

give permission on behalf of the veteran), assist in removing a veteran from such facility. Regulations prescribed to carry out this paragraph shall provide for reasonable notice and, upon request made on behalf of the facility, a hearing before any action authorized by this paragraph is taken.

(d) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include the standards required by subsection (b) of this section.

(e)(1) To the extent possible, the Secretary shall make available each report of an inspection of a community residential-care facility under subsection (b)(2) or (c)(1) of this section to each Federal, State, and local agency charged with the responsibility of licensing or otherwise regulating or inspecting such facility.

(2) The Secretary shall make the standards prescribed in regulations under subsection (d) of this section available to all Federal, State, and local agencies charged with the responsibility of licensing or otherwise regulating or inspecting community residential-care facilities.

(f) For the purpose of this section, the term "community residential-care facility" means a facility that provides room and board and such limited personal care for and supervision of residents as the Secretary determines, in accordance with regulations prescribed under this section, are necessary for the health, safety, and welfare of residents.

(Added Pub. L. 98-160, title I, §104(a), Nov. 21, 1983, 97 Stat. 996, §630; amended Pub. L. 102-54, §14(b)(15), June 13, 1991, 105 Stat. 284; renumbered §1730 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 630 of this title as this section.

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

Pub. L. 102-54 struck out "(1)" after "(a)" and redesignated former subpar. (A) as par. (1), cls. (i) and (ii) as subpars. (A) and (B), respectively, and former subpar. (B) as par. (2).

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing and "Secretary's" for "Administrator's" in two places.

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration" in par. (3).

Subsecs. (c) to (f). Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

§ 1730A. Prohibition on collection of copayments from certain veterans

(a) PROHIBITION.—Notwithstanding subsections (f) and (g) of section 1710 and section 1722A(a) of this title or any other provision of law, the Secretary may not require a covered veteran to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary.

(b) COVERED VETERAN DEFINED.—In this section, the term "covered veteran" means a veteran who—

(1) is catastrophically disabled, as defined by the Secretary; or

(2) is an Indian or urban Indian (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

(Added Pub. L. 111-163, title V, §511(a), May 5, 2010, 124 Stat. 1164; amended Pub. L. 116-315, title III, §3002(a), Jan. 5, 2021, 134 Stat. 4990.)

Editorial Notes

AMENDMENTS

2021—Pub. L. 116-315 substituted "certain" for "catastrophically disabled" in section catchline, designated existing provisions as subsec. (a) and inserted heading, substituted "a covered veteran" for "a veteran who is catastrophically disabled, as defined by the Secretary," and added subsec. (b).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2021 AMENDMENT

Pub. L. 116-315, title III, §3002(c), Jan. 5, 2021, 134 Stat. 4991, provided that: "The amendments made by this section [amending this section] shall take effect on the day that is one year after the date of the enactment of this Act [Jan. 5, 2021]."

§ 1730B. Access to State prescription drug monitoring programs

(a) ACCESS TO PROGRAMS.—(1) Any licensed health care provider or delegate of such a provider shall be considered an authorized recipient or user for the purpose of querying and receiving data from the national network of State-based prescription drug monitoring programs, or any individual State or regional prescription drug monitoring program, to support the safe and effective prescribing of controlled substances to covered patients.

(2) Under the authority granted by paragraph (1)—

(A) licensed health care providers or delegates of such providers shall query the national network of State-based prescription monitoring programs, or, if providing care in a State that does not participate in such national network, an individual State or regional prescription drug monitoring program, in accordance with applicable regulations and policies of the Veterans Health Administration; and

(B) notwithstanding any general or specific provision of law, rule, or regulation of a State, no State may restrict the access of licensed health care providers or delegates of such providers from accessing that State's prescription drug monitoring programs.

(3) No State shall deny or revoke the license, registration, or certification of a licensed health care provider or delegate who otherwise meets that State's qualifications for holding the license, registration, or certification on the basis that the licensed health care provider or delegate queried or received data, or attempted to query or receive data, from the national network of State-based prescription drug monitoring programs, or any individual State or regional prescription drug monitoring program, under this section.

(b) COVERED PATIENTS.—For purposes of this section, a covered patient is a patient who—

(1) receives a prescription for a controlled substance; and

(2) is not receiving palliative care or enrolled in hospice care.

(c) DEFINITIONS.—In this section:

(1) The term “controlled substance” has the meaning given such term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

(2) The term “delegate” means a person or automated system accessing the national network of State-based prescription monitoring programs, or any individual State or regional prescription drug monitoring program, at the direction or under the supervision of a licensed health care provider.

(3) The term “licensed health care provider” means a health care provider employed by the Department who is licensed, certified, or registered within any State to fill or prescribe medications within the scope of his or her practice as a Department employee.

(4) The term “national network of State-based prescription monitoring programs” means an interconnected nation-wide system that facilitates the transfer to State prescription drug monitoring program data across State lines.

(5) The term “State” means a State, as defined in section 101(20) of this title, or a political subdivision of a State.

(Added Pub. L. 115–182, title I, §134(a), June 6, 2018, 132 Stat. 1428; amended Pub. L. 115–251, title II, §206, Sept. 29, 2018, 132 Stat. 3173.)

Editorial Notes

AMENDMENTS

2018—Subsec. (a)(1). Pub. L. 115–251, §206(1)(A), inserted “, or any individual State or regional prescription drug monitoring program,” after “programs”.

Subsec. (a)(2)(A). Pub. L. 115–251, §206(1)(B), substituted “the national network of State-based prescription monitoring programs, or, if providing care in a State that does not participate in such national network, an individual State or regional prescription drug monitoring program,” for “such network”.

Subsec. (a)(3). Pub. L. 115–251, §206(1)(C), which directed “inserting ‘, or any individual State or regional prescription drug monitoring program,’ after programs”, was executed by inserting the quoted text after “programs” as if that word had been enclosed in quotation marks in the directory language, to reflect the probable intent of Congress.

Subsec. (c)(2). Pub. L. 115–251, §206(2), inserted “, or any individual State or regional prescription drug monitoring program,” after “programs”.

§ 1730C. Licensure of health care professionals providing treatment via telemedicine

(a) IN GENERAL.—Notwithstanding any provision of law regarding the licensure of health care professionals, a covered health care professional may practice the health care profession of the health care professional at any location in any State or any of the Freely Associated States (as defined in section 1724(f) of this title), regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment to an individual under this chapter.

(b) COVERED HEALTH CARE PROFESSIONALS.—For purposes of this section, a covered health

care professional is any of the following individuals:

(1) A health care professional who—

(A) is an employee of the Department appointed under section 7306, 7401, 7405, 7406, or 7408 of this title or under title 5;

(B) is authorized by the Secretary to provide health care under this chapter;

(C) is required to adhere to all standards for quality relating to the provision of health care in accordance with applicable policies of the Department; and

(D)(i) has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional; or

(ii) with respect to a health care profession listed under section 7402(b) of this title, has the qualifications for such profession as set forth by the Secretary.

(2) A postgraduate health care employee who—

(A) is appointed under section 7401(1), 7401(3), or 7405 of this title or title 5 for any category of personnel described in paragraph (1) or (3) of section 7401 of this title;

(B) must obtain an active, current, full, and unrestricted license, registration, or certification or meet qualification standards set forth by the Secretary within a specified time frame; and

(C) is under the clinical supervision of a health care professional described in paragraph (1); or

(3) A health professions trainee who—

(A) is appointed under section 7405 or 7406 of this title; and

(B) is under the clinical supervision of a health care professional described in paragraph (1).

(c) PROPERTY OF FEDERAL GOVERNMENT.—Subsection (a) shall apply to a covered health care professional providing treatment to a patient regardless of whether the covered health care professional or patient is located in a facility owned by the Federal Government during such treatment.

(d) RELATION TO STATE LAW.—(1) The provisions of this section shall supersede any provisions of the law of any State to the extent that such provision of State law are inconsistent with this section.

(2) No State shall deny or revoke the license, registration, or certification of a covered health care professional who otherwise meets the qualifications of the State for holding the license, registration, or certification on the basis that the covered health care professional has engaged or intends to engage in activity covered by subsection (a).

(e) RULE OF CONSTRUCTION.—Nothing in this section may be construed to remove, limit, or otherwise affect any obligation of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.).

(f) STATE DEFINED.—In this section, the term “State” means a State, as defined in section 101(20) of this title, or a political subdivision of a State.

(Added Pub. L. 115–182, title I, §151(a), June 6, 2018, 132 Stat. 1430; amended Pub. L. 116–283, div.