used for the pilot program with respect to—

“(A) assisting veterans with PTSD; and

“(B) measuring relevant metrics, such as reduction in scores under the Clinician Administered PTSD Scale (CAPS), improvement in psychosocial function, and therapeutic compliance.

“(j) DEFINITIONS.—In this section:

“(1) The term ‘accredited service dog training organization’ means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 [26 U.S.C. 501(c)(3)] that—

“(A) provides service dogs to veterans with PTSD; and

“(B) is accredited by an accrediting organization with demonstrated experience, national scope, and recognized leadership and expertise in the training of service dogs and education in the use of service dogs (as determined by the Secretary).

“(2) The term ‘eligible veteran’ means a veteran who—

“(A) is enrolled in the patient enrollment system in the Department of Veterans Affairs under section 1705 of title 38, United States Code; and

“(B) has been recommended for participation in the pilot program under subsection (a) by a qualified mental health care provider or clinical team based on medical judgment that the veteran may benefit from such participation with respect to the diagnosed PTSD of the veteran.

“(3) The term ‘service dog training instructor’ means an instructor who provides the direct training of veterans with PTSD in the art and science of service dog training and handling.”

PROVISION BY DEPARTMENT OF VETERANS AFFAIRS OF PROSTHETIC APPLIANCES THROUGH NON-DEPARTMENT PROVIDERS DURING PUBLIC HEALTH EMERGENCY

Pub. L. 116-136, div. B, title X, §20007, Mar. 27, 2020, 134 Stat. 587, provided that: “The Secretary of Veterans Affairs shall ensure that, to the extent practicable, veterans who are receiving or are eligible to receive a prosthetic appliance under section 1714 or 1719 of title 38, United States Code, are able to receive such an appliance that the Secretary determines is needed from a non-Department of Veterans Affairs provider under a contract with the Department during a public health emergency.”

[For definition of “public health emergency” as used in section 20007 of Pub. L. 116-136, set out above, see section 20003 of Pub. L. 116-136, set out as a note under section 303 of this title.]

§ 1715. Tobacco for hospitalized veterans

The Secretary may furnish tobacco to veterans receiving hospital or domiciliary care.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1143, §615; renumbered §1715 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, §5(a), renumbered section 615 of this title as this section.

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Statutory Notes and Related Subsidiaries

USE OF TOBACCO PRODUCTS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES

Pub. L. 102-585, title V, §526, Nov. 4, 1992, 106 Stat. 4961, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall take appropriate actions to ensure that, consistent with medical requirements and limitations, each facility of the Department described in subsection (b)—

“(1) establishes and maintains—

“(A) a suitable indoor area in which patients or residents may smoke and which is ventilated in a manner that, to the maximum extent feasible, prevents smoke from entering other areas of the facility; or

“(B) an area in a building that—

“(i) is detached from the facility;

“(ii) is accessible to patients or residents of the facility; and

“(iii) has appropriate heating and air conditioning; and

“(2) provides access to an area established and maintained under paragraph (1), consistent with medical requirements and limitations, for patients or residents of the facility who are receiving care or services and who desire to smoke tobacco products.

“(b) COVERED FACILITIES.—A Department facility referred to in subsection (a) is any Department of Veterans Affairs medical center, nursing home, or domiciliary care facility.

“(c) REPORTS.—(1) Not later than 180 days after the date of the enactment of this Act [Nov. 4, 1992], the Comptroller General shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the feasibility of the establishment and maintenance of areas for smoking in Department facilities under this section. The report shall include information on—

“(A) the cost of, and a proposed schedule for, the establishment of such an area at each Department facility covered by this section;

“(B) the extent to which the ventilating system of each facility is adequate to ensure that use of the area for smoking does not result in health problems for other patients or residents of the facility; and

“(C) the effect of the establishment and maintenance of an area for smoking in each facility on the accreditation score issued for the facility by the Joint Commission on the Accreditation of Health Organizations.

“(2) Not later than 120 days after the effective date of this section, the Secretary shall submit to the committees referred to in paragraph (1) a report on the implementation of this section. The report shall include a description of the actions taken at each covered facility to ensure compliance with this section.

“(d) EFFECTIVE DATE.—The requirement to establish and maintain areas for smoking under subsection (a) shall take effect 60 days after the date on which the Comptroller General submits to the committees referred to in subsection (c)(1) that report required under that subsection.”

§ 1716. Hospital care by other agencies of the United States

When so specified in an appropriation or other Act, the Secretary may make allotments and transfers to the Departments of Health and Human Services (Public Health Service), the Army, Navy, Air Force, or Interior, for disbursement by them under the various headings of their appropriations, of such amounts as are necessary for the care and treatment of veterans entitled to hospitalization from the Department under this chapter. The amounts to be charged the Department for care and treatment of veterans in hospitals shall be calculated on the basis of a per diem rate approved by the Office of Management and Budget.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1143, § 616; Pub. L. 94-581, title II, § 202(g), Oct. 21, 1976, 90

Stat. 2856; Pub. L. 97-295, § 4(95)(A), Oct. 12, 1982, 96 Stat. 1313; renumbered § 1716 and amended Pub. L. 102-83, §§ 4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.)

Editorial Notes

AMENDMENTS

1991—Pub. L. 102-83, § 5(a), renumbered section 616 of this title as this section.

Pub. L. 102-83, § 4(b)(1), (2)(E), substituted “Secretary” for “Administrator”.

Pub. L. 102-83, § 4(a)(3), (4), substituted “Department” for “Veterans' Administration” in two places.

1982—Pub. L. 97-295 substituted “Health and Human Services” for “Health, Education, and Welfare”.

1976—Pub. L. 94-581 substituted “Office of Management and Budget” for “Bureau of the Budget”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

§ 1717. Home health services; invalid lifts and other devices

(a)(1) As part of medical services furnished to a veteran under section 1710(a) of this title, the Secretary may furnish such home health services as the Secretary finds to be necessary or appropriate for the effective and economical treatment of the veteran.

(2) Improvements and structural alterations may be furnished as part of such home health services only as necessary to assure the continuation of treatment for the veteran's disability or to provide access to the home or to essential lavatory and sanitary facilities. The cost of such improvements and structural alterations (or the amount of reimbursement therefor) under this subsection may not exceed—

(A) in the case of medical services furnished under section 1710(a)(1) of this title, or for a disability described in section 1710(a)(2)(C) of this title—

(i) in the case of a veteran who first applies for benefits under this paragraph before May 5, 2010, \$4,100; or

(ii) in the case of a veteran who first applies for benefits under this paragraph on or after May 5, 2010, \$6,800; and

(B) in the case of medical services furnished under any other provision of section 1710(a) of this title—

(i) in the case of a veteran who first applies for benefits under this paragraph before May 5, 2010, \$1,200; or

(ii) in the case of a veteran who first applies for benefits under this paragraph on or after May 5, 2010, \$2,000.

(3) The Secretary may furnish home health services to a veteran in any setting in which the veteran is residing. The Secretary may not furnish such services in such a manner as to relieve any other person or entity of a contractual obligation to furnish services to the veteran. When home health services are furnished in a setting other than the veteran's home, such services may not include any structural improvement or alteration.