

AND DENTISTS" for "PAY FOR PHYSICIANS AND DENTISTS" in item for subchapter III.

2018—Pub. L. 115-182, title V, §502(a)(2), June 6, 2018, 132 Stat. 1475, which directed amendment of the table of sections for chapter 74 by adding item 7413 after item 7412, without specifying the Code title to be amended, was executed to the table of sections for this chapter, to reflect the probable intent of Congress.

2014—Pub. L. 113-146, §301(a)(2), Aug. 7, 2014, 128 Stat. 1784, added item 7412.

2010—Pub. L. 111-163, title VI, §602(a)(2), May 5, 2010, 124 Stat. 1173, added item 7459.

2004—Pub. L. 108-445, §§3(g), 4(a)(2), Dec. 3, 2004, 118 Stat. 2643, 2645, substituted "PAY FOR PHYSICIANS AND DENTISTS" for "SPECIAL PAY FOR PHYSICIANS AND DENTISTS" in item for subchapter III, "Pay" for "Special pay: authority" in item 7431, "Pay of Under Secretary for Health" for "Special pay: written agreements" in item 7432, "Administrative matters" for "Special pay: full-time physicians" in item 7433, struck out items 7434 "Special pay: part-time physicians", 7435 "Special pay: full-time dentists", 7436 "Special pay: part-time dentists", 7437 "Special pay: general provisions", 7438 "Special pay: coordination with other benefits laws", 7439 "Periodic review of pay of physicians and dentists; quadrennial report", and 7440 "Annual report", and added item 7456A.

1991—Pub. L. 102-40, title I, §§102, 103(a)(2), title II, §203(b), title IV, §401(b)(1), May 7, 1991, 105 Stat. 187, 199, 207, 221, added chapter heading and analysis.

SUBCHAPTER I—APPOINTMENTS

§ 7401. Appointments in Veterans Health Administration

There may be appointed by the Secretary such personnel as the Secretary may find necessary for the health care of veterans (in addition to those in the Office of the Under Secretary for Health appointed under section 7306 of this title), as follows:

(1) Physicians, dentists, podiatrists, chiropractors, optometrists, registered nurses, physician assistants, and expanded-function dental auxiliaries.

(2) Scientific and professional personnel, such as microbiologists, chemists, and biostatisticians.

(3) Audiologists, licensed hearing aid specialists, speech pathologists, and audiologist-speech pathologists, biomedical engineers, certified or registered respiratory therapists, dietitians, licensed physical therapists, licensed practical or vocational nurses, nurse assistants, medical instrument technicians, medical records administrators or specialists, medical records technicians, medical technologists, dental hygienists, dental assistants, nuclear medicine technologists, occupational therapists, occupational therapy assistants, kinesiotherapists, orthotist-prosthetists, pharmacists, pharmacy technicians, physical therapy assistants, prosthetic representatives, psychologists, diagnostic radiologic technologists, therapeutic radiologic technologists, social workers, marriage and family therapists, licensed professional mental health counselors, blind rehabilitation specialists, blind rehabilitation outpatient specialists, statisticians, economists, informaticists, data scientists, and and¹ such other classes of health care occupations as the Secretary con-

siders necessary for the recruitment and retention needs of the Department subject to the following requirements:

(A) Such other classes of health care occupations—

(i) are not occupations relating to administrative, clerical, or physical plant maintenance and protective services;

(ii) would otherwise receive basic pay in accordance with the General Schedule under section 5332 of title 5;

(iii) provide, as determined by the Secretary, direct patient care services or services incident to direct patient services; and

(iv) would not otherwise be available to provide medical care or treatment for veterans.

(B) Not later than 45 days before the Secretary appoints any personnel for a class of health care occupations that is not specifically listed in this paragraph, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Office of Management and Budget notice of such appointment.

(C) Before submitting notice under subparagraph (B), the Secretary shall solicit comments from any labor organization representing employees in such class and include such comments in such notice.

(4) Directors of medical centers and directors of Veterans Integrated Service Networks with demonstrated ability in the medical profession, in health care administration, or in health care fiscal management.

(Added Pub. L. 102-40, title IV, §401(b)(2), May 7, 1991, 105 Stat. 222; amended Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 108-170, title III, §§301(a)(1), 302(a), Dec. 6, 2003, 117 Stat. 2054, 2057; Pub. L. 108-422, title V, §502, Nov. 30, 2004, 118 Stat. 2396; Pub. L. 109-461, title II, §201(a), Dec. 22, 2006, 120 Stat. 3409; Pub. L. 111-163, title VI, §601(a), May 5, 2010, 124 Stat. 1167; Pub. L. 114-58, title VI, §601(23), Sept. 30, 2015, 129 Stat. 539; Pub. L. 114-256, §4(a)(1), Dec. 14, 2016, 130 Stat. 1347; Pub. L. 115-41, title II, §207(a), June 23, 2017, 131 Stat. 877; Pub. L. 117-328, div. U, title I, §183, Dec. 29, 2022, 136 Stat. 5436.)

Editorial Notes

PRIOR PROVISIONS

Provisions similar to those in this section were contained in section 4104 of this title prior to the repeal of that section as part of the complete revision of chapter 73 of this title by Pub. L. 102-40.

AMENDMENTS

2022—Par. (3). Pub. L. 117-328 inserted "statisticians, economists, informaticists, data scientists, and" after "blind rehabilitation outpatient specialists," in introductory provisions.

2017—Par. (4). Pub. L. 115-41 added par. (4).

2016—Par. (3). Pub. L. 114-256 inserted "licensed hearing aid specialists," after "Audiologists," in introductory provisions.

2015—Par. (3)(A)(ii). Pub. L. 114-58 struck out "that" before "would otherwise receive".

¹ So in original.

2010—Par. (3). Pub. L. 111-163 inserted “nurse assistants,” after “licensed practical or vocational nurses,” substituted “blind rehabilitation outpatient specialists, and such other classes of health care occupations as the Secretary considers necessary for the recruitment and retention needs of the Department subject to the following requirements:” for “and blind rehabilitation outpatient specialists,” and added subpars. (A) to (C).

2006—Par. (3). Pub. L. 109-461 inserted “marriage and family therapists, licensed professional mental health counselors,” after “social workers.”

2004—Par. (3). Pub. L. 108-422 substituted “technologists, dental hygienists, dental assistants” for “and dental technologists” and “technologists, therapeutic radiologic technologists, social workers, blind rehabilitation specialists, and blind rehabilitation outpatient specialists” for “technicians, therapeutic radiologic technicians, and social workers”.

2003—Pub. L. 108-170, §302(a)(1), substituted “health” for “medical” in introductory provisions.

Par. (1). Pub. L. 108-170, §302(a)(2), inserted “chiropractors,” after “podiatrists.”

Par. (2). Pub. L. 108-170, §301(a)(1)(A), added par. (2) and struck out former par. (2) which read as follows: “Psychologists (other than those described in paragraph (3)), dietitians, and other scientific and professional personnel, such as microbiologists, chemists, biostatisticians, and medical and dental technologists.”

Par. (3). Pub. L. 108-170, §301(a)(1)(B), added par. (3) and struck out former par. (3) which read as follows: “Clinical or counseling psychologists who hold diplomas as diplomates in psychology from an accrediting authority approved by the Secretary, certified or registered respiratory therapists, licensed physical therapists, licensed practical or vocational nurses, pharmacists, and occupational therapists.”

1992—Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director”.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2003 AMENDMENT

Amendment by section 302(a) of Pub. L. 108-170 effective at end of 180-day period beginning on Dec. 6, 2003, see section 302(h) of Pub. L. 108-170, set out as a note under section 7316 of this title.

LIMITATION ON DETAIL OF DIRECTORS OF MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS TO DIFFERENT POSITIONS

Pub. L. 118-210, title I, §148, Jan. 2, 2025, 138 Stat. 2754, provided that:

“(a) NOTIFICATION.—

“(1) IN GENERAL.—Not later than 90 days after detailing a director of a medical center of the Department of Veterans Affairs to a different position within the Department, the Secretary of Veterans Affairs shall notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such detail.

“(2) MATTERS TO BE INCLUDED.—The notification required by paragraph (1) shall include, with respect to a director of a medical center who is detailed to a different position within the Department, the following information:

“(A) The location at which the director is detailed.

“(B) The position title of the detail.

“(C) The estimated time the director is expected to be absent from their duties at the medical center.

“(D) Such other information as the Secretary may determine appropriate.

“(b) APPOINTMENT OF ACTING DIRECTOR.—Not later than 120 days after detailing a director of a medical center of the Department to a different position within the Department, the Secretary shall appoint an indi-

vidual as acting director of such medical center with all of the authority and responsibilities of the detailed director.

“(c) UPDATE ON DETAIL.—Not later than 120 days after detailing a director of a medical center of the Department to a different position within the Department, and not less frequently than every 30 days thereafter while the detail is in effect or while the director position at the medical center is vacant, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives an update regarding the status of the detail.

“(d) RETURN TO POSITION OR REASSIGNMENT.—

“(1) IN GENERAL.—Except as provided in paragraph (2), not later than 180 days after detailing a director of a medical center of the Department to a different position within the Department, for a reason other than an ongoing investigation or administrative action with respect to the director, the Secretary shall—

“(A) return the individual to the position as director of the medical center; or

“(B) reassign the individual from the position as director of the medical center and begin the process of hiring a new director for such position.

“(2) WAIVER.—

“(A) IN GENERAL.—The Secretary may waive the requirement under paragraph (1) with respect to an individual for successive 90-day increments for a total period of not more than 540 days from the original date the individual was detailed away from their position as director of a medical center.

“(B) NOTIFICATION.—Not later than 30 days after exercising a waiver under subparagraph (A), the Secretary shall notify Congress of the waiver and provide to Congress information as to why the waiver is necessary.”

THIRD PARTY REVIEW OF APPOINTEES IN VETERANS HEALTH ADMINISTRATION WHO HAD A LICENSE TERMINATED FOR CAUSE AND NOTICE TO INDIVIDUALS TREATED BY THOSE APPOINTEES IF DETERMINED THAT AN EPISODE OF CARE OR SERVICES THAT THEY RECEIVED WAS BELOW THE STANDARD OF CARE

Pub. L. 117-328, div. U, title I, §111, Dec. 29, 2022, 136 Stat. 5410, provided that:

“(a) THIRD PARTY REVIEW.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall enter into a contract or other agreement with an organization that is not part of the Federal Government to conduct a clinical review for quality management of hospital care or medical services furnished by covered providers.

“(2) QUALIFICATIONS.—The Secretary shall ensure that each review of a covered provider under this subsection is performed by an individual who is licensed in the same specialty as the covered provider.

“(b) NOTICE TO PATIENTS TREATED BY COVERED PROVIDERS.—With respect to hospital care or medical services furnished by a covered provider under the laws administered by the Secretary, if a clinical review for quality management under subsection (a) determines that the standard of care was not met during an episode of care, the Secretary shall notify the individual who received such care or services from the covered provider as described in applicable policy of the Veterans Health Administration.

“(c) DEFINITIONS.—In this section:

“(1) COVERED PROVIDER.—The term ‘covered provider’ means an individual who—

“(A) was appointed to the Veterans Health Administration under section 7401 of title 38, United States Code; and

“(B) before such appointment, had a license terminated for cause by a State licensing board for hospital care or medical services provided in a facility that is not a facility of the Veterans Health Administration.

“(2) HOSPITAL CARE OR MEDICAL SERVICES.—The terms ‘hospital care’ and ‘medical services’ have the meanings given those terms in section 1701 of title 38, United States Code.”

MODIFICATION OF RESOURCE ALLOCATION SYSTEM TO INCLUDE PEER SPECIALISTS

Pub. L. 117-328, div. U, title I, §192, Dec. 29, 2022, 136 Stat. 5439, provided that:

“(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the Secretary of Veterans Affairs shall modify the Veterans Equitable Resource Allocation system, or successor system, to ensure that resource allocations under such system, or successor system, include peer specialists appointed under section 7402(b)(13) of title 38, United States Code.

“(b) VETERANS EQUITABLE RESOURCE ALLOCATION SYSTEM DEFINED.—In this section, the term ‘Veterans Equitable Resource Allocation system’ means the resource allocation system established pursuant to section 429 of the Departments of Veterans Affairs and House and Urban Development, and Independent Agencies Appropriations Act, 1997 [probably means section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997, which is not classified to the Code] [Public Law 104-204; 110 Stat. 2929].”

EXPANSION OF MENTAL HEALTH TRAINING FOR DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 117-328, div. V, title I, §103, Dec. 29, 2022, 136 Stat. 5500, provided that:

“(a) IN GENERAL.—Not later than three years after the date of the enactment of this Act [Dec. 29, 2022] and subject to the availability of appropriations, the Secretary of Veterans Affairs, in collaboration with the Office of Mental Health and Suicide Prevention and the Office of Academic Affiliations, shall add an additional 250 paid trainee slots in covered mental health disciplines to the workforce of the Department of Veterans Affairs.

“(b) COVERED MENTAL HEALTH DISCIPLINES DEFINED.—In this section, the term ‘covered mental health disciplines’ means psychiatry, psychology, advanced practice nursing (with a focus on mental health or substance use disorder), social work, licensed professional mental health counseling, and marriage and family therapy.”

OUTREACH

Pub. L. 117-328, div. V, title I, §104(c), Dec. 29, 2022, 136 Stat. 5501, provided that:

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Dec. 29, 2022], the Secretary shall develop a public awareness campaign to encourage veterans and mental health professionals to choose the Department for their mental health career.

“(2) ELEMENTS.—The campaign required under paragraph (1)—

“(A) shall advertise the paid trainee, scholarship, and loan repayment opportunities offered by the Department; and

“(B) may highlight the new graduate medical education residencies available at the Department for medical students entering residency.”

NATIONAL RURAL RECRUITMENT AND HIRING PLAN FOR VETERANS HEALTH ADMINISTRATION

Pub. L. 117-168, title IX, §901, Aug. 10, 2022, 136 Stat. 1808, provided that:

“(a) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act [Aug. 10, 2022], the Secretary of Veterans Affairs, in collaboration with the directors of each community-based outpatient clinic and medical center of the Department of Veterans Affairs, shall develop and implement a national rural recruitment and hiring plan for the Veterans Health Administration to—

“(1) recruit health care professionals for rural and highly rural community-based outpatient clinics and rural and highly rural medical centers of the Department;

“(2) determine which such clinics or centers have a staffing shortage of health care professionals;

“(3) develop best practices and techniques for recruiting health care professionals for such clinics and centers;

“(4) not less frequently than annually, provide virtually based, on-demand training to human resources professionals of the Veterans Health Administration on the best practices and techniques developed under paragraph (3); and

“(5) provide recruitment resources, such as pamphlets and marketing material to—

“(A) Veterans Integrated Service Networks of the Department;

“(B) rural and highly rural community-based outpatient clinics of the Department; and

“(C) rural and highly rural medical centers of the Department.

“(b) ANNUAL REPORT.—Not later than 18 months after the date of the enactment of this Act, 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 that includes—

“(1) the plan developed and implemented under subsection (a); and

“(2) an assessment of the outcomes related to recruitment and retention of employees of the Veterans Health Administration at rural and highly rural facilities of the Department.

“(c) DEFINITIONS.—In this section, the terms ‘rural’ and ‘highly rural’ have the meanings given those terms under the rural-urban commuting areas coding system of the Department of Agriculture.”

AUTHORITY TO BUY OUT SERVICE CONTRACTS FOR CERTAIN HEALTH CARE PROFESSIONALS IN EXCHANGE FOR EMPLOYMENT AT RURAL OR HIGHLY RURAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 117-168, title IX, §902, Aug. 10, 2022, 136 Stat. 1808, provided that:

“(a) IN GENERAL.—For any covered health care professional to whom the Secretary of Veterans Affairs has offered employment with the Department of Veterans Affairs, the Secretary may buy out the non-Department service contract of such individual in exchange for such individual agreeing to be employed at a rural or highly rural facility of the Department for a period of obligated service specified in subsection (c).

“(b) PAYMENT OF AMOUNTS.—

“(1) IN GENERAL.—Payment of any amounts for a buy out of a service contract for a covered health care professional under subsection (a) shall be made directly to the individual or entity with respect to which the covered health care professional has a service obligation under such contract.

“(2) LIMITATION ON TOTAL AMOUNT.—The total amount paid by the Department under this section shall not exceed \$40,000,000 per fiscal year.

“(c) OBLIGATED SERVICE.—In exchange for a contract buy out under subsection (a), a covered health care professional shall agree to be employed for not less than four years at a rural or highly rural facility of the Department.

“(d) LIABILITY.—

“(1) IN GENERAL.—Except as provided in paragraph (2), if a covered health care professional fails for any reason to complete the period of obligated service of the individual under subsection (c), the United States shall be entitled to recover from the individual an amount equal to—

“(A) the total amount paid under subsection (a) to buy out the non-Department service contract of the individual; multiplied by

“(B) a fraction—

“(i) the numerator of which is—

“(I) the total number of months in the period of obligated service of the individual; minus

“(II) the number of months served by the individual; and

“(ii) the denominator of which is the total number of months in the period of obligated service of the individual.

“(2) EXCEPTION.—Liability shall not arise under paragraph (1) in the case of an individual covered by that paragraph if the individual does not obtain, or fails to maintain, employment as an employee of the Department due to staffing changes approved by the Under Secretary for Health.

“(e) ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act [Aug. 10, 2022], and not less frequently than annually thereafter, 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 report on the use by the Secretary of the authority under this section.

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

“(A) The number of health care professionals for whom a service contract buyout payment was made under subsection (a) in the previous fiscal year, disaggregated by occupation or specialty.

“(B) The average, highest, and lowest amount of the service contract buyout payments made under subsection (a) for each occupation or specialty in the previous fiscal year.

“(C) Each location where contract buyout authority under subsection (a) was utilized and the number of covered health care professionals who agreed to be employed at such location in the previous fiscal year.

“(f) DEFINITIONS.—In this section:

“(1) COVERED HEALTH CARE PROFESSIONAL.—The term ‘covered health care professional’ means a physician, nurse anesthetist, physician assistant, or nurse practitioner offered employment with the Department regardless of the authority under which such employment is offered.

“(2) RURAL; HIGHLY RURAL.—The terms ‘rural’ and ‘highly rural’ have the meanings given those terms under the rural-urban commuting areas coding system of the Department of Agriculture.

“(g) SUNSET.—This section shall terminate on September 30, 2027.”

QUALIFICATIONS FOR HUMAN RESOURCES POSITIONS WITHIN DEPARTMENT OF VETERANS AFFAIRS AND PLAN TO RECRUIT AND RETAIN HUMAN RESOURCES EMPLOYEES

Pub. L. 117-168, title IX, § 903, Aug. 10, 2022, 136 Stat. 1810, provided that:

“(a) ESTABLISHMENT OF QUALIFICATIONS.—Not later than 180 days after the date of the enactment of this Act [Aug. 10, 2022], the Secretary of Veterans Affairs shall—

“(1) establish qualifications for each human resources position within the Department of Veterans Affairs in coordination with the Office of Personnel Management;

“(2) establish standardized performance metrics for each such position; and

“(3) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing the qualifications and standardized performance metrics established under paragraphs (1) and (2).

“(b) IMPROVEMENT OF HUMAN RESOURCES ACTIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall establish or enhance systems of the Department to monitor the hiring and other human resources actions that occur at the local, regional, and national levels of the Department to improve the performance of those actions.

“(c) REPORT.—Not later than one year after the establishment of the qualifications and performance

metrics under subsection (a), the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing—

“(1) a description of the implementation of such qualifications and performance metrics;

“(2) an assessment of the quality of such qualifications and performance metrics;

“(3) an assessment of performance and outcomes based on such metrics; and

“(4) such other matters as the Comptroller General considers appropriate.

“(d) PLAN TO RECRUIT AND RETAIN HUMAN RESOURCES EMPLOYEES.—Not later than one year after the date of the enactment of this Act, 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 plan for the recruitment and retention of human resources employees within the Department of Veterans Affairs.”

EMERGENCY DEPARTMENT OF VETERANS AFFAIRS EMPLOYEE LEAVE FUND

Pub. L. 117-2, title VIII, § 8008, Mar. 11, 2021, 135 Stat. 116, provided that:

“(a) ESTABLISHMENT; APPROPRIATION.—There is established in the Treasury the Emergency Department of Veterans Affairs Employee Leave Fund (in this section referred to as the ‘Fund’), to be administered by the Secretary of Veterans Affairs, for the purposes set forth in subsection (b). In addition to amounts otherwise available, there is appropriated for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$80,000,000, which shall be deposited into the Fund and remain available through September 20, 2022.

“(b) PURPOSE.—Amounts in the Fund shall be available for payment to the Department of Veterans Affairs for the use of paid leave by any covered employee who is unable to work because the employee—

“(1) is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;

“(2) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;

“(3) is caring for an individual who is subject to such an order or has been so advised;

“(4) is experiencing symptoms of COVID-19 and seeking a medical diagnosis;

“(5) is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, if the school of such son or daughter requires or makes optional a virtual learning instruction model or requires or makes optional a hybrid of in-person and virtual learning instruction models, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions;

“(6) is experiencing any other substantially similar condition;

“(7) is caring for a family member with a mental or physical disability or who is 55 years of age or older and incapable of self-care, without regard to whether another individual other than the employee is available to care for such family member, if the place of care for such family member is closed or the direct care provider is unavailable due to COVID-19; or

“(8) is obtaining immunization related to COVID-19 or to recover from any injury, disability, illness, or condition related to such immunization.

“(c) LIMITATIONS.—

“(1) PERIOD OF AVAILABILITY.—Paid leave under this section may only be provided to and used by a covered employee during the period beginning on the date of enactment of this Act [Mar. 11, 2021] and ending on September 30, 2021.

“(2) TOTAL HOURS; AMOUNT.—Paid leave under this section—

“(A) shall be provided to a covered employee in an amount not to exceed 600 hours of paid leave for

each full-time employee, and in the case of a part-time employee, employee on an uncommon tour of duty, or employee with a seasonal work schedule, in an amount not to exceed the proportional equivalent of 600 hours to the extent amounts in the Fund remain available for reimbursement;

“(B) shall be paid at the same hourly rate as other leave payments; and

“(C) may not be provided to a covered employee if the leave would result in payments greater than \$2,800 in aggregate for any biweekly pay period for a full-time employee, or a proportionally equivalent biweekly limit for a part-time employee.

“(3) RELATIONSHIP TO OTHER LEAVE.—Paid leave under this section—

“(A) is in addition to any other leave provided to a covered employee; and

“(B) may not be used by a covered employee concurrently with any other paid leave.

“(4) CALCULATION OF RETIREMENT BENEFIT.—Any paid leave provided to a covered employee under this section shall reduce the total service used to calculate any Federal civilian retirement benefit.

“(d) COVERED EMPLOYEE DEFINED.—In this section, the term ‘covered employee’ means an employee of the Department of Veterans Affairs appointed under chapter 74 of title 38, United States Code.”

DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS

Pub. L. 116-315, title III, §3010, Jan. 5, 2021, 134 Stat. 4997, provided that:

“(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program for a one-year period, beginning not later than August 15, 2021, to provide certain students described in subsection (d) a clinical observation experience at medical centers of the Department of Veterans Affairs.

“(b) MEDICAL CENTER SELECTION.—The Secretary shall carry out the pilot program under this section at not fewer than five medical centers of the Department. In selecting such medical centers, the Secretary shall ensure regional diversity among such selected medical centers.

“(c) CLINICAL OBSERVATION SESSIONS.—

“(1) FREQUENCY AND DURATION.—In carrying out the pilot program, the Secretary shall—

“(A) provide at least one and not more than three clinical observation sessions at each medical center selected during each calendar year;

“(B) ensure that each clinical observation session—

“(i) lasts between four and six months; and

“(ii) to the extent practicable, begins and ends concurrently with one or more academic terms of an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)); and

“(C) ensure that the clinical observation sessions provided at a medical center have minimal overlap.

“(2) SESSIONS.—The Secretary shall ensure that the pilot program consists of clinical observation sessions as follows:

“(A) Each session shall allow for not fewer than five students nor greater than 15 students to participate in the session.

“(B) Each session shall consist of not fewer than 20 observational hours nor greater than 40 observational hours.

“(C) A majority of the observational hours shall be spent observing a health professional. The other observational hours shall be spent in a manner that ensures a robust, well rounded experience that exposes the students to a variety of aspects of medical care and health care administration.

“(D) Each session shall provide a diverse clinical observation experience.

“(d) STUDENTS.—

“(1) SELECTION.—The Secretary shall select to participate in the pilot program under subsection (a) students who are—

“(A) nationals of the United States;

“(B) enrolled in an accredited program of study at an institution of higher education; and

“(C) referred by their institution of higher education following an internal application process.

“(2) PRIORITY.—In making such selection, the Secretary shall give priority to each of the following five categories of students:

“(A) Students who, at the time of the completion of their secondary education, resided in a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

“(B) First generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

“(C) Students who have been referred by minority-serving institutions (as defined in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

“(D) Veterans (as defined in section 101 of title 38, United States Code).

“(E) Students who indicate an intention to specialize in a health professional occupation identified by the Inspector General of the Department under section 7412 of title 38, United States Code, as having a staffing shortage.

“(3) ASSIGNMENT TO MEDICAL CENTERS.—The Secretary shall assign students selected under paragraph (1) to medical centers selected under subsection (b) without regard for whether such medical centers have staffing shortages in any health professional occupation pursuant to section 7412 of title 38, United States Code.

“(e) OTHER MATTERS.—In carrying out the pilot program under this section, the Secretary shall—

“(1) establish a formal status to facilitate the access to medical centers of the Department by student observers participating in the pilot program;

“(2) establish standardized legal, privacy, and ethical requirements for the student observers, including with respect to—

“(A) ensuring that no student observer provides any care to patients while participating as an observer; and

“(B) ensuring the suitability of a student to participate in the pilot program to ensure that the student poses no risk to patients;

“(3) develop and implement a partnership strategy with minority-serving institutions to encourage referrals;

“(4) create standardized procedures for student observers;

“(5) create an online information page about the pilot program on the internet website of the Department;

“(6) publish on the online information page created under paragraph (5) the locations of such centers, and other information on the pilot program, not later than 180 days before the date on which applications are required to be submitted by potential student observers;

“(7) identify medical centers and specific health professionals participating in the pilot program; and

“(8) notify the Committees on Veterans' Affairs of the House of Representatives and the Senate of the medical centers selected under subsection (c) within 30 days of selection, to facilitate program awareness.

“(f) REPORT.—Not later than 180 days after the completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the results of the pilot program, including—

“(1) the number and demographics of all applicants, those accepted to participate in the pilot program, and those who completed the pilot program; and

“(2) if participating institutions of higher education choose to administer satisfaction surveys that assess the experience of those who completed the pilot program, the results of any such satisfaction surveys, provided at the discretion of the institution of higher education.

“(g) SENSE OF CONGRESS REGARDING DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.—It is the sense of Congress that the pilot program described in subsection (a) should be designed to—

“(1) increase the awareness, knowledge, and empathy of future health professionals toward the health conditions common to veterans;

“(2) increase the diversity of the recruitment pool of future physicians of the Department; and

“(3) expand clinical observation opportunities for all students by encouraging students of all backgrounds to consider a career in the health professions.

“(h) NO ADDITIONAL FUNDS AUTHORIZED.—No additional funds are authorized to be appropriated to carry out the requirements of this section. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.”

OCCUPATIONAL SERIES FOR CERTAIN MENTAL HEALTH PROVIDERS

Pub. L. 116-171, title V, §501(b), Oct. 17, 2020, 134 Stat. 815, provided that: “Not later than one year after the date of the enactment of this Act [Oct. 17, 2020], the Secretary of Veterans Affairs, in consultation with the Office of Personnel Management, shall develop an occupational series for licensed professional mental health counselors and marriage and family therapists of the Department of Veterans Affairs.”

IDENTIFICATION AND REFERRAL OF MEMBERS OF THE ARMED FORCES WITH A HEALTH CARE OCCUPATION FOR POTENTIAL EMPLOYMENT WITH THE DEPARTMENT OF VETERANS AFFAIRS DURING SEPARATION FROM THE ARMED FORCES

Pub. L. 115-46, title II, §207, Aug. 12, 2017, 131 Stat. 964, as amended by Pub. L. 117-67, §2, Nov. 30, 2021, 135 Stat. 1491, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall establish a program to identify and refer members of the Armed Forces with a health care occupation for employment with the Department of Veterans Affairs during the separation of such members from the Armed Forces.

“(b) REFERRAL OF INTERESTED INDIVIDUALS.—

“(1) IN GENERAL.—If a member of the Armed Forces identified under subsection (a) expresses an interest in working in a health care occupation within the Department of Veterans Affairs, the Secretary of Veterans Affairs shall refer the member to a recruiter of the Department for consideration of open positions in the specialty and geography of interest to the member.

“(2) TIMING.—Any referral of a member of the Armed Forces conducted under paragraph (1) shall be made not earlier than one year before the separation of the member from the Armed Forces.

“(c) RULE OF CONSTRUCTION.—Any identification of a member of the Armed Forces under subsection (a) or referral of such member under subsection (b) shall not be construed as a guarantee of employment of such member with the Department of Veterans Affairs.

“(d) REPORTS.—Not later than each of one year and two years after the date of the enactment of the Hire Veteran Health Heroes Act of 2021 [Nov. 30, 2021], the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on the program established under subsection (a).

“(e) DEFINITIONS.—In this section:

“(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ‘appropriate committees of Congress’ means—

“(A) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate; and

“(B) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives.

“(2) HEALTH CARE OCCUPATION.—The term ‘health care occupation’ means an occupation for which an

individual may be appointed for employment with the Department of Veterans Affairs under section 7401 of title 38, United States Code.”

TRAINING FOR HUMAN RESOURCES PROFESSIONALS OF VETERANS HEALTH ADMINISTRATION ON RECRUITMENT AND RETENTION

Pub. L. 115-46, title II, §209, Aug. 12, 2017, 131 Stat. 965, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall provide to human resources professionals of the Veterans Health Administration training on how to best recruit and retain employees of the Veterans Health Administration, including with respect to any recruitment and retention matters that are unique to the Veterans Health Administration pursuant to chapter 74 of title 38, United States Code, or other provisions of law.

“(b) VIRTUAL TRAINING.—Training provided under this section shall be provided virtually.

“(c) AMOUNT OF TRAINING.—The Secretary shall ensure that each human resources professional of the Veterans Health Administration receives the training described in subsection (a)—

“(1) as soon as practicable after being hired by the Secretary as a human resources professional; and

“(2) annually thereafter.

“(d) CERTIFICATION.—The Secretary shall require that each human resources professional of the Veterans Health Administration, upon the completion of the training described in subsection (a), certifies that the professional received the training and understands the information provided by the training.

“(e) ANNUAL REPORT.—Not less frequently than annually, 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 training described in subsection (a), including the cost of providing such training and the number of human resources professionals who received such training during the year covered by the report.”

PLAN TO HIRE DIRECTORS OF MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 115-46, title II, §210, Aug. 12, 2017, 131 Stat. 965, provided that:

“(a) PLAN.—Not later than 120 days after the date of the enactment of this Act [Aug. 12, 2017], the Secretary of Veterans Affairs shall develop and implement a plan to hire highly qualified directors for each medical center of the Department of Veterans Affairs that lacks a permanent director as of the date of the plan.

“(b) PRIORITY.—The Secretary shall prioritize under the plan developed under subsection (a) the hiring of directors for medical centers that have not had a permanent director for the longest periods.

“(c) MATTERS INCLUDED.—The plan developed under subsection (a) shall include the following:

“(1) A deadline to hire directors of medical centers of the Department as described in such subsection.

“(2) Identification of the possible impediments to such hiring.

“(3) Identification of opportunities to promote and train candidates from within the Department to senior executive positions in the Department, including as directors of medical centers.

“(d) SUBMITTAL OF PLAN.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives the plan developed under subsection (a).

“(e) SEMIANNUAL REPORTS.—Not later than 180 days after the date of the enactment of this Act, and not later than 180 days 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 containing a list of each medical center of the Department that lacks a permanent director as of the date of the report.”

LICENSED HEARING AID SPECIALISTS APPOINTMENT AND SERVICES

Pub. L. 114-256, §4(b), (c), Dec. 14, 2016, 130 Stat. 1347, 1348, provided that:

“(b) REQUIREMENTS.—With respect to appointing hearing aid specialists under sections 7401 and 7402 of title 38, United States Code, as amended by subsection (a), and providing services furnished by such specialists, the Secretary [of Veterans Affairs] shall ensure that—

“(1) a hearing aid specialist may only perform hearing services consistent with the hearing aid specialist's State license related to the practice of fitting and dispensing hearing aids without excluding other qualified professionals, including audiologists, from rendering services in overlapping practice areas;

“(2) services provided to veterans by hearing aid specialists shall be provided as part of the non-medical treatment plan developed by an audiologist; and

“(3) the medical facilities of the Department of Veterans Affairs provide to veterans access to the full range of professional services provided by an audiologist.

“(c) CONSULTATION.—In determining the qualifications required for hearing aid specialists and in carrying out subsection (b), the Secretary shall consult with veterans service organizations, audiologists, otolaryngologists, hearing aid specialists, and other stakeholder and industry groups as the Secretary determines appropriate.”

PRIOR APPOINTMENTS OF CERTAIN PERSONNEL

Pub. L. 108-170, title III, §301(a)(2), Dec. 6, 2003, 117 Stat. 2055, provided that: “Personnel appointed to the Veterans Health Administration before the date of the enactment of this Act [Dec. 6, 2003] who are in an occupational category of employees specified in paragraph (3) of section 7401 of title 38, United States Code, by reason of the amendment made by paragraph (1)(B) of this subsection [amending this section] shall, as of such date, be deemed to have been appointed to the Administration under such paragraph (3).”

§ 7402. Qualifications of appointees

(a) To be eligible for appointment to the positions in the Administration covered by subsection (b), a person must have the applicable qualifications set forth in that subsection.

(b)(1) PHYSICIAN.—To be eligible to be appointed to a physician position, a person must—

(A) hold the degree of doctor of medicine or of doctor of osteopathy from a college or university approved by the Secretary,

(B) have completed an internship satisfactory to the Secretary, and

(C) be licensed to practice medicine, surgery, or osteopathy in a State.

(2) DENTIST.—To be eligible to be appointed to a dentist position, a person must—

(A) hold the degree of doctor of dental surgery or dental medicine from a college or university approved by the Secretary, and

(B) be licensed to practice dentistry in a State.

(3) NURSE.—To be eligible to be appointed to a nurse position, a person must—

(A) have successfully completed a full course of nursing in a recognized school of nursing, approved by the Secretary, and

(B) be registered as a graduate nurse in a State.

(4) DIRECTOR OF A HOSPITAL, DOMICILIARY, CENTER, OR OUTPATIENT CLINIC.—To be eligible to be

appointed to a director position, a person must have such business and administrative experience and qualifications as the Secretary shall prescribe.

(5) PODIATRIST.—To be eligible to be appointed to a podiatrist position, a person must—

(A) hold the degree of doctor of podiatric medicine, or its equivalent, from a school of podiatric medicine approved by the Secretary, and

(B) be licensed to practice podiatry in a State.

(6) OPTOMETRIST.—To be eligible to be appointed to an optometrist position, a person must—

(A) hold the degree of doctor of optometry, or its equivalent, from a school of optometry approved by the Secretary, and

(B) be licensed to practice optometry in a State.

(7) PHARMACIST.—To be eligible to be appointed to a pharmacist position, a person must—

(A) hold the degree of bachelor of science in pharmacy, or its equivalent, from a school of pharmacy, approved by the Secretary, and

(B) be registered as a pharmacist in a State.

(8) PSYCHOLOGIST.—To be eligible to be appointed to a psychologist position, a person must—

(A) hold a doctoral degree in psychology from a college or university approved by the Secretary,

(B) have completed study for such degree in a specialty area of psychology and an internship which are satisfactory to the Secretary, and

(C) be licensed or certified as a psychologist in a State, except that the Secretary may waive the requirement of licensure or certification for an individual psychologist for a period not to exceed two years on the condition that that psychologist provide patient care only under the direct supervision of a psychologist who is so licensed or certified.

(9) SOCIAL WORKER.—To be eligible to be appointed to a social worker position, a person must—

(A) hold a master's degree in social work from a college or university approved by the Secretary; and

(B) be licensed or certified to independently practice social work in a State, except that the Secretary may waive the requirement of licensure or certification for an individual social worker for a reasonable period of time recommended by the Under Secretary for Health.

(10) MARRIAGE AND FAMILY THERAPIST.—To be eligible to be appointed to a marriage and family therapist position, a person must—

(A) hold a master's degree in marriage and family therapy, or a comparable degree in mental health, from a college or university approved by the Secretary; and

(B) be licensed or certified to independently practice marriage and family therapy in a State, except that the Secretary may waive the requirement of licensure or certification