

EFFECTIVE DATE OF 1973 AMENDMENT

Amendment by Pub. L. 93-82 effective Sept. 1, 1973, see section 501 of Pub. L. 93-82, set out as a note under section 1701 of this title.

ONGOING MONITORING OF MEDICAL FOSTER HOME PROGRAM

Pub. L. 117-328, div. U, title I, §165(b), Dec. 29, 2022, 136 Stat. 5432, provided that:

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall create a system to monitor and assess the workload for the Department of Veterans Affairs in carrying out the authority under section 1720(h) of title 38, United States Code, as added by subsection (a)(1), including by tracking—

“(A) requests by veterans to be placed in a medical foster home under such section;

“(B) denials of such requests, including the reasons for such denials;

“(C) the total number of medical foster homes applying to participate under such section, disaggregated by those approved and those denied approval by the Department to participate;

“(D) veterans receiving care at a medical foster home at the expense of the United States; and

“(E) veterans receiving care at a medical foster home at their own expense.

“(2) REPORT.—Based on the monitoring and assessments conducted under paragraph (1), the Secretary shall identify and submit to Congress a report on such modifications to implementing section 1720(h) of title 38, United States Code, as added by subsection (a)(1), as the Secretary considers necessary to ensure the authority under such section is functioning as intended and care is provided to veterans under such section as intended.

“(3) MEDICAL FOSTER HOME DEFINED.—In this subsection, the term ‘medical foster home’ has the meaning given that term in section 1720(h) of title 38, United States Code, as added by subsection (a)(1).”

COMPARISON STUDY BETWEEN ADULT DAY HEALTH CARE AND NURSING HOME CARE

Pub. L. 100-322, title I, §111(b), (c), May 20, 1988, 102 Stat. 499, directed Administrator to conduct a study of medical efficacy and cost-effectiveness of furnishing adult day health care under subsec. (f) of this section as an alternative to nursing home care and the comparative advantages and disadvantages of providing such care through facilities that are not under direct jurisdiction of Administrator and through facilities that are under direct jurisdiction of Administrator, with Administrator to submit to Committees on Veterans' Affairs of Senate and House of Representatives an interim report on the study not later than Feb. 1, 1988, a final report on such study not later than Feb. 1, 1991.

Pub. L. 98-160, title I, §103(b), (c), Nov. 21, 1983, 97 Stat. 996, which provided for a study and report, not later than Feb. 1, 1988, of the medical efficacy and cost-effectiveness of furnishing adult day health care as an alternative for nursing home care and of the comparative advantages and disadvantages of providing such care in Veterans' Administration or in other facilities, was repealed by Pub. L. 100-322, title I, §111(d), May 20, 1988, 102 Stat. 499.

§ 1720A. Treatment and rehabilitative services for persons with drug or alcohol dependency

(a) The Secretary, in consultation with the Secretary of Labor and the Director of the Office of Personnel Management, may take appropriate steps to (1) urge all Federal agencies and appropriate private and public firms, organizations, agencies, and persons to provide appropriate employment and training opportunities for veterans who have been provided treatment

and rehabilitative services under this title for alcohol or drug dependence or abuse disabilities and have been determined by competent medical authority to be sufficiently rehabilitated to be employable, and (2) provide all possible assistance to the Secretary of Labor in placing such veterans in such opportunities.

(b) Upon receipt of an application for treatment and rehabilitative services under this title for an alcohol or drug dependence or abuse disability from any individual who has been discharged or released from active military, naval, air, or space service but who is not eligible for such treatment and services, the Secretary shall—

(1) provide referral services to assist such individual, to the maximum extent practicable, in obtaining treatment and rehabilitative services from sources outside the Department; and

(2) if pertinent, advise such individual of such individual's rights to apply to the appropriate military, naval, air, or space service and the Department for review of such individual's discharge or release from such service.

(c)(1) Any person serving in the active military, naval, air, or space service who is determined by the Secretary concerned to have an alcohol or drug dependence or abuse disability may be transferred to any facility in order for the Secretary to furnish care or treatment and rehabilitative services for such disability. Care and services provided to a member so transferred shall be provided as if such member were a veteran. Any transfer of any such member for such care and services shall be made pursuant to such terms as may be agreed upon by the Secretary concerned and the Secretary, subject to the provisions of sections 1535 and 1536 of title 31.

(2) No person serving in the active military, naval, air, or space service may be transferred pursuant to an agreement made under paragraph (1) of this subsection unless such person requests such transfer in writing for a specified period of time. No such person transferred pursuant to such a request may be furnished such care and services by the Secretary beyond the period of time specified in such request unless such person requests in writing an extension for a further specified period of time and such request is approved by the Secretary.

(d)(1) The Secretary shall ensure that each medical center of the Department develops and carries out a plan to provide treatment for substance use disorders, either through referral or direct provision of services, to veterans who require such treatment.

(2) Each plan under paragraph (1) shall make available clinically proven substance abuse treatment methods, including opioid substitution therapy, to veterans with respect to whom a qualified medical professional has determined such treatment methods to be appropriate.

(Added Pub. L. 96-22, title I, §104(a), June 13, 1979, 93 Stat. 50, §620A; amended Pub. L. 96-128, title V, §501(c), Nov. 28, 1979, 93 Stat. 987; Pub. L. 97-251, §6, Sept. 8, 1982, 96 Stat. 716; Pub. L. 97-258, §3(k)(1), Sept. 13, 1982, 96 Stat. 1065; Pub.

L. 99-108, §3, Sept. 30, 1985, 99 Stat. 481; Pub. L. 99-166, title I, §101(a), (b)(1), Dec. 3, 1985, 99 Stat. 942, 943; Pub. L. 100-687, div. B, title XV, §1509, Nov. 18, 1988, 102 Stat. 4137; Pub. L. 100-689, title V, §502(a)(1), (b), Nov. 18, 1988, 102 Stat. 4179; Pub. L. 102-54, §14(b)(13), June 13, 1991, 105 Stat. 284; renumbered §1720A and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-86, title III, §303, Aug. 14, 1991, 105 Stat. 416; Pub. L. 103-452, title I, §103(b), Nov. 2, 1994, 108 Stat. 4786; Pub. L. 104-110, title I, §101(b), Feb. 13, 1996, 110 Stat. 768; Pub. L. 105-114, title II, §202(b), Nov. 21, 1997, 111 Stat. 2287; Pub. L. 106-117, title I, §114, Nov. 30, 1999, 113 Stat. 1558; Pub. L. 106-419, title IV, §404(a)(4), Nov. 1, 2000, 114 Stat. 1864; Pub. L. 107-95, §8(c), Dec. 21, 2001, 115 Stat. 920; Pub. L. 116-283, div. A, title IX, §926(a)(25), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

AMENDMENTS

2021—Subsecs. (b), (c). Pub. L. 116-283 substituted “air, or space service” for “or air service” in two places.

2001—Subsec. (d). Pub. L. 107-95 added subsec. (d).

2000—Subsec. (c)(1). Pub. L. 106-419 substituted “for such disability. Care and services provided to a member so transferred” for “for such disability unless such transfer is during the last thirty days of such member’s enlistment period or tour of duty, in which case such care and services provided to such member”.

1999—Subsec. (c)(1). Pub. L. 106-117, §114(a), substituted “may be transferred” for “may not be transferred” in first sentence.

Pub. L. 106-117, §114(a)(2), which directed the amendment of first sentence of par. (1) by striking out “unless such transfer is during the last thirty days of such member’s enlistment or tour of duty”, could not be executed because that phrase did not appear.

Subsec. (c)(2). Pub. L. 106-117, §114(b), struck out “during the last thirty days of such person’s enlistment period or tour of duty” before period at end of first sentence.

1997—Pub. L. 105-114, §202(b)(2), substituted “Treatment and rehabilitative services for persons with drug and alcohol dependency” for “Treatment and rehabilitation for alcohol or drug dependence or abuse disabilities” in section catchline.

Subsecs. (a) to (d). Pub. L. 105-114, §202(b)(1), redesignated subsecs. (b) to (d) as (a) to (c), respectively, and struck out former subsec. (a) which read as follows:

“(a)(1) The Secretary, in furnishing hospital, nursing home, and domiciliary care and medical and rehabilitative services under this chapter, may contract for care and treatment and rehabilitative services in halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities for eligible veterans suffering from alcohol or drug dependence or abuse disabilities.

“(2) Before furnishing such care and services to any veteran through a contract facility as authorized by paragraph (1) of this subsection, the Secretary shall approve (in accordance with criteria which the Secretary shall prescribe by regulation) the quality and effectiveness of the program operated by such facility for the purpose for which such veteran is to be furnished such care and services.”

Subsecs. (e) to (g). Pub. L. 105-114, §202(b)(1)(B), struck out subsecs. (e) to (g) which read as follows:

“(e) The Secretary may not furnish care and treatment and rehabilitative services under subsection (a) of this section after December 31, 1997.

“(f)(1) During the period beginning on December 1, 1988, and ending on October 1, 1997, the Secretary shall conduct an ongoing clinical evaluation in order to de-

termine the long-term results of drug and alcohol abuse treatment furnished to veterans in contract residential treatment facilities under this section.

“(2) The evaluation shall include an assessment of the following:

“(A) The long-term results of treatment referred to in paragraph (1) of this subsection on drug and alcohol use by veterans who may have received such treatment.

“(B) The need for hospitalization of such veterans for drug and alcohol abuse after completion of the residential treatment.

“(C) The employment status and income of such veterans.

“(D) The extent of any criminal activity of such veterans.

“(E) Whether certain models and methods of residential treatment for drug and alcohol abuse are more successful for veterans with specific abuses, specific levels of resources available to them, and specific needs than are other models and methods.

“(3) To the extent feasible, the Secretary shall select for consideration in the evaluation veterans whose treatment for drug and alcohol abuse in contract residential treatment facilities under such section represents a variety of models and methods of residential drug and alcohol abuse treatment.

“(4) The Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives the following reports on the evaluation under this subsection:

“(A) Not later than February 1, 1993, an interim report containing information obtained during the first four years of the evaluation and any conclusions that the Secretary has drawn on the basis of that information.

“(B) Not later than March 31, 1998, a final report containing information obtained during the evaluation and the determinations and conclusions of the Secretary based on that information.

“(g) The authority of the Secretary to enter into contracts under this section shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.”

1996—Subsec. (e). Pub. L. 104-110 substituted “December 31, 1997” for “December 31, 1995”.

1994—Subsec. (e). Pub. L. 103-452 substituted “December 31, 1995” for “December 31, 1994”.

1991—Pub. L. 102-83, §5(a), renumbered section 620A of this title as this section.

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

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

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in pars. (1) and (2).

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

Subsec. (e). Pub. L. 102-86 amended subsec. (e) of this section as in effect before the redesignations made by Pub. L. 102-83, §5, by substituting “December 31, 1994” for “September 30, 1991”.

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

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

Pub. L. 102-54 struck out “during the period” before “beginning” in par. (1).

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

1988—Subsec. (e). Pub. L. 100-689, §502(a)(1), substituted “1991” for “1988”.

Subsec. (f). Pub. L. 100-689, §502(b), amended subsec. (f) generally. Prior to amendment, subsec. (f) read as follows:

“(1) The Administrator shall monitor the performance of each contract facility furnishing care and services under the program carried out under subsection (a) of this section.

“(2) The Administrator shall use the results of such monitoring to determine—

“(A) with respect to the program, the medical advantages and cost-effectiveness that result from furnishing such care and services; and

“(B) with respect to such contract facilities generally, the level of success under the program, considering—

“(i) the rate of successful rehabilitation for veterans furnished care and services under the program;

“(ii) the rate of readmission to contract facilities under the program or to Veterans' Administration health-care facilities by such veterans for care or services for disabilities referred to in subsection (a) of this section;

“(iii) whether the care and services furnished under the program obviated the need of such veterans for hospitalization for such disabilities;

“(iv) the average duration of the care and services furnished such veterans under the program;

“(v) the ability of the program to aid in the transition of such veterans back into their communities; and

“(vi) any other factor that the Administrator considers appropriate.

“(3) The Administrator shall maintain records of—

“(A) the total cost for the care and services furnished by each contract facility under the program;

“(B) the average cost per veteran for the care and services furnished under the program; and

“(C) the appropriateness of such costs, by comparison to—

“(i) the average charges for the same types of care and services furnished generally by other comparable halfway houses, therapeutic communities, psychiatric residential treatment centers, and other community-based treatment facilities; and

“(ii) the historical costs for such care and services for the period of time that the program carried out under subsection (a) of this section was a pilot program, taking into account economic inflation.

“(4) Not later than February 1, 1988, the Administrator shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience under the program carried out under this section during fiscal years 1984 through 1987. The report shall include—

“(A) a description of the care and services furnished;

“(B) the matters referred to in paragraphs (1), (2), and (3) of this subsection; and

“(C) the Administrator's findings, assessment, and recommendations regarding the program under this section.”

Subsec. (f)(1). Pub. L. 100-687 substituted “during the period beginning on December 1, 1988, and ending on October 1, 1997” for “before October 1, 1997” in par. (1) as amended by Pub. L. 100-689 above.

1985—Pub. L. 99-166, §101(b)(1), struck out “; pilot program” after “disabilities” in section catchline.

Subsec. (a)(1). Pub. L. 99-166, §101(a)(1), struck out “may conduct a pilot program under which the Administrator” before “may contract” in first sentence, and struck out second sentence relating to the planning, designing, and conducting of a pilot program by the Chief Medical Director so as to demonstrate any medical advantages and cost effectiveness that might result from furnishing care and services to disabled veterans in contract facilities as authorized by this section, rather than in facilities over which the Administrator had jurisdiction.

Subsec. (e). Pub. L. 99-166, §101(a)(2), substituted “September 30, 1988” for “October 31, 1985”.

Pub. L. 99-108 substituted “October 31, 1985” for “the last day of the fifth fiscal year following the fiscal year in which the pilot program authorized by such subsection is initiated”.

Subsec. (f). Pub. L. 99-166, §101(a)(3), amended subsec. (f) generally. Prior to amendment, subsec. (f) read as

follows: “Not later than March 31, 1984, the Administrator shall report to the Committee on Veterans' Affairs of the Senate and House of Representatives on the findings and recommendations of the Administrator pertaining to the operation through September 30, 1983, of the pilot program authorized by this section.”

1982—Subsec. (d)(1). Pub. L. 97-258 substituted “sections 1535 and 1536 of title 31” for “the Act of March 4, 1915 (31 U.S.C 686)” after “provisions of”.

Subsec. (f). Pub. L. 97-251 substituted “March 31, 1984” and “September 30, 1983” for “March 31, 1983” and “September 30, 1982”, respectively.

1979—Subsec. (a)(1). Pub. L. 96-128, §501(c)(1), substituted “treatment facilities for” for “treatment facilities of”.

Subsec. (d)(2). Pub. L. 96-128, §501(c)(2), substituted “such request unless” for “such request, unless”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-128 effective Nov. 28, 1979, see section 601(b) of Pub. L. 96-128, set out as a note under section 1114 of this title.

EFFECTIVE DATE

Section effective Oct. 1, 1979, see section 107 of Pub. L. 96-22, set out as an Effective Date of 1979 Amendment note under section 1701 of this title.

PILOT PROGRAM ON AWARD OF GRANTS FOR SUBSTANCE USE DISORDER RECOVERY FOR HOMELESS VETERANS

Pub. L. 117-328, div. U, title III, §311, Dec. 29, 2022, 136 Stat. 5475, provided that:

“(a) **PILOT PROGRAM REQUIRED.**—Not later than 270 days after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall commence carrying out a pilot program under which the Secretary shall award grants to eligible entities for the provision or coordination of services for recovery from substance use disorder for veterans who are homeless, were previously homeless and are transitioning to permanent housing, or are at risk of becoming homeless.

“(b) **DURATION.**—The Secretary shall carry out the pilot program during the five-year period beginning on the date of the commencement of the pilot program.

“(c) **LOCATIONS.**—The Secretary shall carry out the pilot program at not fewer than five locations selected by the Secretary for purposes of the pilot program.

“(d) **AWARD OF GRANTS.**—

“(1) **IN GENERAL.**—In carrying out the pilot program, the Secretary shall award a grant to an eligible entity for each veteran with substance use disorder participating in the pilot program for which the eligible entity is providing or coordinating the provision of recovery services for substance use disorder under the pilot program.

“(2) **INTERVALS OF PAYMENT AND MAXIMUM AMOUNTS.**—The Secretary may establish intervals of payment for the administration of grants under this section and a maximum amount to be awarded, in accordance with the services being provided and the duration of such services.

“(3) **PREFERENCE.**—In awarding grants under paragraph (1), the Secretary shall give preference to eligible entities providing or coordinating the provision of recovery services for substance use disorder for veterans with substance-use dependency who face barriers in accessing substance-use recovery services from the Department of Veterans Affairs.

“(4) **EQUITABLE DISTRIBUTION.**—The Secretary shall ensure that, to the extent practicable, grant amounts awarded under paragraph (1) are equitably distributed across geographic regions, including rural and Tribal communities.

“(5) **REPORT ON SERVICES PROVIDED.**—The Secretary shall require each eligible entity awarded a grant under paragraph (1) to submit to the Secretary a report that describes the services provided or coordinated with amounts under such grant.

“(e) REQUIREMENTS FOR RECEIPT OF GRANTS.—

“(1) NOTIFICATION THAT SERVICES ARE FROM DEPARTMENT.—Each entity receiving a grant under this section shall notify the recipients of services provided pursuant to grant amounts that such services are being paid for, in whole or in part, by the Department.

“(2) COORDINATION.—An entity receiving a grant under this section shall—

“(A) coordinate with the Secretary with respect to the provision of clinical services to eligible individuals or any other provisions of law regarding the delivery of health care by the Secretary;

“(B) inform each veteran who receives assistance under this section from the entity of the ability of the veteran to apply for enrollment in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code; and

“(C) if such a veteran wishes to so enroll, inform the veteran of a point of contact at the Department who can assist the veteran in such enrollment.

“(f) GRANT APPLICATION.—

“(1) IN GENERAL.—An eligible entity seeking the award of a grant under this section shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

“(2) CONTENTS OF APPLICATION.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

“(A) A description of the recovery services for substance use disorder proposed to be provided by the eligible entity under the pilot program and the identified need for those services.

“(B) A description of the types of veterans with substance use disorder proposed to be provided such recovery services.

“(C) An estimate of the number of veterans with substance use disorder proposed to be provided such recovery services.

“(D) Evidence of the experience of the eligible entity in providing such recovery services to veterans with substance use disorder.

“(E) A description of the managerial capacity of the eligible entity—

“(i) to assess continually the needs of veterans with substance use disorder for such recovery services;

“(ii) to coordinate the provision of such recovery services with services provided by the Department; and

“(iii) to tailor such recovery services to the needs of veterans with substance use disorder.

“(3) CRITERIA FOR SELECTION.—

“(A) IN GENERAL.—The Secretary shall establish criteria for the selection of eligible entities to be awarded grants under this section.

“(B) ELEMENTS.—Criteria established under subparagraph (A) with respect to an eligible entity shall include the following:

“(i) Relevant accreditation as may be required by each State in which the eligible entity operates.

“(ii) Experience coordinating care or providing treatment for veterans or members of the Armed Forces.

“(g) PARTICIPATION.—Participation by a veteran in the pilot program shall not affect any eligibility status or requirements for such veteran with respect to other benefits or services provided by the Department.

“(h) TECHNICAL ASSISTANCE.—

“(1) IN GENERAL.—The Secretary shall provide training and technical assistance to eligible entities awarded grants under this section regarding the planning, development, and provision of recovery services for substance use disorder under this section.

“(2) PROVISION OF TRAINING.—The Secretary may provide the training required under paragraph (1) directly or through grants or contracts with such pub-

lic or nonprofit private entities as the Secretary considers appropriate for purposes of this section, including through grants awarded under section 2064 of title 38, United States Code.

“(i) COLLECTION OF INFORMATION.—To the extent practicable, the Secretary may collect information from an eligible entity awarded a grant under this section relating to a substance use disorder of a veteran participating in the pilot program for inclusion in the electronic health record of the Department for such veteran for the sole purpose of improving care provided to such veteran.

“(j) STUDY ON EFFECTIVENESS OF PILOT PROGRAM.—

“(1) IN GENERAL.—The Secretary shall conduct a study on the effectiveness of the pilot program in meeting the needs of veterans with substance use disorder.

“(2) COMPARISON.—In conducting the study required by paragraph (1), the Secretary shall compare the results of the pilot program with other programs of the Department dedicated to the delivery to veterans of recovery services for substance use disorder.

“(3) CRITERIA.—In making the comparison required by paragraph (2), to the extent data is available, the Secretary shall examine the following:

“(A) The satisfaction of veterans targeted by the programs described in paragraph (2).

“(B) The health status of such veterans, including mental health.

“(C) The degree to which such programs encourage such veterans to engage in productive activity.

“(D) The number of veterans using such programs, disaggregated by—

“(i) veterans who have received health care provided by the Department during the two-year period preceding the conduct of the study;

“(ii) veterans who have not received health care provided by the Department during such period;

“(iii) veterans eligible for health care provided by the Department, disaggregated by—

“(I) veterans eligible for services from the Department similar to services provided under the pilot program; and

“(II) veterans not eligible for such services from the Department; and

“(iv) veterans ineligible for health care provided by the Department.

“(E) The number of veterans who are still homeless or at risk of becoming homeless one year after completion of receipt of recovery services under such programs.

“(F) The number of veterans who still have a substance use disorder that negatively impacts their daily living and ability to maintain independent housing 180 days after discharge from receipt of services provided under this section.

“(G) The status of the discharge from the Armed Forces of veterans covered under this paragraph.

“(4) REPORTS.—Not later than one year after the date on which the first grant is awarded under this section, and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the study required by paragraph (1).

“(k) DEFINITIONS.—In this section:

“(1) ELIGIBLE ENTITY.—The term ‘eligible entity’ means any of the following:

“(A) An incorporated private institution or foundation—

“(i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;

“(ii) that has a governing board that is responsible for the operation of the recovery services for substance use disorder provided under this section; and

“(iii) that is approved by the Secretary with respect to financial responsibility.

“(B) A for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of subparagraph (A).

“(C) A corporation wholly owned and controlled by an organization meeting the requirements of subparagraph (A).

“(D) A tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).

“(2) **SUBSTANCE USE DISORDER.**—The term ‘substance use disorder’, with respect to a veteran, means the veteran has been diagnosed with, or is seeking treatment for, substance use disorder, as determined by the Secretary.”

SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

Pub. L. 110-387, title I, §§102-105, Oct. 10, 2008, 122 Stat. 4112-4114, provided that:

“SEC. 102. FINDINGS ON SUBSTANCE USE DISORDERS AND MENTAL HEALTH.

“Congress makes the following findings:

“(1) More than 1,500,000 members of the Armed Forces have been deployed in Operation Iraqi Freedom and Operation Enduring Freedom. The 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Personnel reports that 23 percent of members of the Armed Forces on active duty acknowledge a significant problem with alcohol use disorder, with similar rates of acknowledged problems with alcohol use disorder among members of the National Guard.

“(2) The effects of substance use disorder are wide ranging, including significantly increased risk of suicide, exacerbation of mental and physical health disorders, breakdown of family support, and increased risk of unemployment and homelessness.

“(3) While veterans suffering from mental health conditions, chronic physical illness, and polytrauma may be at increased risk for development of a substance use disorder, treatment for these veterans is complicated by the need to address adequately the physical and mental symptoms associated with these conditions through appropriate medical intervention.

“(4) While the Veterans Health Administration has dramatically increased health services for veterans from 1996 through 2006, the number of veterans receiving specialized substance use disorder treatment services decreased 18 percent during that time. No comparable decrease in the national rate of substance use disorder has been observed during that time.

“(5) While some facilities of the Veterans Health Administration provide exemplary substance use disorder treatment services, the availability of such treatment services throughout the health care system of the Veterans Health Administration is inconsistent.

“(6) According to a 2006 report by the Government Accountability Office, the Department of Veterans Affairs significantly reduced its substance use disorder treatment and rehabilitation services between 1996 and 2006, and the Fiscal Year 2007 National Mental Health Program Monitoring System report shows that little progress has been made in restoring these services to their pre-1996 levels.

“SEC. 103. EXPANSION OF SUBSTANCE USE DISORDER TREATMENT SERVICES PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall ensure the provision of such services and treatment to each veteran enrolled in the health care system of the Department of Veterans Affairs who is in need of services and treatments for a substance use disorder as follows:

“(1) Screening for substance use disorder in all settings, including primary care settings.

“(2) Short term motivational counseling services.

“(3) Marital and family counseling.

“(4) Intensive outpatient or residential care services.

“(5) Relapse prevention services.

“(6) Ongoing aftercare and outpatient counseling services.

“(7) Opiate substitution therapy services.

“(8) Pharmacological treatments aimed at reducing craving for drugs and alcohol.

“(9) Detoxification and stabilization services.

“(10) Coordination with groups providing peer to peer counseling.

“(11) Such other services as the Secretary considers appropriate.

“(b) **PROVISION OF SERVICES.**—

“(1) **ALLOCATION OF RESOURCES FOR PROVISION OF SERVICES.**—The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care, treatment, and services described in subsection (a) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

“(2) **MANNER OF PROVISION.**—The services and treatment described in subsection (a) may be provided to a veteran described in such subsection—

“(A) at Department of Veterans Affairs medical centers or clinics;

“(B) by referral to other facilities of the Department that are accessible to such veteran; or

“(C) by contract or fee-for-service payments with community-based organizations for the provision of such services and treatments.

“(c) **ALTERNATIVES IN CASE OF SERVICES DENIED DUE TO CLINICAL NECESSITY.**—If the Secretary denies the provision to a veteran of services or treatment for a substance use disorder due to clinical necessity, the Secretary shall provide the veteran such other services or treatment as are medically appropriate.

“SEC. 104. CARE FOR VETERANS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

“(a) **IN GENERAL.**—If the Secretary of Veterans Affairs provides a veteran inpatient or outpatient care for a substance use disorder and a comorbid mental health disorder, the Secretary shall ensure that treatment for such disorders is provided concurrently—

“(1) through a service provided by a clinician or health professional who has training and expertise in treatment of substance use disorders and mental health disorders;

“(2) by separate substance use disorder and mental health disorder treatment services when there is appropriate coordination, collaboration, and care management between such treatment services; or

“(3) by a team of clinicians with appropriate expertise.

“(b) **TEAM OF CLINICIANS WITH APPROPRIATE EXPERTISE DEFINED.**—In this section, the term ‘team of clinicians with appropriate expertise’ means a team consisting of the following:

“(1) Clinicians and health professionals with expertise in treatment of substance use disorders and mental health disorders who act in coordination and collaboration with each other.

“(2) Such other professionals as the Secretary considers appropriate for the provision of treatment to veterans for substance use and mental health disorders.

“SEC. 105. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

“(a) **FINDINGS.**—Congress makes the following findings:

“(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

“(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who return as veterans to civilian life.

“(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

“(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

“(5) Veterans living in rural areas may find access to treatment for substance use disorder limited.

“(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

“(b) IN GENERAL.—Not later than October 1, 2009, the Secretary of Veterans Affairs shall carry out a pilot program to assess the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program shall be available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

“(c) ELEMENTS OF PILOT PROGRAM.—

“(1) IN GENERAL.—In carrying out the pilot program under this section, the Secretary shall ensure that—

“(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department of Veterans Affairs;

“(B) the Internet website is accessible from remote locations, especially rural areas; and

“(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

“(2) CONSIDERATION OF SIMILAR PROJECTS.—In designing the pilot program under this section, the Secretary shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of [for] Fiscal Year 2007 (Public Law 109-364; 120 Stat. 2304) [10 U.S.C. 1074 note].

“(3) LOCATION OF PILOT PROGRAM.—The Secretary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

“(4) CONTRACT AUTHORITY.—The Secretary may enter into contracts with qualified entities or organizations to carry out the pilot program required under this section.

“(d) DURATION OF PILOT PROGRAM.—The pilot program required by subsection (a) shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

“(e) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program, and shall include in that report—an assessment of the feasibility and advisability of continuing or expanding the pilot program, of any cost savings or other benefits associated with the pilot program, and any other recommendations.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of Veterans Affairs \$1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.”

RATIFICATION OF ACTIONS DURING PERIOD OF EXPIRED AUTHORITY

Any action taken by Secretary of Veterans Affairs before Feb. 13, 1996, under provision of law amended by

title I of Pub. L. 104-110 that was taken during period beginning on date on which authority of Secretary under such provision of law expired and ending on Feb. 13, 1996, considered to have same force and effect as if such amendment had been in effect at time of that action, see section 103 of Pub. L. 104-110, set out as a note under section 1710 of this title.

REPORT ON CONSOLIDATION OF CERTAIN PROGRAMS

Pub. L. 104-110, title II, § 202(a), Feb. 13, 1996, 110 Stat. 770, provided that: “The Secretary of Veterans Affairs shall submit to Congress, not later than March 1, 1997, a report on the advantages and disadvantages of consolidating into one program the following three programs:

“(1) The alcohol and drug abuse contract care program under section 1720A of title 38, United States Code.

“(2) The program to provide community-based residential care to homeless chronically mentally ill veterans under section 115 of the Veterans' Benefits and Services Act of 1988 [Pub. L. 100-322] (38 U.S.C. 1712 note).

“(3) The demonstration program under section 7 of Public Law 102-54 (38 U.S.C. 1718 note).”

LOANS TO ORGANIZATIONS PROVIDING TRANSITIONAL HOUSING FOR SUBSTANCE ABUSERS

Pub. L. 102-54, § 8, June 13, 1991, 105 Stat. 271, provided that:

“(a) LOAN PROGRAM.—The Secretary of Veterans Affairs may make loans in accordance with this section to assist in the provision of transitional housing exclusively to veterans who are in (or who recently have been in) a program for the treatment of substance abuse.

“(b) LOAN RECIPIENTS.—A loan under this section may only be made to a nonprofit organization under selection criteria promulgated by the Secretary and only to assist that organization in leasing housing units for use as a group residence for the purposes described in subsection (a). The amount of such a loan that is used with respect to any single residential unit may not exceed \$4,500. In making loans under this subsection, the Secretary shall, except to the extent that the Secretary determines that it is infeasible to do so, ensure that—

“(1) each loan is repaid within two years after the date on which the loan is made;

“(2) each loan is repaid through monthly installments and that a reasonable penalty is assessed for each failure to pay an installment by the date specified in the loan agreement involved; and

“(3) each loan is made only to a nonprofit private entity which agrees that, in the operation of each residence established with the assistance of the loan—

“(A) the use of alcohol or any illegal drug in the residence will be prohibited;

“(B) any resident who violates the prohibition in subclause (A) of this clause will be expelled from the residence;

“(C) the costs of maintaining the residence, including fees for rent and utilities, will be paid by the residents;

“(D) the residents will, through a majority vote of the residents, otherwise establish policies governing the conditions of residence, including the manner in which applications for residence are approved; and

“(E) the residence will be operated solely as a residence for not less than six veterans.

“(c) FUNDING.—Loans under this section shall be made from the special account of the General Post Fund of the Department of Veterans Affairs established for purposes of this section. The amount of such loans outstanding at any time may not exceed \$100,000. Amounts received as payment of principal and interest on such loans shall be deposited in that account. The

operation of the loan program under this section shall be separately accounted for, and shall be separately stated in the documents accompanying the President's budget for each fiscal year.

“(d) TERMS AND CONDITIONS.—Loans under this section shall be made on such terms and conditions, including interest, as the Secretary prescribes.

“(e) REPORT.—After the end of the 15-month period beginning on the date the first loan is extended under this section, the Secretary shall issue a report on the Department's experience under the section. The report shall include the following information:

“(1) The default rate on loans extended under this section.

“(2) The manner in which loan payments are collected.

“(3) The number of facilities at which loans have been extended.

“(4) The adequacy of the amount of funds in the special account referred to in subsection (c).”

EVALUATION OF VETERANS' ADMINISTRATION INPATIENT AND OUTPATIENT DRUG AND ALCOHOL TREATMENT PROGRAMS

Pub. L. 100-690, title II, §2501, Nov. 18, 1988, 102 Stat. 4232, directed Administrator of Veterans' Affairs to conduct an evaluation of inpatient and outpatient drug and alcohol treatment programs operated by the Veterans' Administration, such evaluation to include a determination of medical advantages and cost-effectiveness of such programs, taking into consideration rates of readmission and the rate of successful rehabilitation, and authorized appropriations for this purpose for fiscal years 1989, 1990, and 1991.

RATIFICATION FOR LAPSED PERIOD

Pub. L. 100-689, title V, §502(a)(2), Nov. 18, 1988, 102 Stat. 4179, ratified actions by the Administrator of Veterans' Affairs in providing, during the period beginning Oct. 1, 1988, and ending Nov. 18, 1988, for care and treatment and rehabilitative services under this section.

§ 1720B. Respite care

(a) The Secretary may furnish respite care services to a veteran who is enrolled to receive care under section 1710 of this title.

(b) For the purpose of this section, the term “respite care services” means care and services which—

(1) are of limited duration;

(2) are furnished on an intermittent basis to a veteran who is suffering from a chronic illness and who resides primarily at home; and

(3) are furnished for the purpose of helping the veteran to continue residing primarily at home.

(c) In furnishing respite care services, the Secretary may enter into contract arrangements.

(Added Pub. L. 99-576, title II, §201(a)(1), Oct. 28, 1986, 100 Stat. 3254, §620B; amended Pub. L. 101-237, title II, §201(a), Dec. 18, 1989, 103 Stat. 2066; renumbered §1720B and amended Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-585, title V, §502, Nov. 4, 1992, 106 Stat. 4955; Pub. L. 106-117, title I, §101(e), Nov. 30, 1999, 113 Stat. 1549.)

Editorial Notes

AMENDMENTS

1999—Subsec. (a). Pub. L. 106-117, §101(e)(1), substituted “enrolled” for “eligible”.

Subsec. (b). Pub. L. 106-117, §101(e)(2), in introductory provisions, substituted “the term ‘respite care services’

means care and services” for “the term ‘respite care’ means hospital or nursing home care”, in par. (1) substituted “are” for “is”, in par. (2) substituted “are” for “is” and struck out “in a Department facility” after “furnished”, and in par. (3) substituted “are” for “is”.

Subsec. (c). Pub. L. 106-117, §101(e)(3), added subsec. (c).

1992—Subsec. (c). Pub. L. 102-585 struck out subsec. (c) which read as follows: “The authority provided by this section terminates on September 30, 1992.”

1991—Pub. L. 102-83, §5(a), renumbered section 620B of this title as this section.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted “1710” for “610”.

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

Subsec. (b)(2). Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans' Administration”.

1989—Subsec. (c). Pub. L. 101-237 substituted “September 30, 1992” for “September 30, 1989”.

Statutory Notes and Related Subsidiaries

RATIFICATION OF ACTIONS OF SECRETARY OF VETERANS AFFAIRS DURING TRANSITION PERIODS

Pub. L. 101-237, title VI, §604, Dec. 18, 1989, 103 Stat. 2097, ratified actions of the Secretary of Veterans Affairs in carrying out this section, section 115 of Pub. L. 100-322 [38 U.S.C. 1712 note], section 618 of Pub. L. 100-440 [5 U.S.C. 6302 note], or section 1829 [now 3729] of this title, by contract or otherwise, during the period beginning Dec. 1, 1989, and ending Dec. 18, 1989.

Pub. L. 101-110, §3(b), Oct. 6, 1989, 103 Stat. 682, ratified actions of the Secretary of Veterans Affairs in carrying out this section, section 115 of Pub. L. 100-322 [38 U.S.C. 1712 note], section 618 of Pub. L. 100-440 [5 U.S.C. 6302 note], or section 1829 [now 3729] of this title, by contract or otherwise, during the period beginning Oct. 1, 1989, and ending Oct. 6, 1989.

INTERIM EXTENSION OF RESPITE CARE PROGRAM

Pub. L. 101-110, §1(a), Oct. 6, 1989, 103 Stat. 682, provided that: “Notwithstanding the provisions of subsection (c) of section 620B [now 1720B] of title 38, United States Code, the authority provided by such section shall terminate on November 30, 1989.”

REPORT

Pub. L. 99-576, title II, §201(b), Oct. 28, 1986, 100 Stat. 3254, provided that if the Administrator of Veterans' Affairs furnished respite care under this section, the Administrator was to conduct an evaluation of the health efficacy and cost-effectiveness of furnishing such care and submit to the Committees on Veterans' Affairs of the Senate and House of Representatives not later than Feb. 1, 1989, a report containing the results of such evaluation and appropriate recommendations.

§ 1720C. Noninstitutional alternatives to nursing home care

(a) The Secretary may furnish medical, rehabilitative, and health-related services in non-institutional settings for veterans who are eligible under this chapter for, and are in need of, nursing home care. The Secretary shall give priority for participation in such program to veterans who—

(1) are in receipt of, or are in need of, nursing home care primarily for the treatment of a service-connected disability; or

(2) have a service-connected disability rated at 50 percent or more.

(b)(1) Under the program conducted pursuant to subsection (a), the Secretary shall (A) furnish appropriate health-related services solely through contracts with appropriate public and