

(4) Other information that would be of interest to those committees in oversight of the Department medical research program.

(g) **MEDICAL RESEARCH.**—For purposes of this section, the term “medical research” means medical research described in section 7303(a)(2) of this title.

(Added Pub. L. 108–170, title IV, § 401(a)(1), Dec. 6, 2003, 117 Stat. 2059.)

### § 7308. Office of Rural Health

(a) **ESTABLISHMENT.**—There is established in the Department within the Office of the Under Secretary for Health an office to be known as the “Office of Rural Health” (in this section referred to as the “Office”).

(b) **HEAD.**—The Director of the Office of Rural Health shall be the head of the Office. The Director of the Office of Rural Health shall be appointed by the Under Secretary of Health from among individuals qualified to perform the duties of the position.

(c) **FUNCTIONS.**—The functions of the Office are as follows:

(1) In cooperation with the medical, rehabilitation, health services, and cooperative studies research programs in the Office of Policy and the Office of Research and Development of the Veterans Health Administration, to assist the Under Secretary for Health in conducting, coordinating, promoting, and disseminating research into issues affecting veterans living in rural areas.

(2) To work with all personnel and offices of the Department of Veterans Affairs to develop, refine, and promulgate policies, best practices, lessons learned, and innovative and successful programs to improve care and services for veterans who reside in rural areas of the United States.

(3) To designate in each Veterans Integrated Service Network (VISN) an individual who shall consult on and coordinate the discharge in such Network of programs and activities of the Office for veterans who reside in rural areas of the United States.

(4) To perform such other functions and duties as the Secretary or the Under Secretary for Health considers appropriate.

(d) **RURAL HEALTH RESOURCE CENTERS.**—(1) There are, in the Office, veterans rural health resource centers that serve as satellite offices for the Office.

(2) The veterans rural health resource centers have purposes as follows:

(A) To improve the understanding of the Office of the challenges faced by veterans living in rural areas.

(B) To identify disparities in the availability of health care to veterans living in rural areas.

(C) To formulate practices or programs to enhance the delivery of health care to veterans living in rural areas.

(D) To develop special practices and products for the benefit of veterans living in rural areas and for implementation of such practices and products in the Department system-wide.

(Added Pub. L. 109–461, title II, § 212(a)(1), Dec. 22, 2006, 120 Stat. 3421; amended Pub. L. 112–154, title I, § 110, Aug. 6, 2012, 126 Stat. 1175.)

### Editorial Notes

#### AMENDMENTS

Subsec. (d). Pub. L. 112–154 added subsec. (d).

### § 7309. Readjustment Counseling Service

(a) **IN GENERAL.**—There is in the Veterans Health Administration a Readjustment Counseling Service. The Readjustment Counseling Service shall provide readjustment counseling and associated services to individuals in accordance with section 1712A of this title.

(b) **CHIEF OFFICER.**—(1) The head of the Readjustment Counseling Service shall be the Chief Officer of the Readjustment Counseling Service (in this section referred to as the “Chief Officer”), who shall report directly to the Under Secretary for Health.

(2) The Chief Officer shall be appointed by the Under Secretary for Health from among individuals who—

(A)(i) are psychologists who hold a diploma as a doctorate in clinical or counseling psychology from an authority approved by the American Psychological Association and who have successfully undergone an internship approved by that association;

(ii) are holders of a master in social work degree; or

(iii) hold such other advanced degrees related to mental health as the Secretary considers appropriate;

(B) have at least three years of experience providing direct counseling services or outreach services in the Readjustment Counseling Service;

(C) have at least three years of experience administering direct counseling services or outreach services in the Readjustment Counseling Service;

(D) meet the quality standards and requirements of the Department; and

(E) are veterans who served in combat as members of the Armed Forces.

(c) **STRUCTURE.**—(1) The Readjustment Counseling Service is a distinct organizational element within the Veterans Health Administration.

(2) The Readjustment Counseling Service shall provide counseling and services as described in subsection (a).

(3) The Chief Officer shall have direct authority over all Readjustment Counseling Service staff and assets, including Vet Centers.

(d) **SOURCE OF FUNDS.**—(1) Amounts for the activities of the Readjustment Counseling Service, including the operations of its Vet Centers, shall be derived from amounts appropriated for the Veterans Health Administration for medical care.

(2) Amounts for activities of the Readjustment Counseling Service, including the operations of its Vet Centers, shall not be allocated through the Veterans Equitable Resource Allocation system.

(3) In each budget request submitted for the Department of Veterans Affairs by the President

to Congress under section 1105 of title 31, the budget request for the Readjustment Counseling Service shall be listed separately.

(e) ANNUAL REPORT.—(1) Not later than March 15 of each year, 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 activities of the Readjustment Counseling Service during the preceding fiscal year.

(2) Each report submitted under paragraph (1) shall include, with respect to the period covered by the report, the following:

(A) A summary of the activities of the Readjustment Counseling Service, including Vet Centers.

(B) A description of the workload and additional treatment capacity of the Vet Centers, including, for each Vet Center, the ratio of the number of full-time equivalent employees at such Vet Center and the number of individuals who received services or assistance at such Vet Center.

(C) A detailed analysis of demand for and unmet need for readjustment counseling services and the Secretary's plan for meeting such unmet need, including the resources required to meet such unmet need, such as additional staff, additional locations, additional infrastructure, infrastructure improvements, and additional mobile Vet Centers.

(D) A description of actions taken by the Secretary to reduce—

- (i) vacancies in counselor positions in the Readjustment Counseling Service; and
- (ii) the time it takes to hire such counselors.

(3) For each even numbered year in which the report required by paragraph (1) is submitted, the Secretary shall include in such report a prediction of—

- (A) trends in demand for care;
- (B) long-term investments required with respect to the provision of care;
- (C) requirements relating to maintenance of infrastructure; and
- (D) other capital investment requirements with respect to the Readjustment Counseling Service, including Vet Centers, mobile Vet Centers, and community access points.

(f) VET CENTER DEFINED.—In this section, the term “Vet Center” has the meaning given the term in section 1712A(h)(1) of this title.

(Added Pub. L. 112-239, div. A, title VII, §728(a), Jan. 2, 2013, 126 Stat. 1812; amended Pub. L. 114-58, title VI, §601(22), Sept. 30, 2015, 129 Stat. 539; Pub. L. 114-315, title VI, §611, Dec. 16, 2016, 130 Stat. 1575; Pub. L. 116-171, title V, §504, Oct. 17, 2020, 134 Stat. 819; Pub. L. 117-263, div. E, title LI, §5126(d)(2), Dec. 23, 2022, 136 Stat. 3216.)

### Editorial Notes

#### AMENDMENTS

2022—Subsec. (e)(2)(D). Pub. L. 117-263 added subpar. (D).

2020—Subsec. (e)(2)(C). Pub. L. 116-171, §504(a), inserted before period at end “, including the resources required to meet such unmet need, such as additional staff, additional locations, additional infrastructure,

infrastructure improvements, and additional mobile Vet Centers”.

Subsec. (e)(3). Pub. L. 116-171, §504(b), added par. (3). 2016—Subsec. (e)(1). Pub. L. 114-315 substituted “fiscal year” for “calendar year”.

2015—Subsec. (c)(1). Pub. L. 114-58 inserted “the” before “Veterans Health Administration”.

### Statutory Notes and Related Subsidiaries

#### IMPROVEMENT OF VET CENTERS AT DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 117-263, div. E, title LI, §5126, Dec. 23, 2022, 136 Stat. 3213, provided that:

“(a) PRODUCTIVITY EXPECTATIONS FOR READJUSTMENT COUNSELORS OF VET CENTERS.—

“(1) EVALUATION OF PRODUCTIVITY EXPECTATIONS.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2022], the Secretary of Veterans Affairs shall evaluate productivity expectations for readjustment counselors of Vet Centers, including by obtaining systematic feedback from counselors on such expectations, including with respect to following:

“(A) Any potential effects of productivity expectations, whether positive or negative, on client care and the welfare of readjustment counselors.

“(B) Distances readjustment counselors may travel to appointments, especially with respect to serving rural veterans.

“(C) The possibility that some veterans may not want to use nor benefit from telehealth or group counseling.

“(D) Availability and access of veteran populations to broadband and telehealth.

“(E) Any effect of productivity expectations on readjustment counselors, including with respect to recruitment, retention, and welfare.

“(F) Whether productivity expectations provide incentives or pressure to inaccurately report client visits.

“(G) Whether directors and readjustment counselors of Vet Centers need additional training or guidance on how productivity expectations are calculated.

“(H) Such other criteria as the Secretary considers appropriate.

“(2) SYSTEMATIC FEEDBACK.—

“(A) IN GENERAL.—The Secretary shall—

“(i) make every effort to ensure that all readjustment counselors of Vet Centers are given the opportunity to fully provide feedback, positive or negative, including through a survey containing open- and close-ended questions, on all items under paragraph (1);

“(ii) in obtaining feedback under paragraph (1), ensure that the items under paragraph (1) are adequately and completely addressed in a way that permits responses to be relevant to the evaluation of productivity expectations;

“(iii) collect and safely store the feedback obtained under paragraph (1)—

“(I) in an electronic database that cannot be altered by any party;

“(II) in an anonymized manner, in order to protect the privacy of each respondent; and

“(III) in a manner that allows for evaluation by third parties of the feedback, such as audit of the feedback by the Government Accountability Office; and

“(iv) provide the feedback obtained under paragraph (1) in an anonymized manner to the working group established under subsection (c).

“(B) GOVERNMENT ACCOUNTABILITY OFFICE AUDIT.—Not less frequently than once each year during the five-year period beginning on the date of the enactment of this Act, the Comptroller General of the United States shall audit the feedback obtained from readjustment counselors of Vet Centers under paragraph (1).

“(3) IMPLEMENTATION OF CHANGES.—Not later than 90 days after the date of the completion of the evaluation required by paragraph (1), the Secretary shall implement any needed changes to the productivity expectations described in such paragraph in order to ensure—

“(A) quality of care and access to care for veterans; and

“(B) the welfare of readjustment counselors.

“(4) REPORT TO CONGRESS.—Not later than 180 days after the date of the completion of the evaluation required by paragraph (1), the Secretary shall submit to Congress a report on—

“(A) the findings of the evaluation; and

“(B) any planned or implemented changes described in paragraph (3).

“(5) PLAN FOR REASSESSMENT AND IMPLEMENTATION.—

“(A) PLAN.—Not later than one year after the date of the enactment of this Act, the Secretary shall develop and implement a plan for—

“(i) reassessing productivity expectations for readjustment counselors of Vet Centers, in consultation with such counselors; and

“(ii) implementing any needed changes to such expectations, as the Secretary determines appropriate.

“(B) REASSESSMENTS.—Under the plan required by subparagraph (A), the Secretary shall conduct a reassessment described in such paragraph not less frequently than once each year.

“(b) STAFFING MODEL FOR VET CENTERS.—

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2022], the Secretary of Veterans Affairs shall develop and implement a staffing model for Vet Centers that incorporates key practices in the design of such staffing model.

“(2) ELEMENTS.—In developing the staffing model under paragraph (1), the Secretary shall—

“(A) involve key stakeholders, including readjustment counselors, outreach specialists, and directors of Vet Centers;

“(B) incorporate key work activities and the frequency and time required to conduct such activities;

“(C) ensure the data used in the model is high quality to provide assurance that staffing estimates are reliable; and

“(D) incorporate—

“(i) risk factors, including case complexity;

“(ii) geography;

“(iii) availability, advisability, and willingness of veterans to use telehealth or group counseling; and

“(iv) such other factors as the Secretary considers appropriate.

“(3) PLAN FOR ASSESSMENTS AND UPDATES.—Not later than one year after the date of the enactment of this Act, the Secretary shall develop a plan for—

“(A) assessing and updating the staffing model developed and implemented under paragraph (1) not less frequently than once every four years; and

“(B) implementing any needed changes to such model, as the Secretary determines appropriate.

“(c) WORKING GROUP OF READJUSTMENT COUNSELORS, OUTREACH SPECIALISTS, AND DIRECTORS OF VET CENTERS.—

“(1) IN GENERAL.—In conducting the evaluation of productivity expectations under subsection (a) (1) and developing the staffing model for Vet Centers under subsection (b)(1), the Secretary of Veterans Affairs shall establish a working group to assess—

“(A) the efficacy, impact, and composition of performance metrics for such expectations with respect to—

“(i) quality of care and access to care for veterans; and

“(ii) the welfare of readjustment counselors and other employees of Vet Centers; and

“(B) key considerations for the development of such staffing model, including with respect to—

“(i) quality of care and access to care for veterans and other individuals eligible for care through Vet Centers; and

“(ii) recruitment, retention, and welfare of employees of Vet Centers.

“(2) MEMBERSHIP.—The working group established under paragraph (1) shall be composed of readjustment counselors, outreach specialists, and directors of Vet Centers.

“(3) FEEDBACK AND RECOMMENDATIONS.—The working group established under paragraph (1) shall provide to the Secretary—

“(A) feedback from readjustment counselors, outreach specialists, and directors of Vet Centers; and

“(B) recommendations on how to improve—

“(i) quality of care and access to care for veterans; and

“(ii) the welfare of readjustment counselors and other employees of Vet Centers.

“(d) IMPROVEMENTS OF HIRING PRACTICES AT VET CENTERS.—

“(1) STANDARDIZATION OF POSITION DESCRIPTIONS.—

“(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2022], the Secretary of Veterans Affairs shall standardize descriptions of position responsibilities at Vet Centers.

“(B) REPORTING REQUIREMENT.—In each of the first two annual reports submitted under section 7309(e) of title 38, United States Code, after the date of the enactment of this Act, the Secretary shall include a description of the actions taken by the Secretary to carry out subparagraph (A).

“(2) EXPANSION OF REPORTING REQUIREMENTS ON READJUSTMENT COUNSELING TO INCLUDE ACTIONS TO REDUCE STAFFING VACANCIES AND TIME TO HIRE.—[Amended this section.]

“(e) REPORT BY GOVERNMENT ACCOUNTABILITY OFFICE ON VET CENTER INFRASTRUCTURE AND FUTURE INVESTMENTS.—

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 23, 2022], the Comptroller General of the United States shall submit to Congress a report on physical infrastructure and future investments with respect to Vet Centers.

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

“(A) An assessment of—

“(i) the condition of the physical infrastructure of all assets of Vet Centers, whether owned or leased by the Department of Veterans Affairs; and

“(ii) the short-, medium-, and long-term plans of the Department to maintain and upgrade the physical infrastructure of Vet Centers to address the operational needs of Vet Centers as of the date of the submittal of the report and future needs.

“(B) An assessment of management and strategic planning for the physical infrastructure of Vet Centers, including whether the Department should buy or lease existing or additional locations in areas with stable or growing populations of veterans.

“(C) An assessment of whether, as of the date of the submittal of the report, Vet Center buildings, mobile Vet Centers, community access points, and similar infrastructure are sufficient to care for veterans or if such infrastructure is negatively affecting care due to limited space for veterans and Vet Center personnel or other factors.

“(D) An assessment of the areas with the greatest need for investments in—

“(i) improved physical infrastructure, including upgraded Vet Centers; or

“(ii) additional physical infrastructure for Vet Centers, including new Vet Centers owned or leased by the Department.

“(E) A description of the authorities and resources that may be required for the Secretary to make such investments.

“(F) A review of all annual reports submitted under 7309(e) of title 38, United States Code, before the date of the submittal of the report under paragraph (1).

“(f) PILOT PROGRAM TO COMBAT FOOD INSECURITY AMONG VETERANS AND FAMILY MEMBERS OF VETERANS.—

“(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act [Dec. 23, 2022], the Secretary of Veterans Affairs shall establish a pilot program to award grants to eligible entities to support partnerships that address food insecurity among veterans and family members of veterans who receive services through Vet Centers or other facilities of the Department as determined by the Secretary.

“(2) DURATION OF PILOT.—The Secretary shall carry out the pilot program for a three-year period beginning on the date of the establishment of the pilot program.

“(3) TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide eligible entities receiving grant funding under the pilot program with training and technical assistance on the provision of food insecurity assistance services to veterans and family members of veterans.

“(4) ELIGIBLE ENTITIES.—For purposes of the pilot program, an eligible entity is—

“(A) a nonprofit organization;

“(B) an organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code;

“(C) a public agency;

“(D) a community-based organization; or

“(E) an institution of higher education.

“(5) APPLICATION.—An eligible entity seeking a grant under the pilot program shall submit to the Secretary an application therefor at such time, in such manner, and containing such information and commitments as the Secretary may require.

“(6) SELECTION.—The Secretary shall select eligible entities that submit applications under paragraph (5) for the award of grants under the pilot program using a competitive process that takes into account the following:

“(A) Capacity of the applicant entity to serve veterans and family members of veterans.

“(B) Demonstrated need of the population the applicant entity would serve.

“(C) Demonstrated need of the applicant entity for assistance from the grant.

“(D) Such other criteria as the Secretary considers appropriate.

“(7) DISTRIBUTION.—The Secretary shall ensure, to the extent practicable, an equitable geographic distribution of grants awarded under this subsection.

“(8) MINIMUM PROGRAM REQUIREMENTS.—Any grant awarded under this subsection shall be used—

“(A) to coordinate with the Secretary with respect to the provision of assistance to address food insecurity among veterans and family members of veterans described in paragraph (1);

“(B) to increase participation in nutrition counseling programs and provide educational materials and counseling to veterans and family members of veterans to address food insecurity and healthy diets among those individuals;

“(C) to increase access to and enrollment in Federal assistance programs, including the supplemental nutrition assistance program under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.), the special supplemental nutrition program for women, infants, and children established by section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the low-income home energy assistance program established under the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8621 et seq.), and any other assistance program that the Secretary considers advisable; and

“(D) to fulfill such other criteria as the Secretary considers appropriate to further the purpose of the grant and serve veterans.

“(9) PROVISION OF INFORMATION.—Each entity that receives a grant under this subsection shall provide to the Secretary, at least once each year during the duration of the grant term, data on—

“(A) the number of veterans and family members of veterans screened for, and enrolled in, programs described in subparagraphs (B) and (C) of paragraph (8);

“(B) other services provided by the entity to veterans and family members of veterans using funds from the grant; and

“(C) such other data as the Secretary may require.

“(10) REPORT ON DATA COLLECTED.—For each year of operation of the pilot program, the Secretary shall submit to the appropriate committees of Congress a report on the data collected under paragraph (9) during such year.

“(11) GOVERNMENT ACCOUNTABILITY OFFICE REPORT.—

“(A) IN GENERAL.—Not later than one year after the date on which the pilot program terminates, the Comptroller General of the United States shall submit to Congress a report evaluating the effectiveness and outcomes of the activities carried out under this subsection in reducing food insecurity among veterans and family members of veterans.

“(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

“(i) A summary of the activities carried out under this subsection.

“(ii) An assessment of the effectiveness and outcomes of the grants awarded under this subsection, including with respect to eligibility screening contacts, application assistance consultations, and changes in food insecurity among the population served by the grant.

“(iii) Best practices regarding the use of partnerships to improve the effectiveness and outcomes of public benefit programs to address food insecurity among veterans and family members of veterans.

“(iv) An assessment of the feasibility and advisability of making the pilot program permanent and expanding to other locations.

“(12) AUTHORIZATION OF APPROPRIATIONS.—

“(A) IN GENERAL.—There is authorized to be appropriated to carry out the pilot program established under paragraph (1) \$15,000,000 for each fiscal year in which the program is carried out, beginning with the fiscal year in which the program is established.

“(B) ADMINISTRATIVE EXPENSES.—Of the amounts authorized to be appropriated under subparagraph (A), not more than ten percent may be used for administrative expenses of the Department of Veterans Affairs associated with administering grants under this subsection.

“(13) DEFINITIONS.—In this subsection:

“(A) The term ‘appropriate committees of Congress’ means—

“(i) the Committee on Veterans’ Affairs, the Committee on Appropriations, and the Committee on Agriculture, Nutrition, and Forestry of the Senate; and

“(ii) the Committee on Veterans’ Affairs, the Committee on Appropriations, and the Committee on Agriculture of the House of Representatives.

“(B) The term ‘facilities of the Department’ has the meaning given that term in section 1701(3) of title 38, United States Code.

“(C) The term ‘institution of higher education’ has the meaning given that term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

“(D) The term ‘public agency’ means a department, agency, other unit, or instrumentality of Federal, State, Tribal, or local government.

“(E) The term ‘State’ has the meaning given that term in section 101(20) of title 38, United States Code.

“(F) The term ‘veteran’ means an individual who served in the Armed Forces, including an individual who served in a reserve component of the Armed Forces, and who was discharged or released therefrom, regardless of the conditions of such discharge or release.

“(g) DEFINITION OF VET CENTER.—In this section, the term ‘Vet Center’ has the meaning given that term in section 1712A(h) of title 38, United States Code.”

### § 7309A. Office of Patient Advocacy

(a) ESTABLISHMENT.—There is established in the Department within the Office of the Under Secretary for Health an office to be known as the “Office of Patient Advocacy” (in this section referred to as the “Office”).

(b) HEAD.—(1) The Director of the Office of Patient Advocacy shall be the head of the Office.

(2) The Director of the Office of Patient Advocacy shall be appointed by the Under Secretary for Health from among individuals qualified to perform the duties of the position and shall report directly to the Under Secretary for Health.

(c) FUNCTION.—(1) The function of the Office is to carry out the Patient Advocacy Program of the Department.

(2) In carrying out the Patient Advocacy Program of the Department, the Director shall ensure that patient advocates of the Department—

(A) advocate on behalf of veterans with respect to health care received and sought by veterans under the laws administered by the Secretary;

(B) carry out the responsibilities specified in subsection (d); and

(C) receive training in patient advocacy.

(3) Beginning not later than 18 months after the date of the enactment of this paragraph, the Director shall establish an information technology system that will allow a veteran (or the designated representative of a veteran) to electronically—

(A) file a complaint that will be received by the appropriate patient advocate; and

(B) at any time view the status of the complaint, including interim and final actions that have been taken to address the complaint.

(d) PATIENT ADVOCACY RESPONSIBILITIES.—The responsibilities of each patient advocate at a medical facility of the Department are the following:

(1) To resolve complaints by veterans with respect to health care furnished under the laws administered by the Secretary that cannot be resolved at the point of service or at a higher level easily accessible to the veteran.

(2) To present at various meetings and to various committees the issues experienced by veterans in receiving such health care at such medical facility.

(3) To express to veterans their rights and responsibilities as patients in receiving such health care.

(4) To manage the Patient Advocate Tracking System of the Department at such medical facility.

(5) To compile data at such medical facility of complaints made by veterans with respect to the receipt of such health care at such medical facility and the satisfaction of veterans

with such health care at such medical facility to determine whether there are trends in such data.

(6) To ensure that a process is in place for the distribution of the data compiled under paragraph (5) to appropriate leaders, committees, services, and staff of the Department.

(7) To identify, not less frequently than quarterly, opportunities for improvements in the furnishing of such health care to veterans at such medical facility based on complaints by veterans.

(8) To ensure that any significant complaint by a veteran with respect to such health care is brought to the attention of appropriate staff of the Department to trigger an assessment of whether there needs to be a further analysis of the problem at the facility-wide level.

(9) To support any patient advocacy programs carried out by the Department.

(10) To ensure that all appeals and final decisions with respect to the receipt of such health care are entered into the Patient Advocate Tracking System of the Department.

(11) To understand all laws, directives, and other rules with respect to the rights and responsibilities of veterans in receiving such health care, including the appeals processes available to veterans.

(12) To ensure that veterans receiving mental health care, or the surrogate decision-makers for such veterans, are aware of the rights of veterans to seek representation from systems established under section 103 of the Protection and Advocacy for Mentally Ill Individuals Act of 1986<sup>1</sup> (42 U.S.C. 10803) to protect and advocate the rights of individuals with mental illness and to investigate incidents of abuse and neglect of such individuals.

(13) To fulfill requirements established by the Secretary with respect to the inspection of controlled substances.

(14) To document potentially threatening behavior and report such behavior to appropriate authorities.

(e) TRAINING.—In providing training to patient advocates under subsection (c)(2)(C), the Director shall ensure that such training is consistent throughout the Department.

(f) CONTROLLED SUBSTANCE DEFINED.—In this section, the term “controlled substance” has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(Added Pub. L. 114–198, title IX, §924(a), July 22, 2016, 130 Stat. 767; amended Pub. L. 117–175, §2, Sept. 16, 2022, 136 Stat. 2107.)

#### Editorial Notes

##### REFERENCES IN TEXT

The date of the enactment of this paragraph, referred to in subsec. (c)(3), is the date of enactment of Pub. L. 117–175, which was approved Sept. 16, 2022.

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (d)(12), was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106–310, div. B, title XXXII, §3206(a), Oct. 17, 2000, 114 Stat. 1193.

##### AMENDMENTS

2022—Subsec. (c)(3). Pub. L. 117–175 added par. (3).

<sup>1</sup> See References in Text note below.