

“(A) The ratio of veterans to health care providers of the Department for a standardized geographic area surrounding a facility, including a separate ratio for general practitioners and specialists.

“(B) The range of clinical specialties of providers in standardized geographic areas surrounding a facility.

“(C) Whether the specialty of a provider is included in the most recent staffing shortage determination of the Department under section 7412 of title 38, United States Code.

“(D) Whether the local community is designated by the Secretary of Veterans Affairs as underserved pursuant to criteria developed under section 401 of this Act [38 U.S.C. 8110 note].

“(E) Whether the facility is located in a community that is designated by the Secretary of Health and Human Services as a health professional shortage area under section 332 of the Public Health Service Act (42 U.S.C. 254e).

“(F) Whether the facility is located in a rural or remote area.

“(G) Such other criteria as the Secretary considers important in determining which facilities are not adequately serving area veterans.

“(5) PRIORITY IN PLACEMENTS.—During the pilot program under this section, the Secretary shall place no fewer than 100 residents in covered facilities—

“(A) operated by the Indian Health Service;

“(B) operated by an Indian tribe;

“(C) operated by a tribal organization; or

“(D) located in communities designated by the Secretary as underserved pursuant to criteria developed under section 401 of this Act [38 U.S.C. 8110 note].

“(6) STIPENDS AND BENEFITS.—The Secretary may pay stipends and provide benefits for residents in positions under paragraph (1), regardless of whether they have been assigned in a Department facility.

“(b) REIMBURSEMENT.—If a covered facility establishes a new residency program in which the Secretary places a resident under the pilot program, the Secretary shall reimburse that covered facility for costs of the following:

“(1) Curriculum development.

“(2) Recruitment and retention of faculty.

“(3) Accreditation of the program by the Accreditation Council for Graduate Medical Education.

“(4) The portion of faculty salaries attributable to duties under an agreement under subsection (a)(3).

“(5) Expenses relating to educating a resident under the pilot program.

“(c) REPORTING.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [June 6, 2018] and not less frequently than once each year thereafter until the termination of the pilot program, the Secretary shall submit to Congress a report on the implementation of the pilot program.

“(2) ELEMENTS.—Each report submitted under paragraph (1) shall include the following with regard to the immediately preceding year, and in comparison to the year immediately preceding that year:

“(A) The number of veterans who received care from residents under the pilot program.

“(B) The number of veterans who received care from each resident per position described in subsection (a)(1) under the pilot program.

“(C) The number of veterans who received care from residents under the pilot program expressed as a percentage of all individuals who received care from such residents.

“(D) The number of clinical appointments for veterans conducted by each resident under the pilot program.

“(E) The number of clinical appointments for veterans conducted by residents per position described in subsection (a)(1) under the pilot program.

“(F) The number of clinical appointments for veterans expressed as a percentage of all clinical ap-

pointments conducted by residents under the pilot program.

“(G) The number of positions described in subsection (a)(1) at each covered facility under the pilot program.

“(H) For each position described in subsection (a)(1) in a residency program affiliated with a health care facility of the Department, the time a resident under the pilot program spent training at that facility of the Department, expressed as a percentage of the total training time for that resident position.

“(I) For each residency program affiliated with a health care facility of the Department, the time all residents under the pilot program spent training at that facility of the Department, expressed as a percentage of the total training time for those residents.

“(J) The time that all residents under the pilot program who are assigned to programs affiliated with health care facilities of the Department spent training at facilities of the Department, expressed as a percentage of the total training time for those residents.

“(K) The cost to the Department of Veterans Affairs under the pilot program in the year immediately preceding the report and since the beginning of the pilot program.

“(L) The cost to the Department of Veterans Affairs per resident placed under the pilot program at each covered facility.

“(M) The number of residents under the pilot program hired by the Secretary to work in the Veterans Health Administration after completion of residency in the year immediately preceding the report and since the beginning of the pilot program.

“(N) The medical specialties pursued by residents under the pilot program.

“(d) DURATION.—The pilot program under this section shall terminate on August 7, 2031.”

TEN-YEAR INCREASE

Pub. L. 113-146, title III, §301(b)(2), Aug. 7, 2014, 128 Stat. 1785, as amended by Pub. L. 114-315, title VI, §617(a), Dec. 16, 2016, 130 Stat. 1577, provided that:

“(A) IN GENERAL.—In carrying out section 7302(e) of title 38, United States Code, as added by paragraph (1), during the 10-year period beginning on the day that is 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions.

“(B) PRIORITY.—In increasing the number of graduate medical education residency positions at medical facilities of the Department under subparagraph (A), the Secretary shall give priority to medical facilities that—

“(i) as of the date of the enactment of this Act, do not have a medical residency program; and

“(ii) are located in a community that has a high concentration of veterans.”

[For definition of “facility of the Department” as used in section 301(b)(2) of Pub. L. 113-146, set out above, see section 2 of Pub. L. 113-146, set out as a note under section 1701 of this title.]

§ 7303. Functions of Veterans Health Administration: research programs

(a)(1) In order to carry out more effectively the primary function of the Administration and in order to contribute to the Nation's knowledge about disease and disability, the Secretary shall carry out a program of medical research in connection with the provision of medical care and treatment to veterans. Funds appropriated to carry out this section shall remain available until expended.

(2) Such program of medical research shall include biomedical research, mental illness research, prosthetic and other rehabilitative research, and health-care-services research.

(3) Such program shall stress—

(A) research into spinal-cord injuries and other diseases that lead to paralysis of the lower extremities; and

(B) research into injuries and illnesses particularly related to service.

(4) In carrying out such research program, the Secretary shall act in cooperation with the entities described in section 7302(d) of this title.

(b) Prosthetic research shall include research and testing in the field of prosthetic, orthotic, and orthopedic appliances and sensory devices. In order that the unique investigative material and research data in the possession of the Government may result in the improvement of such appliances and devices for all disabled persons, the Secretary (through the Under Secretary for Health) shall make the results of such research available to any person, and shall consult and cooperate with the Secretary of Health and Human Services and the Secretary of Education, in connection with programs carried out under section 204(b)(3) of the Rehabilitation Act of 1973 (relating to the establishment and support of Rehabilitation Engineering Research Centers).

(c)(1) In conducting or supporting clinical research, the Secretary shall ensure that, whenever possible and appropriate—

(A) women who are veterans are included as subjects in each project of such research; and

(B) members of minority groups who are veterans are included as subjects of such research.

(2) In the case of a project of clinical research in which women or members of minority groups will under paragraph (1) be included as subjects of the research, the Secretary shall ensure that the project is designed and carried out so as to provide for a valid analysis of whether the variables being tested in the research affect women or members of minority groups, as the case may be, differently than other persons who are subjects of the research.

(d)(1) The Secretary, in carrying out the Secretary's responsibilities under this section, shall foster and encourage the initiation and expansion of research relating to the health of veterans who are women.

(2) In carrying out this subsection, the Secretary shall consult with the following to assist the Secretary in setting research priorities:

(A) Officials of the Department assigned responsibility for women's health programs and sexual trauma services.

(B) The members of the Advisory Committee on Women Veterans.

(C) Members of appropriate task forces and working groups within the Department (including the Women Veterans Working Group and the Task Force on Treatment of Women Who Suffer Sexual Abuse).

(Added Pub. L. 102-40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 211; amended Pub. L. 102-405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 103-452, title I, § 102(a), (b)(1), Nov. 2, 1994, 108 Stat. 4785, 4786; Pub. L. 105-220, title IV, § 414(c),

Aug. 7, 1998, 112 Stat. 1242; Pub. L. 107-135, title II, § 205(a), Jan. 23, 2002, 115 Stat. 2460; Pub. L. 108-170, title IV, § 401(b), Dec. 6, 2003, 117 Stat. 2061.)

Editorial Notes

REFERENCES IN TEXT

Section 204(b)(3) of the Rehabilitation Act of 1973, referred to in subsec. (b), is classified to section 764(b)(3) of Title 29, Labor.

AMENDMENTS

2003—Subsec. (e). Pub. L. 108-170 struck out subsec. (e) which read as follows: "Amounts for the activities of the field offices of the Office of Research Compliance and Assurance of the Department shall be derived from amounts appropriated for the Veterans Health Administration for Medical Care (rather than from amounts appropriated for the Veterans Health Administration for Medical and Prosthetic Research)."

2002—Subsec. (e). Pub. L. 107-135 added subsec. (e).

1998—Subsec. (b). Pub. L. 105-220 substituted "section 204(b)(3) of the Rehabilitation Act of 1973" for "section 204(b)(2) of the Rehabilitation Act of 1973 (29 U.S.C. 762(b)(2))".

1994—Pub. L. 103-452 transferred text of subsec. (c) to the end of subsec. (a)(1), struck out subsec. (c) designation, and added new subsecs. (c) and (d).

1992—Subsec. (b). Pub. L. 102-405 substituted "Under Secretary for Health" for "Chief Medical Director".

Statutory Notes and Related Subsidiaries

EXPANSION OF SUICIDE PREVENTION AND MENTAL HEALTH RESEARCH

Pub. L. 117-328, div. V, title V, § 506, Dec. 29, 2022, 136 Stat. 5516, provided that:

"(a) RESEARCH ON MORAL INJURY.—The Secretary of Veterans Affairs, acting through the Office of Research and Development of the Department of Veterans Affairs, shall conduct suicide prevention and mental health care improvement research on how moral injury relates to the mental health needs of veterans who served in the Armed Forces after September 11, 2001, and best practices for mental health treatment for such veterans.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Department of Veterans Affairs an additional \$10,000,000 to be used by the Center of Excellence for Suicide Prevention of the Department and the Rocky Mountain Mental Illness Research Education and Clinical Center for purposes of conducting research on the factors impacting veteran suicide and best practices for early intervention and support."

USE BY DEPARTMENT OF VETERANS AFFAIRS OF COMMERCIAL INSTITUTIONAL REVIEW BOARDS IN SPONSORED RESEARCH TRIALS

Pub. L. 116-171, title VII, § 704, Oct. 17, 2020, 134 Stat. 829, provided that:

"(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs shall complete all necessary policy revisions within the directive of the Veterans Health Administration numbered 1200.05 and titled 'Requirements for the Protection of Human Subjects in Research', to allow sponsored clinical research of the Department of Veterans Affairs to use accredited commercial institutional review boards to review research proposal protocols of the Department.

"(b) IDENTIFICATION OF REVIEW BOARDS.—Not later than 90 days after the completion of the policy revisions under subsection (a), the Secretary shall—

"(1) identify accredited commercial institutional review boards for use in connection with sponsored clinical research of the Department; and

“(2) establish a process to modify existing approvals in the event that a commercial institutional review board loses its accreditation during an ongoing clinical trial.

“(c) REPORT.—

“(1) IN GENERAL.—Not later than 90 days after the completion of the policy revisions under subsection (a), 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 all approvals of institutional review boards used by the Department, including central institutional review boards and commercial institutional review boards.

“(2) ELEMENTS.—The report required by paragraph (1) shall include, at a minimum, the following:

“(A) The name of each clinical trial with respect to which the use of an institutional review board has been approved.

“(B) The institutional review board or institutional review boards used in the approval process for each clinical trial.

“(C) The amount of time between submission and approval.”

APPLICABILITY TO FISCAL YEAR 2002

Pub. L. 107-135, title II, § 205(b), Jan. 23, 2002, 115 Stat. 2460, related to transfer of appropriations for fiscal year 2002 to carry out subsec. (e) of this section for that fiscal year.

POST-TRAUMATIC STRESS DISORDER RESEARCH

Pub. L. 102-405, title I, § 122(a), Oct. 9, 1992, 106 Stat. 1981, provided that: “In carrying out research and awarding grants under chapter 73 of title 38, United States Code, the Secretary shall assign a high priority to the conduct of research on mental illness, including research regarding (1) post-traumatic stress disorder, (2) post-traumatic stress disorder in association with substance abuse, and (3) the treatment of those disorders.”

RESEARCH RELATING TO WOMEN VETERANS' HEALTH

Pub. L. 102-585, title I, § 109, Nov. 4, 1992, 106 Stat. 4948, provided for initiation and expansion of research relating to health of women veterans and authorization of appropriations for fiscal years 1993 through 1995 to carry out such studies, prior to repeal by Pub. L. 103-452, title I, § 102(b)(2), Nov. 2, 1994, 108 Stat. 4786.

§ 7304. Regulations

(a) Unless specifically otherwise provided, the Under Secretary for Health shall prescribe all regulations necessary to the administration of the Veterans Health Administration, including regulations relating to—

(1) travel, transportation of household goods and effects, and deductions from pay for quarters and subsistence; and

(2) the custody, use, and preservation of the records, papers, and property of the Administration.

(b) Regulations prescribed by the Under Secretary for Health are subject to the approval of the Secretary.

(Added Pub. L. 102-40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 212; amended Pub. L. 102-405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984.)

Editorial Notes

AMENDMENTS

1992—Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director” in subsecs. (a) and (b).

§ 7305. Divisions of Veterans Health Administration

The Veterans Health Administration shall include the following:

(1) The Office of the Under Secretary for Health.

(2) A Medical Service.

(3) A Dental Service.

(4) A Podiatric Service.

(5) An Optometric Service.

(6) A Nursing Service.

(7) A Readjustment Counseling Service.

(8) Such other professional and auxiliary services as the Secretary may find to be necessary to carry out the functions of the Administration.

(Added Pub. L. 102-40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 212; amended Pub. L. 102-405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 112-239, div. A, title VII, § 728(c), Jan. 2, 2013, 126 Stat. 1813.)

Editorial Notes

AMENDMENTS

2013—Pars. (7), (8), Pub. L. 112-239 added par. (7) and redesignated former par. (7) as (8).

1992—Par. (1), Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

§ 7306. Office of the Under Secretary for Health

(a) The Office of the Under Secretary for Health shall consist of the following:

(1) The Deputy Under Secretary for Health, who shall be the principal assistant of the Under Secretary for Health and who shall be a qualified doctor of medicine.

(2) The Associate Deputy Under Secretary for Health, who shall be an assistant to the Under Secretary for Health and the Deputy Under Secretary for Health and who shall be a qualified doctor of medicine.

(3) Not to exceed eight Assistant Under Secretaries for Health.

(4) Such Medical Directors as may be appointed to suit the needs of the Department, who shall be either a qualified doctor of medicine or a qualified doctor of dental surgery or dental medicine.

(5) A Director of Nursing Service, who shall be a qualified registered nurse and who shall be responsible to, and report directly to, the Under Secretary for Health for the operation of the Nursing Service.

(6) A Director of Pharmacy Service, a Director of Dietetic Service, and a Director of Optometric Service, who shall be responsible to the Under Secretary for Health for the operation of their respective Services.

(7) Such directors of such other professional or auxiliary services as may be appointed to suit the needs of the Department, who shall be responsible to the Under Secretary for Health for the operation of their respective services.

(8) The Director of the National Center for Preventive Health, who shall be responsible to the Under Secretary for Health for the operation of the Center.

(9) The Director of Physician Assistant Services, who shall—