

1982—Subsec. (d). Pub. L. 97-251 added subsec. (d).
 1981—Subsec. (b). Pub. L. 97-72 substituted “equipped to provide the care and treatment” for “particularly equipped to provide the most effective care and treatment” in provisions following par. (2).

1979—Subsec. (a). Pub. L. 96-151, §205(a)(1), in cl. (1) substituted reference to spouse for reference to wife, in cl. (2) substituted reference to surviving spouse for reference to widow, and added cl. (3).

Subsec. (c). Pub. L. 96-151, §205(a)(2), added subsec. (c).

1976—Subsec. (a)(2). Pub. L. 94-581, §104, designated existing provisions as cl. (A) and added cl. (B).

Subsec. (b)(1). Pub. L. 94-581, §210(a)(4)(A), substituted “the Secretary enters” for “he enters”.

Subsec. (b)(2). Pub. L. 94-581, §210(a)(4)(B), substituted “the Administrator” for “he” in two places.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1982 AMENDMENT

Pub. L. 97-251, §5(b), Sept. 8, 1982, 96 Stat. 716, provided that: “The amendment made by subsection (a) [amending this section] shall take effect on October 1, 1982.”

EFFECTIVE DATE OF 1979 AMENDMENT

Pub. L. 96-151, title II, §205(b), Dec. 20, 1979, 93 Stat. 1095, provided that: “The amendments made by subsection (a) [amending this section] shall take effect with respect to fiscal year 1980 only to such extent and for such amounts as may be specifically provided for such purpose in appropriation Acts.”

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.

EFFECTIVE DATE

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

§ 1782. Counseling, training, and mental health services for immediate family members and caregivers

(a) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is receiving treatment for a service-connected disability pursuant to paragraph (1) or (2) of section 1710(a) of this title, the Secretary shall provide to individuals described in subsection (c) such consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with that treatment.

(b) COUNSELING FOR FAMILY MEMBERS OF VETERANS RECEIVING NON-SERVICE-CONNECTED TREATMENT.—In the case of a veteran who is eligible to receive treatment for a non-service-connected disability under the conditions described in paragraph (1), (2), or (3) of section 1710(a) of this title, the Secretary may, in the discretion of the Secretary, provide to individuals described in subsection (c) such consultation, professional counseling, marriage and family counseling, training, and mental health services as are necessary in connection with that treatment.

(c) ELIGIBLE INDIVIDUALS.—Individuals who may be provided services under this subsection are—

(1) the members of the immediate family or the legal guardian of a veteran;

(2) a family caregiver of an eligible veteran or a caregiver of a covered veteran (as those terms are defined in section 1720G of this title); or

(3) the individual in whose household such veteran certifies an intention to live.

(d) TRAVEL AND TRANSPORTATION AUTHORIZED.—Services provided under subsections (a) and (b) may include, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of individuals described in subsection (c) in the case of any of the following:

(1) A veteran who is receiving care for a service-connected disability.

(2) A dependent or survivor receiving care under the last sentence of section 1783(b) of this title.

(Added Pub. L. 107-135, title II, §208(b), Jan. 23, 2002, 115 Stat. 2462; amended Pub. L. 110-387, title III, §301(a)(2), Oct. 10, 2008, 122 Stat. 4120; Pub. L. 111-163, title I, §103(a), (b), May 5, 2010, 124 Stat. 1139, 1140.)

Editorial Notes

PRIOR PROVISIONS

A prior section 1782 was renumbered section 3682 of this title.

AMENDMENTS

2010—Pub. L. 111-163, §103(b), inserted “and caregivers” after “members” in section catchline.

Subsec. (c)(2), (3). Pub. L. 111-163, §103(a), added par. (2) and redesignated former par. (2) as (3).

2008—Subsec. (a). Pub. L. 110-387, §301(a)(2)(A), inserted “marriage and family counseling,” after “professional counseling,”.

Subsec. (b). Pub. L. 110-387, §301(a)(2)(B), inserted “marriage and family counseling,” after “professional counseling,” and substituted period at end for “if—

“(1) those services were initiated during the veteran’s hospitalization; and

“(2) the continued provision of those services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.”

§ 1783. Bereavement counseling

(a) DEATHS OF VETERANS.—In the case of an individual who was a recipient of services under section 1782 of this title at the time of the death of the veteran, the Secretary may provide bereavement counseling to that individual in the case of a death—

(1) that was unexpected; or

(2) that occurred while the veteran was participating in a hospice program (or a similar program) conducted by the Secretary.

(b) DEATHS IN ACTIVE SERVICE.—(1) The Secretary may provide bereavement counseling to an individual who is a member of the immediate family of a member of the Armed Forces who dies in the active military, naval, air, or space service in the line of duty and under circumstances not due to the person’s own misconduct.

(2) For purposes of this subsection, the members of the immediate family of a member of the Armed Forces described in paragraph (1) include the parents of such member.

(c) **PROVISION OF COUNSELING THROUGH VET CENTERS.**—Bereavement counseling may be provided under this section through the facilities and personnel of centers for the provision of readjustment counseling and related mental health services under section 1712A of this title.

(d) **BEREAVEMENT COUNSELING DEFINED.**—For purposes of this section, the term “bereavement counseling” means such counseling services, for a limited period, as the Secretary determines to be reasonable and necessary to assist an individual with the emotional and psychological stress accompanying the death of another individual.

(Added Pub. L. 107-135, title II, § 208(b), Jan. 23, 2002, 115 Stat. 2463; amended Pub. L. 109-461, title II, § 216, Dec. 22, 2006, 120 Stat. 3424; Pub. L. 116-283, div. A, title IX, § 926(a)(31), Jan. 1, 2021, 134 Stat. 3830.)

Editorial Notes

PRIOR PROVISIONS

A prior section 1783 was renumbered section 3683 of this title.

AMENDMENTS

2021—Subsec. (b)(1). Pub. L. 116-283 substituted “air, or space service” for “or air service”.

2006—Subsec. (b). Pub. L. 109-461, § 216(a), designated existing provisions as par. (1) and added par. (2).

Subsecs. (c), (d). Pub. L. 109-461, § 216(b), added subsec. (c) and redesignated former subsec. (c) as (d).

§ 1784. Humanitarian care

The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary.

(Added Pub. L. 107-135, title II, § 208(b), Jan. 23, 2002, 115 Stat. 2463.)

Editorial Notes

PRIOR PROVISIONS

Prior section 1784 was renumbered section 3684 of this title.

§ 1784A. Examination and treatment for emergency medical conditions and women in labor

(a) **IN GENERAL.**—In the case of a hospital of the Department that has an emergency department, if any individual comes to the hospital or the campus of the hospital and a request is made on behalf of the individual for examination or treatment for a medical condition, the hospital must provide for an appropriate medical screening examination within the capability of the emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists.

(b) **NECESSARY STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND LABOR.**—(1) If any individual comes to a hospital of the Department that has an emergency department or the campus of such a hospital and the hospital determines that the individual has an emergency medical condition, the hospital must provide either—

(A) within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition; or

(B) for transfer of the individual to another medical facility in accordance with subsection (c).

(2) A hospital is deemed to meet the requirement of paragraph (1)(A) with respect to an individual if the hospital offers the individual the further medical examination and treatment described in that paragraph and informs the individual (or a person acting on behalf of the individual) of the risks and benefits to the individual of such examination and treatment, but the individual (or a person acting on behalf of the individual) refuses to consent to the examination and treatment. The hospital shall take all reasonable steps to secure the written informed consent of the individual (or person) to refuse such examination and treatment.

(3) A hospital is deemed to meet the requirement of paragraph (1)(B) with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with subsection (c) and informs the individual (or a person acting on behalf of the individual) of the risks and benefits to the individual of such transfer, but the individual (or a person acting on behalf of the individual) refuses to consent to the transfer. The hospital shall take all reasonable steps to secure the written informed consent of the individual (or person) to refuse such transfer.

(c) **RESTRICTING TRANSFERS UNTIL INDIVIDUAL STABILIZED.**—(1) If an individual at a hospital of the Department has an emergency medical condition that has not been stabilized, the hospital may not transfer the individual unless—

(A)(i) the individual (or a legally responsible person acting on behalf of the individual), after being informed of the obligations of the hospital under this section and of the risk of transfer, requests, in writing, transfer to another medical facility;

(ii) a physician of the Department has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual and, in the case of labor, to the unborn child from effecting the transfer; or

(iii) if a physician of the Department is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as defined by the Secretary for purposes of this section) has signed a certification described in clause (ii) after a physician of the Department, in consultation with the person, has made the determination described in such clause, and subsequently countersigns the certification; and

(B) the transfer is an appropriate transfer to that facility.

(2) A certification described in clause (ii) or (iii) of paragraph (1)(A) shall include a summary of the risks and benefits upon which the certification is based.