

ment, clinical executive issues, planning, and resource allocation, and (2) the dean's committee or other advisory committee established under subsection (a).

(Added Pub. L. 102-40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 216; amended Pub. L. 102-405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984.)

Editorial Notes

AMENDMENTS

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

§ 7314. Geriatric research, education, and clinical centers

(a) The Secretary, upon the recommendation of the Under Secretary for Health and pursuant to the provisions of this section, shall designate not more than 25 Department health-care facilities as the locations for centers of geriatric research, education, and clinical activities and (subject to the appropriation of sufficient funds for such purpose) shall establish and operate such centers at such locations in accordance with this section.

(b) In designating locations for centers under subsection (a), the Secretary, upon the recommendation of the Under Secretary for Health, shall—

(1) designate each Department health-care facility that as of August 26, 1980, was operating a geriatric research, education, and clinical center unless (on the recommendation of the Under Secretary for Health) the Secretary determines that such facility does not meet the requirements of subsection (c) or has not demonstrated effectiveness in carrying out the established purposes of such center or the purposes of title III of the Veterans' Administration Health-Care Amendments of 1980 (Public Law 96-330; 94 Stat. 1048) or the potential to carry out such purposes effectively in the reasonably foreseeable future; and

(2) assure appropriate geographic distribution of such facilities.

(c) The Secretary may not designate a health-care facility as a location for a center under subsection (a) unless the peer review panel established under subsection (d) has determined under that subsection that the proposal submitted by such facility as a location for a new center under subsection (a) is among those proposals which have met the highest competitive standards of scientific and clinical merit, and the Secretary (upon the recommendation of the Under Secretary for Health) determines that the facility has (or may reasonably be anticipated to develop) each of the following:

(1) An arrangement with an accredited medical school which provides education and training in geriatrics and with which such facility is affiliated under which residents receive education and training in geriatrics through regular rotation through such center and through nursing home, extended care, or domiciliary units of such facility so as to provide such residents with training in the diagnosis and treatment of chronic diseases of older individuals, including cardiopulmonary

conditions, senile dementia, and neurological disorders.

(2) An arrangement under which nursing or allied health personnel receive training and education in geriatrics through regular rotation through nursing home, extended care, or domiciliary units of such facility.

(3) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health-care research efforts.

(4) A policymaking advisory committee composed of appropriate health-care and research representatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of such center during the period of the operation of such center.

(5) The capability to conduct effectively evaluations of the activities of such center.

(d)(1) In order to provide advice to assist the Secretary and the Under Secretary for Health in carrying out their responsibilities under this section, the Assistant Under Secretary for Health described in section 7306(b)(3) of this title shall establish a panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the establishment of new centers under this section.

(2) The membership of the panel shall consist of experts in the fields of geriatric and gerontological research, education, and clinical care. Members of the panel shall serve as consultants to the Department for a period of no longer than six months.

(3) The panel shall review each proposal submitted to the panel by the Assistant Under Secretary and shall submit its views on the relative scientific and clinical merit of each such proposal to the Assistant Under Secretary.

(4) The panel shall not be subject to chapter 10 of title 5.

(e) Before providing funds for the operation of any such center at a health-care facility other than a health-care facility designated under subsection (b)(1), the Secretary shall assure that the center at each facility designated under such subsection is receiving adequate funding to enable such center to function effectively in the areas of geriatric research, education, and clinical activities.

(f) There are authorized to be appropriated such sums as may be necessary for the support of the research and education activities of the centers established pursuant to subsection (a). The Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

(g) Activities of clinical and scientific investigation at each center established under subsection (a) shall be eligible to compete for the award of funding from funds appropriated for the Department medical and prosthetics research account and shall receive priority in the award of funding from such account insofar as funds are awarded to projects for research in geriatrics and gerontology.

(Added Pub. L. 102-40, title IV, § 401(a)(3), May 7, 1991, 105 Stat. 216; amended Pub. L. 102-83, § 4(a)(3), (4), Aug. 6, 1991, 105 Stat. 404; Pub. L. 102-405, title III, § 302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 102-585, title V, § 521, Nov. 4, 1992, 106 Stat. 4958; Pub. L. 103-446, title XII, §§ 1201(c)(4), 1202(b)(2), Nov. 2, 1994, 108 Stat. 4683, 4689; Pub. L. 110-387, title IX, § 901(a)(8), Oct. 10, 2008, 122 Stat. 4142; Pub. L. 117-286, § 4(a)(219), Dec. 27, 2022, 136 Stat. 4330.)

Editorial Notes

REFERENCES IN TEXT

The Veterans' Administration Health-Care Amendments of 1980, referred to in subsec. (b)(1), is Pub. L. 96-330, Aug. 26, 1980, 94 Stat. 1030. Title III of the Act amended former sections 4101 and 4103 of this title and enacted provisions set out as notes below and under former section 4101 of this title. For the purposes of title III, see section 301 of Pub. L. 96-330, set out below. For complete classification of this Act to the Code, see Short Title of 1980 Amendment note set out under section 101 of this title and Tables.

AMENDMENTS

2022—Subsec. (d)(4). Pub. L. 117-286 substituted “chapter 10 of title 5.” for “the Federal Advisory Committee Act.”

2008—Subsec. (f). Pub. L. 110-387 substituted “medical services account” for “medical care account”.

1994—Subsec. (b)(1). Pub. L. 103-446, § 1202(b)(2), amended Pub. L. 102-83, § 4(a)(3), (4), to make it inapplicable to this section. See 1991 Amendment note below.

Subsec. (d)(1). Pub. L. 103-446, § 1201(c)(4)(A), substituted “the Secretary and the Under Secretary for Health in carrying out” for “the Chief Medical Director and the Secretary to carry out” and “the Assistant Under Secretary for Health described in section 7306(b)(3)” for “the Assistant Chief Medical Director described in section 7306(b)(3)”.

Subsec. (d)(3). Pub. L. 103-446, § 1201(c)(4)(B), substituted “Assistant Under Secretary” for “Assistant Chief Medical Director” in two places.

1992—Subsecs. (a), (b). Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director” wherever appearing.

Subsec. (c). Pub. L. 102-585, § 521(1), inserted “the peer review panel established under subsection (d) has determined under that subsection that the proposal submitted by such facility as a location for a new center under subsection (a) is among those proposals which have met the highest competitive standards of scientific and clinical merit, and” after “unless” in introductory provisions.

Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director” in introductory provisions.

Subsec. (d). Pub. L. 102-585, § 521(3), added subsec. (d). Former subsec. (d) redesignated (e).

Subsec. (e). Pub. L. 102-585, § 521(2), redesignated subsec. (d) as (e). Former subsec. (e) redesignated (f).

Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director” in two places.

Subsecs. (f), (g). Pub. L. 102-585, § 521(2), redesignated subsecs. (e) and (f) as (f) and (g), respectively.

1991—Subsec. (b)(1). Pub. L. 102-83, § 4(a)(3), (4), which directed substitution of “Department” for “Veterans' Administration”, was amended by Pub. L. 103-446, § 1202(b)(2), to make it inapplicable to this section.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1994 AMENDMENT

Pub. L. 103-446, title XII, § 1202(b), Nov. 2, 1994, 108 Stat. 4689, provided that the amendment made by that

section is effective Aug. 6, 1991, and as if included in the enactment of Pub. L. 102-83.

CONGRESSIONAL DECLARATION OF PURPOSE IN CREATING CENTERS OF GERIATRIC RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES

Pub. L. 96-330, title III, § 301, Aug. 26, 1980, 94 Stat. 1048, provided that: “The purposes of this title [see Tables for classification] are (1) to improve and expand the capability of Veterans' Administration [now Department of Veterans Affairs] health-care facilities to respond with the most effective and appropriate services possible to the medical, psychological and social needs of the increasing number of older veterans, and (2) to advance scientific knowledge regarding such needs and the methods of meeting them by facilitating higher quality geriatric care for eligible older veterans through geriatric and gerontological research, the training of health personnel in the provision of health care to older individuals, and the development of improved models of clinical services for eligible older veterans.”

§ 7315. Geriatrics and Gerontology Advisory Committee

(a) The Secretary shall establish in the Veterans Health Administration a Geriatrics and Gerontology Advisory Committee (hereinafter in this section referred to as the “Committee”). The membership of the Committee shall be appointed by the Secretary, upon the recommendation of the Under Secretary for Health, and shall include individuals who are not employees of the Federal Government and who have demonstrated interest and expertise in research, education, and clinical activities related to aging and at least one representative of a national veterans service organization. The Secretary, upon the recommendation of the Under Secretary for Health, shall invite representatives of other appropriate departments and agencies of the United States to participate in the activities of the Committee and shall provide the Committee with such staff and other support as may be necessary for the Committee to carry out effectively its functions under this section.

(b) The Committee shall—

(1) advise the Under Secretary for Health on all matters pertaining to geriatrics and gerontology;

(2) assess, through an evaluation process (including a site visit conducted not later than three years after the date of the establishment of each new center and not later than two years after the date of the last evaluation of those centers in operation on August 26, 1980), the ability of each center established under section 7314 of this title to achieve its established purposes and the purposes of title III of the Veterans' Administration Health-Care Amendments of 1980 (Public Law 96-330; 94 Stat. 1048);

(3) assess the capability of the Department to provide high quality geriatric services, extended services, and other health-care services to eligible older veterans, taking into consideration the likely demand for such services from such veterans;

(4) assess the current and projected needs of eligible older veterans for geriatric services, extended-care services, and other health-care services from the Department and its activi-