

Editorial Notes**AMENDMENTS**

2008—Subsec. (d)(2). Pub. L. 110-387 substituted “through 2012” for “through 2008”.

2003—Subsec. (d)(2). Pub. L. 108-170 substituted “June 1 of each year through 2008” for “February 1, 1998, and February 1 of each of the six following years”.

2000—Subsec. (d)(2). Pub. L. 106-419, substituted “six following years” for “three following years”.

§ 7321A. Committee on Care of Veterans with Traumatic Brain Injury

(a) **ESTABLISHMENT.**—The Secretary shall establish in the Veterans Health Administration a committee to be known as the “Committee on Care of Veterans with Traumatic Brain Injury”. The Under Secretary for Health shall appoint employees of the Department with expertise in the care of veterans with traumatic brain injury to serve on the committee.

(b) **RESPONSIBILITIES OF COMMITTEE.**—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury. In carrying out that responsibility, the committee shall—

(1) evaluate the care provided to such veterans through the Veterans Health Administration;

(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

(c) **ADVICE AND RECOMMENDATIONS.**—The committee shall—

(1) advise the Under Secretary regarding the development of policies for the care and rehabilitation of veterans with traumatic brain injury; and

(2) make recommendations to the Under Secretary—

(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration;

(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration;

(C) regarding research needs and priorities relevant to the care of such veterans; and

(D) regarding the appropriate allocation of resources for all such activities.

(d) **ANNUAL REPORT.**—Not later than June 1, 2010, and each year 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 the implementation of this section. Each such report shall include the following for the calendar year preceding the year in which the report is submitted:

(1) A list of the members of the committee.

(2) The assessment of the Under Secretary for Health, after review of the findings of the committee, regarding the capability of the Veterans Health Administration, on a systemwide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

(3) The plans of the committee for further assessments.

(4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

(5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

(Added Pub. L. 111-163, title V, §515(a), May 5, 2010, 124 Stat. 1165.)

§ 7322. Breast cancer mammography policy

(a) **IN GENERAL.**—The Under Secretary for Health shall develop a national policy for the Veterans Health Administration on mammography screening for veterans.

(b) **STANDARDS FOR SCREENING.**—The policy developed under subsection (a) shall—

(1) specify standards of mammography screening;

(2) provide recommendations with respect to screening, and the frequency of screening, for—

(A) women veterans who are over the age of 39; and

(B) veterans, without regard to age, who have clinical symptoms, risk factors, a record of service in a location and during a period specified in subsection (d), or family history of breast cancer; and

(3) provide for clinician discretion.

(c) **ELIGIBILITY FOR SCREENING FOR VETERANS EXPOSED TO TOXIC SUBSTANCES.**—The Under Secretary for Health shall ensure that, under the policy developed under subsection (a), any veteran who, during active military, naval, or air service, was deployed in support of a contingency operation in a location and during a period specified in subsection (d), is eligible for a mammography screening by a health care provider of the Department.

(d) **LOCATIONS AND PERIODS SPECIFIED.**—(1) The locations and periods specified in this subsection are the following:

(A) Iraq during following periods:

(i) The period beginning on August 2, 1990, and ending on February 28, 1991.

(ii) The period beginning on March 19, 2003, and ending on such date as the Secretary determines burn pits are no longer used in Iraq.

(B) The Southwest Asia theater of operations, other than Iraq, during the period beginning on August 2, 1990, and ending on such date as the Secretary determines burn pits are no longer used in such location, including the following locations:

- (i) Kuwait.
- (ii) Saudi Arabia.
- (iii) Oman.
- (iv) Qatar.

(C) Afghanistan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Afghanistan.

(D) Djibouti during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Djibouti.

(E) Syria during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Syria.

(F) Jordan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Jordan.

(G) Egypt during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Egypt.

(H) Lebanon during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Lebanon.

(I) Yemen during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Yemen.

(J) Such other locations and corresponding periods as set forth by the Airborne Hazards and Open Burn Pit Registry established under section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112-260; 38 U.S.C. 527 note).

(K) Such other locations and corresponding periods as the Secretary, in collaboration with the Secretary of Defense, may determine appropriate in a report submitted under paragraph (2).

(2) Not later than two years after the date of the enactment of the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans In Combat Environments Act, and not less frequently than once every two years thereafter, the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall submit to Congress a report specifying other locations and corresponding periods for purposes of paragraph (1)(K).

(3) A location under this subsection shall not include any body of water around or any airspace above such location.

(4) In this subsection, the term "burn pit" means an area of land that—

(A) is used for disposal of solid waste by burning in the outdoor air; and

(B) does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.

(Added Pub. L. 105-114, title II, §208(a)(1), Nov. 21, 1997, 111 Stat. 2289; amended Pub. L. 117-133, §2(a), June 7, 2022, 136 Stat. 1238.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans In Combat Environments Act, referred to in subsec. (d)(2), is the date of enactment of Pub. L. 117-133, which was approved June 7, 2022.

AMENDMENTS

2022—Subsec. (a). Pub. L. 117-133, §2(a)(1), inserted heading.

Subsec. (b). Pub. L. 117-133, §2(a)(2)(A), inserted heading.

Subsec. (b)(2)(B). Pub. L. 117-133, §2(a)(2)(B), inserted "a record of service in a location and during a period specified in subsection (d)," after "risk factors".

Subsecs. (c), (d). Pub. L. 117-133, §2(a)(3), added subsecs. (c) and (d).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Pub. L. 105-114, title II, §208(b), Nov. 21, 1997, 111 Stat. 2289, provided that: "The Secretary of Veterans Affairs shall develop the national policy on mammography screening required by section 7322 of title 38, United States Code, as added by subsection (a), and shall furnish such policy in a report to the Committees on Veterans' Affairs of the Senate and House of Representatives, not later than 60 days after the date of the enactment of this Act [Nov. 21, 1997]. Such policy shall not take effect before the expiration of 30 days after the date of its submission to those committees."

MAKING ADVANCES IN MAMMOGRAPHY AND MEDICAL OPTIONS FOR VETERANS

Pub. L. 117-135, June 7, 2022, 136 Stat. 1244, provided that:

"SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

"(a) SHORT TITLE.—This Act may be cited as the 'Making Advances in Mammography and Medical Options for Veterans Act'.

"(b) TABLE OF CONTENTS.—[Omitted.]

"TITLE I—SCREENING AND EARLY DETECTION

"SEC. 101. STRATEGIC PLAN FOR BREAST IMAGING SERVICES FOR VETERANS.

"(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act [June 7, 2022], the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a strategic plan for improving breast imaging services for veterans.

"(b) ELEMENTS.—The strategic plan required by subsection (a) shall—

"(1) cover the evolving needs of women veterans;

"(2) address geographic disparities of breast imaging furnished at a facility of the Department of Veterans Affairs and the use of breast imaging through non-Department providers in the community;

"(3) address the use of digital breast tomosynthesis (DBT-3D breast imaging);

"(4) address the needs of male veterans who require breast cancer screening services; and

"(5) provide recommendations on—

"(A) potential expansion of breast imaging services furnished at facilities of the Department, including infrastructure and staffing needs;

"(B) the use of digital breast tomosynthesis;

"(C) the use of mobile mammography; and

"(D) other access and equity improvements for breast imaging.

"SEC. 102. TELESCREENING MAMMOGRAPHY PILOT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

"(a) IN GENERAL.—Commencing not later than 18 months after the date of the enactment of this Act

[June 7, 2022], the Secretary of Veterans Affairs shall carry out a pilot program to provide telescreening mammography services for veterans who live in—

“(1) States where the Department of Veterans Affairs does not offer breast imaging services at a facility of the Department; or

“(2) locations where access to breast imaging services at a facility of the Department is difficult or not feasible, as determined by the Secretary.

“(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a three-year period beginning on the commencement of the pilot program.

“(c) LOCATIONS.—In carrying out the pilot program under subsection (a), the Secretary may use community-based outpatient clinics, mobile mammography, Federally qualified health centers (as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(4))), rural health clinics, critical access hospitals, clinics of the Indian Health Service, and such other sites as the Secretary determines feasible to provide mammograms under the pilot program.

“(d) SHARING OF IMAGES AND RESULTS.—Under the pilot program under subsection (a)—

“(1) mammography images generated shall be sent to a telescreening mammography center of the Department for interpretation by qualified radiologists; and

“(2) results shall be shared with the veteran and their primary care provider in accordance with policies established by the Secretary.

“(e) REPORT.—

“(1) IN GENERAL.—Not later than one year after the conclusion of the pilot program under subsection (a), 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 evaluating the pilot program.

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

“(A) An assessment of the quality of the mammography provided under the pilot program under subsection (a).

“(B) Feedback from veterans and providers participating in the pilot program.

“(C) A recommendation of the Secretary on the continuation or discontinuation of the pilot program.

“SEC. 103. UPGRADE OF BREAST IMAGING AT FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS TO THREE-DIMENSIONAL DIGITAL MAMMOGRAPHY.

“Not later than two years after the date of the enactment of this Act [June 7, 2022], the Secretary of Veterans Affairs shall—

“(1) upgrade all mammography services at facilities of the Department of Veterans Affairs that provide such services to use digital breast tomosynthesis technology, also known as three-dimensional breast imaging; and

“(2) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report—

“(A) indicating that the upgrade under paragraph (1) has been completed; and

“(B) listing the facilities or other locations of the Department at which digital breast tomosynthesis technology is used.

“SEC. 104. STUDY ON AVAILABILITY OF TESTING FOR BREAST CANCER GENE AMONG VETERANS AND EXPANSION OF AVAILABILITY OF SUCH TESTING.

“(a) STUDY.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the availability of access to testing for the breast cancer gene for veterans diagnosed with breast cancer, as recommended by the guidelines set forth by the National Comprehensive Cancer Network.

“(2) ELEMENTS.—In conducting the study under paragraph (1), the Secretary shall examine—

“(A) the feasibility of expanding the Joint Medicine Service of the Department of Veterans Affairs to provide genetic testing and counseling for veterans with breast cancer across the country; and

“(B) access to such testing and counseling for veterans living in rural or highly rural areas, and any gaps that may exist with respect to such access.

“(b) EXPANSION OF AVAILABILITY OF TESTING.—

“(1) IN GENERAL.—The Secretary shall update guidelines or institute new guidelines to increase the use of molecular testing and genetic counseling for veterans diagnosed with breast cancer, including veterans living in rural or highly rural areas.

“(2) DECISION SUPPORT TOOLS.—In updating or instituting guidelines under paragraph (1), the Secretary may develop clinical decision support tools, such as clinical pathways, to facilitate delivery of breast cancer care that is in line with national cancer guidelines.

“(c) REPORT.—Not later than two years after the date of the enactment of this Act [June 7, 2022], 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—

“(1) the results of the study under subsection (a);

“(2) any updates to guidelines or new guidelines instituted under subsection (b);

“(3) breast cancer clinical pathways implemented by the Department of Veterans Affairs and the utilization of those pathways across the Department; and

“(4) any progress of the Department in improving access to and usage of molecular and genetic testing among veterans diagnosed with breast cancer, including for veterans living in rural or highly rural areas.

“(d) DEFINITIONS.—In this section, the terms ‘rural’ and ‘highly rural’ have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

“SEC. 105. MAMMOGRAPHY ACCESSIBILITY FOR PARALYZED AND DISABLED VETERANS.

“(a) STUDY.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the accessibility of breast imaging services at facilities of the Department of Veterans Affairs for veterans with paralysis, spinal cord injury or disorder (SCI/D), or another disability.

“(2) ACCESSIBILITY.—The study required by paragraph (1) shall include an assessment of the accessibility of the physical infrastructure at breast imaging facilities of the Department, including the imaging equipment, transfer assistance, and the room in which services will be provided as well as adherence to best practices for screening and treating veterans with a spinal cord injury or disorder.

“(3) SCREENING RATES.—

“(A) MEASUREMENT.—The study required by paragraph (1) shall include a measurement of breast cancer screening rates for veterans with a spinal cord injury or disorder during the two-year period preceding the commencement of the study, including a breakout of the screening rates for such veterans living in rural or highly rural areas.

“(B) DEVELOPMENT OF METHOD.—If the Secretary is unable to provide the measurement required under subparagraph (A), the Secretary shall develop a method to track breast cancer screening rates for veterans with a spinal cord injury or disorder.

“(4) REPORT.—Not later than two years after the date of the enactment of this Act [June 7, 2022], 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 findings of the study required by paragraph (1), including—

“(A) the rates of screening among veterans with a spinal cord injury or disorder, including veterans living in rural or highly rural areas, as required under paragraph (3)(A); or

“(B) if such rates are not available, a description of the method developed to measure such rates as required under paragraph (3)(B).

“(b) CARE FROM NON-DEPARTMENT PROVIDERS.—The Secretary shall update the policies and directives of the Department to ensure that, in referring a veteran with a spinal cord injury or disorder for care from a non-Department provider, the Secretary shall—

“(1) confirm with the provider the accessibility of the breast imaging site, including the imaging equipment, transfer assistance, and the room in which services will be provided; and

“(2) provide additional information to the provider on best practices for screening and treating veterans with a spinal cord injury or disorder.

“(c) DEFINITIONS.—In this section, the terms ‘rural’ and ‘highly rural’ have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

“SEC. 106. REPORT ON ACCESS TO AND QUALITY OF MAMMOGRAPHY SCREENINGS FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act [June 7, 2022], the Inspector General of the Department of Veterans Affairs shall submit to the Secretary of Veterans Affairs, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives a report on mammography services furnished by the Department of Veterans Affairs.

“(b) ELEMENTS.—The report required by subsection (a) shall include an assessment of—

“(1) the access of veterans to mammography screenings, whether at a facility of the Department or through a non-Department provider, including any staffing concerns of the Department in providing such screenings;

“(2) the quality of such screenings and reading of the images from such screenings, including whether such screenings use three-dimensional mammography;

“(3) the communication of the results of such screenings, including whether results are shared in a timely manner, whether results are shared via the Joint Health Information Exchange or another electronic mechanism, and whether results are incorporated into the electronic health record of the veteran;

“(4) the performance of the Women’s Breast Oncology System of Excellence of the Department; and

“(5) the access of veterans diagnosed with breast cancer to a comprehensive breast cancer care team of the Department.

“(c) FOLLOW-UP.—Not later than 180 days after the submittal of the report under subsection (a), 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 plan to address the deficiencies identified in the report under subsection (a), if any.

“TITLE II—PARTNERSHIPS FOR RESEARCH AND ACCESS TO CARE

“SEC. 201. PARTNERSHIPS WITH NATIONAL CANCER INSTITUTE TO EXPAND ACCESS OF VETERANS TO CANCER CARE.

“(a) ACCESS TO CARE IN EACH VISN.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall enter into a partnership with not fewer than one cancer center of the National Cancer Institute of the National Institutes of Health in each Veterans Integrated Service Network of the Department of Veterans Affairs to expand access to high-quality cancer care for women veterans.

“(2) TREATMENT OF RURAL VETERANS.—The Secretary, in carrying out partnerships entered into under paragraph (1), shall ensure that veterans with breast cancer who reside in rural areas or States without a cancer center that has entered into such a

partnership with the Secretary are able to receive care through such a partnership via telehealth.

“(b) REPORT ON PARTNERSHIP TO INCREASE ACCESS TO CLINICAL TRIALS.—Not later than 180 days after the date of the enactment of this Act [June 7, 2022], 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—

“(1) how the Secretary will ensure that the advancements made through the existing partnership between the Department of Veterans Affairs and the National Cancer Institute to provide veterans with access to clinical cancer research trials (commonly referred to as ‘NAVIGATE’) are permanently implemented; and

“(2) the determination of the Secretary of whether expansion of such partnership to more than the original 12 facilities of the Department that were selected under such partnership is feasible.

“(c) PERIODIC REPORTS.—Not later than three years after the date of the enactment of this Act, and every three years 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—

“(1) assessing how the partnerships entered into under subsection (a)(1) have impacted access by veterans to cancer centers of the National Cancer Institute, including an assessment of the telehealth options made available and used pursuant to such partnerships; and

“(2) describing the advancements made with respect to access by veterans to clinical cancer research trials through the partnership described in subsection (b)(1), including how many of those veterans were women veterans, minority veterans (including racial and ethnic minorities), and rural veterans, and identifying opportunities for further innovation.

“SEC. 202. REPORT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE ON INTERAGENCY COLLABORATION ON TREATING AND RESEARCHING BREAST CANCER.

“(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [June 7, 2022], the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall submit to Congress a report on all current research and health care collaborations between the Department of Veterans Affairs and the Department of Defense on treating veterans and members of the Armed Forces with breast cancer.

“(b) ELEMENTS.—The report required by subsection (a)—

“(1) shall include a description of potential opportunities for future interagency collaboration between the Department of Veterans Affairs and the Department of Defense with respect to treating and researching breast cancer; and

“(2) may include a focus on—

“(A) with respect to women members of the Armed Forces with a diagnosis of or who are undergoing screening for breast cancer, transition of such members from receiving care from the Department of Defense to receiving care from the Department of Veterans Affairs;

“(B) collaborative breast cancer research opportunities between the Department of Veterans Affairs and the Department of Defense;

“(C) access to clinical trials; and

“(D) such other matters as the Secretary of Veterans Affairs and the Secretary of Defense consider appropriate.”

SENSE OF CONGRESS

Pub. L. 105–114, title II, §208(c), Nov. 21, 1997, 111 Stat. 2290, provided that: “It is the sense of Congress that the policy developed under section 7322 of title 38, United States Code, as added by subsection (a), shall be in ac-

cordance with the guidelines endorsed by the Secretary of Health and Human Services and the Director of the National Institutes of Health.”

§ 7323. Required consultations with nurses

The Under Secretary for Health shall ensure that—

(1) the director of a geographic service area, in formulating policy relating to the provision of patient care, shall consult regularly with a senior nurse executive or senior nurse executives; and

(2) the director of a medical center shall include a registered nurse as a member of any committee used at that medical center to provide recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources.

(Added Pub. L. 106-419, title II, § 201(b)(1), Nov. 1, 2000, 114 Stat. 1840.)

§ 7324. Annual report on use of authorities to enhance retention of experienced nurses

(a) ANNUAL REPORT.—Not later than January 31 each year, the Secretary, acting through the Under Secretary for Health, shall submit to Congress a report on the use during the preceding year of authorities for purposes of retaining experienced nurses in the Veterans Health Administration, as follows:

(1) The authorities under chapter 76 of this title.

(2) The authority under VA Directive 5102.1, relating to the Department of Veterans Affairs nurse qualification standard, dated November 10, 1999, or any successor directive.

(3) Any other authorities available to the Secretary for those purposes.

(b) REPORT ELEMENTS.—Each report under subsection (a) shall specify for the period covered by such report, for each Department medical facility and for each geographic service area of the Department, the following:

(1) The number of waivers requested under the authority referred to in subsection (a)(2), and the number of waivers granted under that authority, to promote to the Nurse II grade or Nurse III grade under the Nurse Schedule under section 7404(b)(1)¹ of this title any nurse who has not completed a baccalaureate degree in nursing in a recognized school of nursing, set forth by age, race, and years of experience of the individuals subject to such waiver requests and waivers, as the case may be.

(2) The programs carried out to facilitate the use of nursing education programs by experienced nurses, including programs for flexible scheduling, scholarships, salary replacement pay, and on-site classes.

(Added Pub. L. 107-135, title I, § 125(a)(1), Jan. 23, 2002, 115 Stat. 2452.)

Editorial Notes

REFERENCES IN TEXT

Section 7404(b) of this title, referred to in subsec. (b)(1), was amended by Pub. L. 108-445, § 3(a), Dec. 3,

¹ See References in Text note below.

2004, 118 Stat. 2636. As so amended, section 7404(b) no longer includes paragraphs. The Nurse Schedule appears under section 7404(b).

Statutory Notes and Related Subsidiaries

INITIAL REPORT

Pub. L. 107-135, title I, § 125(b), Jan. 23, 2002, 115 Stat. 2453, required that the initial report under this section be submitted to the National Commission on VA Nursing as well as to Congress.

§ 7325. Medical emergency preparedness centers

(a) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish four medical emergency preparedness centers in accordance with this section. Each such center shall be established at a Department medical center and shall be staffed by Department employees.

(2) The Under Secretary for Health shall be responsible for supervising the operation of the centers established under this section. The Under Secretary shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

(3) The Under Secretary shall carry out the Under Secretary's functions under paragraph (2) in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

(b) MISSION.—The mission of the centers shall be as follows:

(1) To carry out research on, and to develop methods of detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing threats to the public health and safety.

(2) To provide education, training, and advice to health care professionals, including health care professionals outside the Veterans Health Administration, through the National Disaster Medical System established pursuant to section 2812 of the Public Health Service Act (42 U.S.C. 300hh-11) or through inter-agency agreements entered into by the Secretary for that purpose.

(3) In the event of a disaster or emergency referred to in section 1785(b) of this title, to provide such laboratory, epidemiological, medical, or other assistance as the Secretary considers appropriate to Federal, State, and local health care agencies and personnel involved in or responding to the disaster or emergency.

(c) SELECTION OF CENTERS.—(1) The Secretary shall select the sites for the centers on the basis of a competitive selection process. The Secretary may not designate a site as a location for a center under this section unless the Secretary makes a finding under paragraph (2) with respect to the proposal for the designation of such site. To the maximum extent practicable, the Secretary shall ensure the geographic dispersal of the sites throughout the United States. Any such center may be a consortium of efforts of more than one medical center.

(2) A finding by the Secretary referred to in paragraph (1) with respect to a proposal for des-