

EFFECTIVE DATE

Section effective Oct. 1, 1979, but not applicable with respect to the acquisition, construction, or alteration of any medical facilities if the acquisition, construction, or alteration (not including exchange) was approved by the President before Oct. 1, 1979, see section 302 of Pub. L. 96-22, set out as a note under section 8101 of this title.

§ 8110. Operation of medical facilities

(a)(1) The Secretary shall establish the total number of hospital beds and nursing home beds in medical facilities over which the Secretary has direct jurisdiction for the care and treatment of eligible veterans. The Secretary shall establish the total number of such beds so as to maintain a contingency capacity to assist the Department of Defense in time of war or national emergency to care for the casualties of such war or national emergency. Of the number of beds authorized pursuant to the preceding sentence, the Secretary shall maintain the availability of such additional beds and facilities in addition to the operating bed level as the Secretary considers necessary for such contingency purposes. The President shall include in the Budget transmitted to the Congress for each fiscal year pursuant to section 1105 of title 31, an amount for medical care and amounts for construction sufficient to maintain the availability of the contingency capacity referred to in the second sentence of this paragraph. The Secretary shall staff and maintain, in such a manner as to ensure the immediate acceptance and timely and complete care of patients, and in a manner consistent with the policies of the Secretary on overtime, sufficient beds and other treatment capacities to accommodate, and provide such care to, eligible veterans applying for admission and found to be in need of hospital care or medical services.

(2) The Secretary shall maintain the bed and treatment capacities of all Department medical facilities, including the staffing required to maintain such capacities, so as to ensure the accessibility and availability of such beds and treatment capacities to eligible veterans in all States, to minimize delays in admissions and in the provision of hospital, nursing home, and domiciliary care, and of medical services furnished pursuant to section 1710(a) of this title, and to ensure that eligible veterans are provided such care and services in an appropriate manner.

(3)(A) The Under Secretary for Health shall at the end of each fiscal year (i) analyze agency-wide admission policies and the records of those eligible veterans who apply for hospital care, medical services, and nursing home care, but are rejected or not immediately admitted or provided such care or services, and (ii) review and make recommendations regarding the adequacy of staff levels for compliance with the policy established under subparagraph (C), the adequacy of the established operating bed levels, the geographic distribution of operating beds, the demographic characteristics of the veteran population and the associated need for medical care and nursing home facilities and services in each State, and the proportion of the total number of operating beds that are hospital beds and that are nursing home beds.

(B) After considering the analyses and recommendations of the Under Secretary for Health pursuant to subparagraph (A) of this paragraph for any fiscal year, the Secretary shall report to the committees, on or before December 1 after the close of such fiscal year, on the results of the analysis of the Under Secretary for Health and on the numbers of operating beds and level of treatment capacities required to enable the Department to carry out the primary function of the Veterans Health Administration. The Secretary shall include in each such report recommendations for (i) the numbers of operating beds and the level of treatment capacities required for the health care of veterans and the maintenance of the contingency capacity referred to in paragraph (1) of this subsection, and (ii) the appropriate staffing and funds therefor.

(C) The Secretary shall, in consultation with the Under Secretary for Health, establish a nationwide policy on the staffing of Department medical facilities in order to ensure that such facilities have adequate staff for the provision to veterans of appropriate, high-quality care and services. The policy shall take into account the staffing levels and mixture of staff skills required for the range of care and services provided veterans in Department facilities.

(4)(A) With respect to each law making appropriations for the Department for any fiscal year (or any part of a fiscal year), there shall be provided to the Department the funded personnel ceiling defined in subparagraph (C) of this paragraph and the funds appropriated therefor.

(B) In order to carry out the provisions of subparagraph (A) of this paragraph, the Director of the Office of Management and Budget shall, with respect to each such law (i) provide to the Department for the fiscal year (or part of a fiscal year) concerned such funded personnel ceiling and the funds necessary to achieve such ceiling, and (ii) submit to the appropriate committees of the Congress and to the Comptroller General of the United States certification that the Director has so provided such ceiling. Not later than the thirtieth day after the enactment of such a law or, in the event of the enactment of such a law more than thirty days prior to the fiscal year for which such law makes such appropriations, not later than the tenth day of such fiscal year, the certification required in the first sentence of this subparagraph shall be submitted, together with a report containing complete information on the personnel ceiling that the Director has provided to the Department for the employees described in subparagraph (C) of this paragraph.

(C) For the purposes of this paragraph, the term "funded personnel ceiling" means, with respect to any fiscal year (or part of a fiscal year), the authorization by the Director of the Office of Management and Budget to employ (under the appropriation accounts for medical care, medical and prosthetic research, and medical administration and miscellaneous operating expenses) not less than the number of employees for the employment of which appropriations have been made for such fiscal year (or part of a fiscal year).

(5) Notwithstanding any other provision of this title or of any other law, funds appropriated

for the Department under the appropriation accounts for medical care, medical and prosthetic research, and medical administration and miscellaneous operating expenses may not be used for, and no employee compensated from such funds may carry out any activity in connection with, the conduct of any study comparing the cost of the provision by private contractors with the cost of the provision by the Department of commercial or industrial products and services for the Veterans Health Administration unless such funds have been specifically appropriated for that purpose.

(6)(A) Temporary research personnel of the Veterans Health Administration shall be excluded from any ceiling on full-time equivalent employees of the Department or any other personnel ceiling otherwise applicable to employees of the Department.

(B) For purposes of subparagraph (A) of this paragraph, the term "temporary research personnel" means personnel who are employed in the Veterans Health Administration in other than a career appointment for work on a research activity and who are not paid by the Department or are paid from funds appropriated to the Department to support such activity.

(b) When the Secretary determines, in accordance with regulations which the Secretary shall prescribe, that a Department facility serves a substantial number of veterans with limited English-speaking ability, the Secretary shall establish and implement procedures, upon the recommendation of the Under Secretary for Health, to ensure the identification of sufficient numbers of individuals on such facility's staff who are fluent in both the language most appropriate to such veterans and in English and whose responsibilities shall include providing guidance to such veterans and to appropriate Department staff members with respect to cultural sensitivities and bridging linguistic and cultural differences.

(c) The Secretary may not in any fiscal year close more than 50 percent of the beds within a bed section (of 20 or more beds) of a Department medical center unless the Secretary first submits to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report providing a justification for the closure. No action to carry out such closure may be taken after the submission of such report until the end of the 21-day period beginning on the date of the submission of the report.

(d) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives, not later than January 20 of each year, a report documenting by network for the preceding fiscal year the following:

(1) The number of medical service and surgical service beds, respectively, that were closed during that fiscal year and, for each such closure, a description of the changes in delivery of services that allowed such closure to occur.

(2) The number of nursing home beds that were the subject of a mission change during that fiscal year and the nature of each such mission change.

(e) For purposes of this section:

(1) The term "closure", with respect to beds in a medical center, means ceasing to provide staffing for, and to operate, those beds. Such term includes converting the provision of such bed care from care in a Department facility to care under contract arrangements.

(2) The term "bed section", with respect to a medical center, means psychiatric beds (including beds for treatment of substance abuse and post-traumatic stress disorder), intermediate, neurology, and rehabilitation medicine beds, extended care (other than nursing home) beds, and domiciliary beds.

(3) The term "justification", with respect to closure of beds, means a written report that includes the following:

(A) An explanation of the reasons for the determination that the closure is appropriate and advisable.

(B) A description of the changes in the functions to be carried out and the means by which such care and services would continue to be provided to eligible veterans.

(C) A description of the anticipated effects of the closure on veterans and on their access to care.

(Added Pub. L. 96-22, title III, §301(a), June 13, 1979, 93 Stat. 59, §5010; amended Pub. L. 96-151, title III, §301(a), Dec. 20, 1979, 93 Stat. 1095; Pub. L. 97-66, title VI, §601(b), Oct. 17, 1981, 95 Stat. 1033; Pub. L. 97-72, title I, §108, Nov. 3, 1981, 95 Stat. 1053; Pub. L. 97-306, title IV, §409(b), Oct. 14, 1982, 96 Stat. 1446; Pub. L. 97-452, §2(e)(4), Jan. 12, 1983, 96 Stat. 2479; Pub. L. 98-160, title VII, §702(19), Nov. 21, 1983, 97 Stat. 1010; Pub. L. 98-528, title I, §102, Oct. 19, 1984, 98 Stat. 2688; Pub. L. 99-576, title VII, §702(15), Oct. 28, 1986, 100 Stat. 3302; Pub. L. 100-322, title II, §222(a), title IV, §401(a), May 20, 1988, 102 Stat. 531, 543; renumbered §8110 and amended Pub. L. 102-40, title IV, §402(b)(1), (d)(1), May 7, 1991, 105 Stat. 238, 239; Pub. L. 102-83, §§4(a)(3), (4), (b)(1), (2)(E), 5(c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 103-446, title XI, §1103, title XII, §1201(b)(1), (d)(17), (g)(7), Nov. 2, 1994, 108 Stat. 4681, 4682, 4684, 4687; Pub. L. 104-66, title I, §1141(c), Dec. 21, 1995, 109 Stat. 726; Pub. L. 104-262, title I, §101(e)(4), title III, §305, Oct. 9, 1996, 110 Stat. 3181, 3194; Pub. L. 106-117, title III, §301, Nov. 30, 1999, 113 Stat. 1571; Pub. L. 107-135, title I, §124, Jan. 23, 2002, 115 Stat. 2452; Pub. L. 107-314, div. A, title VII, §726(a), Dec. 2, 2002, 116 Stat. 2599; Pub. L. 115-251, title II, §207, Sept. 29, 2018, 132 Stat. 3173.)

Editorial Notes

PRIOR PROVISIONS

Provisions similar to those comprising this section were contained in former section 5001(a)(2), (3), (h) of this title prior to the general revision of this subchapter by Pub. L. 96-22.

AMENDMENTS

2018—Subsecs. (c) to (f). Pub. L. 115-251 redesignated subsecs. (d) to (f) as (c) to (e), respectively, and struck out former subsec. (c) which read as follows: "The Secretary shall include in the materials submitted to Congress each year in support of the budget of the Department for the next fiscal year a report on activities and proposals involving contracting for performance by

contractor personnel of work previously performed by Department employees. The report shall—

“(1) identify those specific activities that are currently performed at a Department facility by more than 10 Department employees which the Secretary proposes to study for possible contracting involving conversion from performance by Department employees to performance by employees of a contractor; and

“(2) identify those specific activities that have been contracted for performance by contractor employees during the prior fiscal year (shown by location, subject, scope of contracts, and savings) and shall describe the effect of such contracts on the quality of delivery of health services during such year.”

2002—Subsec. (a)(1). Pub. L. 107-314 struck out “at not more than 125,000 and not less than 100,000” before period at end of first sentence, “shall operate and maintain a total of not less than 90,000 hospital beds and nursing home beds and” before “shall maintain the availability” in third sentence, and “to enable the Department to operate and maintain a total of not less than 90,000 hospital and nursing home beds in accordance with this paragraph and” after “construction sufficient” in fourth sentence.

Pub. L. 107-135, §124(a)(1), inserted “and in a manner consistent with the policies of the Secretary on overtime,” after “complete care of patients,” in fifth sentence.

Subsec. (a)(2). Pub. L. 107-135, §124(a)(2), inserted “, including the staffing required to maintain such capacities,” after “all Department medical facilities”, substituted “, to minimize” for “and to minimize”, and inserted before period at end “, and to ensure that eligible veterans are provided such care and services in an appropriate manner”.

Subsec. (a)(3)(A). Pub. L. 107-135, §124(b)(1), inserted “the adequacy of staff levels for compliance with the policy established under subparagraph (C),” after “regarding”.

Subsec. (a)(3)(C). Pub. L. 107-135, §124(b)(2), added subparagraph (C).

1999—Subsecs. (d) to (f). Pub. L. 106-117 added subsecs. (d) to (f).

1996—Subsec. (a)(2). Pub. L. 104-262, §101(e)(4), substituted “section 1710(a)” for “section 1712”.

Subsec. (c). Pub. L. 104-262, §305, amended subsec. (c) generally, substituting provisions consisting of an introductory par. and pars. (1) and (2), relating to reports on activities and proposals involving contracting for performance by contractor personnel of work previously performed by Department employees for provisions consisting of pars. (1) to (9), relating to conversion of activities at health-care facilities from those performed by Federal employees to those performed by Government contractors.

1995—Subsec. (a)(4). Pub. L. 104-66 substituted “subparagraph (C)” for “subparagraph (D)” in subpars. (A) and (B), redesignated subpar. (D) as (C), and struck out former subpar. (C) which read as follows: “Whenever the Director of the Office of Management and Budget is required to submit a certification under subparagraph (B) of this paragraph, the Comptroller General shall submit to the appropriate committees of the Congress a report stating the Comptroller General’s opinion as to whether the Director has complied with the requirements of that subparagraph. The Comptroller General shall submit the report not later than fifteen days after the end of the period specified in such subparagraph for the Director to submit the certification.”

1994—Subsec. (a)(3)(B), (5), (6). Pub. L. 103-446, §1201(b)(1), substituted “Veterans Health Administration” for “Department of Medicine and Surgery” wherever appearing.

Subsec. (c)(3)(B). Pub. L. 103-446, §1201(d)(17), substituted “section 513 or 7409” for “section 213 or 4117”.

Subsec. (c)(7). Pub. L. 103-446, §1201(g)(7), which provided for striking out obsolete or executed provisions and directed the amendment of subsec. (c) by striking out par. (7), was not executed because of the prior amendment of subsec. (c) by Pub. L. 103-446, §1103. See below.

Pub. L. 103-446, §1103, added par. (7) and struck out former par. (7) which read as follows: “Not later than February 1, 1984, and February 1 of each of the five succeeding years, the Secretary shall submit a written report to Congress describing the extent to which activities at Department health-care facilities were performed by contractors during the preceding fiscal year and the actual cost savings resulting from such contracts.”

Subsec. (c)(8), (9). Pub. L. 103-446, §1103, added pars. (8) and (9).

1992—Subsecs. (a)(3), (b), (c)(1), (3)(B). Pub. L. 102-405 substituted “Under Secretary for Health” for “Chief Medical Director” wherever appearing.

1991—Pub. L. 102-40, §402(b)(1), renumbered section 510 of this title as this section.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted “1712” for “612” in par. (2).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Subsec. (b). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” in two places.

Subsec. (c). Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” and “Secretary’s” for “Administrator’s” wherever appearing.

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing.

Pub. L. 102-40, §402(d)(1), substituted “8111, 8111A, or 8153” for “5011, 5011A, or 5053” in par. (3)(A).

1988—Subsec. (a)(6). Pub. L. 100-322, §222(a), added par. (6).

Subsec. (c)(2). Pub. L. 100-322, §401(a), inserted “responsive bids are received from at least two responsible, financially autonomous bidders and” after “only if”.

1986—Subsec. (a)(1). Pub. L. 99-576 substituted “125,000 and not less than 100,000” for “one hundred and twenty-five thousand and not less than one hundred thousand” and “90,000” for “ninety thousand” in two places.

1984—Subsec. (a)(4)(C). Pub. L. 98-528 substituted provision requiring the Comptroller General to submit a report stating the Comptroller General’s opinion as to whether the Director has complied with subpar. (B) not later than fifteen days after end of period specified in that subparagraph for Director to submit required certification for provision which had required the Comptroller General to submit a report stating the Comptroller General’s opinion as to whether the Director has complied with the requirements of any law making appropriations for the Veterans’ Administration for any fiscal year or any part thereof regarding funded personnel ceilings not later than forty-fifth day after enactment of each such law.

1983—Subsec. (a)(1). Pub. L. 97-452 substituted “section 1105 of title 31” for “section 201(a) of the Budget and Accounting Act, 1921 (31 U.S.C. 11(a))”.

Subsec. (c)(2)(B). Pub. L. 98-160 substituted “quantity and quality” for “quantity or quality”.

1982—Subsec. (c). Pub. L. 97-306 added subsec. (c).

1981—Subsec. (a)(1). Pub. L. 97-72, §108(a)(1), struck out provision authorizing the Administrator, subject to the approval of the President to establish and operate not less than 125,000 hospital beds in medical facilities over which the Administrator has direct jurisdiction for the care and treatment of eligible veterans and substituted therefor provisions directing the Administrator to establish a total number of hospital beds and nursing home beds in medical facilities over which the Administrator has direct jurisdiction for the care and treatment of eligible veterans at not more than one hundred and twenty-five thousand and not less than one hundred thousand, and provided that the Administrator establish the total number of such beds so as to maintain a contingency capacity to assist the Department of Defense in time of war or national emergency to care for the casualties of such war or national emer-

gency, that of the number of beds authorized pursuant to the preceding sentence, the Administrator operate and maintain a total of not less than ninety thousand hospital beds and nursing home beds and maintain the availability of such additional beds and facilities in addition to the operating bed level as the Administrator considers necessary for such contingency purposes, and that the President include in the Budget transmitted to the Congress for each fiscal year pursuant to section 201(a) of the Budget and Accounting Act, 1921 (31 U.S.C. 11(a)), an amount for medical care and amounts for construction.

Subsec. (a)(3). Pub. L. 97-72, § 108(a)(2), struck out provision requiring that the Chief Medical Director periodically analyze agencywide admission policies and the records of those eligible veterans who apply for hospital care and medical services and annually advise each committee of the results and the added requirements which those results indicate and substituted therefor provisions that the Chief Medical Director, at the end of each fiscal year, (i) analyze agencywide admission policies and the records of those eligible veterans who apply for hospital care, medical services and nursing home care, but are rejected or not immediately admitted or provided such care or services, and (ii) review and made recommendations regarding the adequacy of the established operating bed levels, the geographic distribution of operating beds, the demographic characteristics of the veteran population and the associated need for medical care and nursing home facilities and services in each State, and the proportion of the total number of operating beds that are hospital beds and that are nursing home beds, and that, after considering the analyses and recommendations of the Chief Medical Director pursuant to subparagraph (A) of this paragraph for any fiscal year, the Administrator report to the committees, on or before December 1 after the close of such fiscal year, on the results of the analysis of the Chief Medical Director and on the required number of beds and the level of treatment capacities required.

Subsec. (a)(4)(A). Pub. L. 97-66, § 601(b)(1)(A), inserted “for any fiscal year (or any part of a fiscal year)” after “With respect to each law making appropriations for the Veterans’ Administration”.

Subsec. (a)(4)(B). Pub. L. 97-66, § 601(b)(1)(B), inserted “(or part of a fiscal year)” after “provide to the Veterans’ Administration for the fiscal year”.

Subsec. (a)(4)(D). Pub. L. 97-66, § 601(b)(1)(B), inserted “(or part of a fiscal year)” after “fiscal year” in two places.

Subsec. (a)(5). Pub. L. 97-66, § 601(b)(2), added par. (5).
Subsecs. (b), (c). Pub. L. 97-72, § 108(b), redesignated subsec. (c) as (b). Former subsec. (b), authorizing the Administrator to establish, subject to the approval of the President, not less than twelve thousand beds during fiscal year 1980, and during each fiscal year thereafter, for the furnishing of nursing home care to eligible veterans in facilities over which the Administrator has direct jurisdiction, was struck out.

1979—Subsec. (a)(4). Pub. L. 96-151 added par. (4).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2002 AMENDMENT

Pub. L. 107-314, div. A, title VII, § 726(b), Dec. 2, 2002, 116 Stat. 2599, provided that: “The amendments made by subsection (a) [amending this section] shall take effect on October 1, 2003.”

EFFECTIVE DATE OF 1988 AMENDMENT

Pub. L. 100-322, title II, § 222(b), May 20, 1988, 102 Stat. 531, provided that: “The amendment made by subsection (a) [amending this section] shall apply with respect to fiscal years after fiscal year 1987.”

Pub. L. 100-322, title IV, § 401(b), May 20, 1988, 102 Stat. 543, provided that: “The amendment made by subsection (a) [amending this section] shall apply only with respect to the awarding of contracts under solici-

tations issued after the date of the enactment of this Act [May 20, 1988].”

EFFECTIVE DATE OF 1981 AMENDMENT

Amendment by section 601(b)(1) of Pub. L. 97-66 effective Oct. 1, 1981, see section 701(b)(4) of Pub. L. 97-66, set out as a note under section 1114 of this title.

Amendment by section 601(b)(2) of Pub. L. 97-66 effective Oct. 17, 1981, see section 701(b)(1) of Pub. L. 97-66, set out as a note under section 1114 of this title.

EFFECTIVE DATE OF 1979 AMENDMENT

Pub. L. 96-151, title III, § 301(b), Dec. 20, 1979, 93 Stat. 1096, provided that: “The amendment made by subsection (a) [amending this section] shall take effect with respect to Public Law 96-103 [Nov. 5, 1979, 93 Stat. 771], but, with respect to such Public Law, the certification and report required by subparagraph (B) of paragraph (4) of section 5010 [now 8110] of title 38, United States Code (as added by such amendment), and the report required by subparagraph (C) of such paragraph (as added by such amendment) shall be submitted to the appropriate committees of the Congress not later than January 15, 1980, and February 1, 1980, respectively.”

EFFECTIVE DATE

Section effective Oct. 1, 1979, but not applicable with respect to the acquisition, construction, or alteration of any medical facilities if the acquisition, construction, or alteration (not including exchange) was approved by the President before Oct. 1, 1979, see section 302 of Pub. L. 96-22, set out as a note under section 8101 of this title.

REQUIREMENT FOR CERTAIN DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES TO HAVE PHYSICAL LOCATION FOR THE DISPOSAL OF CONTROLLED SUBSTANCES MEDICATIONS

Pub. L. 116-315, title III, § 3009, Jan. 5, 2021, 134 Stat. 4997, as amended by Pub. L. 117-29, § 1, July 29, 2021, 135 Stat. 306, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall ensure that each covered Department medical facility has a physical location where patients may dispose of controlled substances medications.

“(b) DESIGNATION OF PERIODS FOR ANY INDIVIDUAL TO DISPOSE OF MEDICATION.—

“(1) IN GENERAL.—The Secretary shall designate periods during which any individual may dispose of controlled substances medications at a covered Department medical facility.

“(2) PUBLIC INFORMATION CAMPAIGNS.—The Secretary may carry out public information campaigns regarding the periods designated under paragraph (1).

“(c) COVERED DEPARTMENT MEDICAL FACILITY.—In this section, the term ‘covered Department medical facility’ means a medical facility of the Department of Veterans Affairs with an onsite pharmacy or a physical location dedicated for law enforcement purposes.

“(d) EFFECTIVE DATE.—This section shall take effect on January 1, 2022.”

WOMEN VETERANS RETROFIT INITIATIVE

Pub. L. 116-315, title V, § 5102, Jan. 5, 2021, 134 Stat. 5026, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall prioritize the retrofitting of existing medical facilities of the Department of Veterans Affairs with fixtures, materials, and other outfitting measures to support the provision of care to women veterans at such facilities.

“(b) PLAN.—

“(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act [Jan. 5, 2021], the Secretary shall submit to Congress, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives a plan to address deficiencies in environment of care for women veterans at medical facilities of the Department.

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

“(A) An explanation of the specific environment of care deficiencies that need correcting.

“(B) An assessment of how the Secretary prioritizes retrofitting existing medical facilities to support provision of care to women veterans in comparison to other requirements.

“(C) A five-year strategic plan and cost projection for retrofitting medical facilities of the Department to support the provision of care to women veterans as required under subsection (a).

“(c) AUTHORIZATION OF APPROPRIATIONS.—Subject to appropriations and the plan under (b), there is authorized to be appropriated to the Secretary \$20,000,000 to carry out subsection (a) in addition to amounts otherwise made available to the Secretary for the purposes set forth in such subsection.”

STAFFING OF WOMEN'S HEALTH PRIMARY CARE PROVIDERS AT MEDICAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS

Pub. L. 116-315, title V, §5201, Jan. 5, 2021, 134 Stat. 5034, provided that: “The Secretary of Veterans Affairs shall ensure that each medical facility of the Department of Veterans Affairs has not fewer than one full-time or part-time women's health primary care provider whose duties include, to the extent possible, providing training to other health care providers of the Department on the needs of women veterans.”

PLANNING AND ACTIVATING COMMUNITY BASED OUTPATIENT CLINICS HANDBOOK UPDATE

Pub. L. 116-94, div. F, title II, §252, Dec. 20, 2019, 133 Stat. 2808, provided that:

“(a) Not later than 180 days after the date of the enactment of this Act [Dec. 20, 2019], and not less frequently than once every five-year period thereafter, the Secretary of Veterans Affairs shall update the handbook of the Department of Veterans Affairs titled ‘Planning and Activating Community Based Outpatient Clinics’, or a successor handbook, to reflect current policies, best practices, and clarify the roles and responsibilities of the personnel of the Department involved in the leasing projects of the Department.

“(b) The Secretary shall ensure that the handbook specified in subsection (a) defines ‘community based outpatient clinic’ in the same manner as such term is defined in the Veterans Health Administration Site Tracking database (commonly known as ‘VAST’) as of the date of the enactment of this Act.

“(c) The Secretary shall ensure that the Veterans Health Administration incorporates the best practices contained in the handbook specified in subsection (a) in conducting oversight of the medical centers of the Department of Veterans Affairs and the Veterans Integrated Service Network.

“(d) Not later than 180 days after the date of the enactment of this Act, the Secretary shall provide guidance and training to employees of the Veterans Health Administration for the use of the handbook specified in subsection (a). The Secretary shall update such guidance and training together with each update of such handbook.”

HEALTH CARE IN UNDERSERVED AREAS

Pub. L. 115-182, title IV, §§401, 402, June 6, 2018, 132 Stat. 1470, 1471, as amended by Pub. L. 115-251, title II, §211(b)(8), Sept. 29, 2018, 132 Stat. 3177, provided that:

“SEC. 401. DEVELOPMENT OF CRITERIA FOR DESIGNATION OF CERTAIN MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS AS UNDERSERVED FACILITIES AND PLAN TO ADDRESS PROBLEM OF UNDERSERVED FACILITIES.

“(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act [June 6, 2018], the Secretary of Veterans Affairs shall develop criteria to

designate medical centers, ambulatory care facilities, and community based outpatient clinics of the Department of Veterans Affairs as underserved facilities.

“(b) CONSIDERATION.—Criteria developed under subsection (a) shall include consideration of the following with respect to a facility:

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

“(2) The range of clinical specialties covered by such providers in such area.

“(3) Whether the local community is medically underserved.

“(4) The type, number, and age of open consults.

“(5) Whether the facility is meeting the wait-time goals of the Department or the applicable access standards developed under section 1703B of title 38, United States Code.

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

“(c) ANALYSIS OF FACILITIES.—Not less frequently than annually, directors of Veterans Integrated Service Networks of the Department shall perform an analysis to determine which facilities within that Veterans Integrated Service Network qualify as underserved facilities pursuant to criteria developed under subsection (a).

“(d) ANNUAL PLAN TO ADDRESS UNDERSERVED FACILITIES.—

“(1) PLAN REQUIRED.—Not later than 1 year after the date of the enactment of this Act [June 6, 2018] and not less frequently than once each year, the Secretary shall submit to Congress a plan to address the problem of underserved facilities of the Department, as designated pursuant to criteria developed under subsection (a).

“(2) CONTENTS.—Each plan submitted under paragraph (1) shall address the following:

“(A) Increasing personnel or temporary personnel assistance, including mobile deployment teams furnished under section 402 of this Act.

“(B) Providing special hiring incentives, including under the Education Debt Reduction Program under subchapter VII of chapter 76 of title 38, United States Code, and recruitment, relocation, and retention incentives.

“(C) Using direct hiring authority.

“(D) Improving training opportunities for staff.

“(E) Such other actions as the Secretary considers appropriate.

“SEC. 402. PILOT PROGRAM TO FURNISH MOBILE DEPLOYMENT TEAMS TO UNDERSERVED FACILITIES.

“(a) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program to furnish mobile deployment teams of medical personnel to underserved facilities.

“(b) ELEMENTS.—In furnishing mobile deployment teams under subsection (a), the Secretary shall consider the following elements:

“(1) The medical positions of greatest need at underserved facilities.

“(2) The size and composition of teams to be deployed.

“(3) Such other elements as the Secretary considers necessary for effective oversight of the program established under subsection (a).

“(c) USE OF ANNUAL ANALYSIS.—The Secretary shall use the results of the annual analysis conducted under section 401(c) of this Act to form mobile deployment teams under subsection (a) that are composed of the most needed medical personnel for underserved facilities.

“(d) REPORTING.—

“(1) PROGRESS REPORT.—Not later than 1 year after the date of the enactment of this Act [June 6, 2018],

the Secretary shall submit a report to Congress on the implementation of the pilot program under this section.

“(2) FINAL REPORT.—Not later than the termination of the pilot program under this section, the Secretary shall submit a final report to Congress that contains the recommendations of the Secretary regarding the feasibility and advisability of—

“(A) extending or expanding the pilot program; and

“(B) making the pilot program (or any aspect thereof) permanent.

“(e) DURATION.—The pilot program under this section shall terminate 3 years after the date of the enactment of this Act [June 6, 2018].

“(f) UNDERSERVED FACILITY DEFINED.—In this section, the term ‘underserved facility’ means a medical center, ambulatory care facility, or community based outpatient clinic of the Department of Veterans Affairs designated by the Secretary of Veterans Affairs as underserved pursuant to criteria developed under section 401 of this Act.”

INVENTORY OF MEDICAL WASTE MANAGEMENT ACTIVITIES AT DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES

Pub. L. 108-422, title VI, § 602, Nov. 30, 2004, 118 Stat. 2397, provided that:

“(a) INVENTORY.—The Secretary of Veterans Affairs shall establish and maintain a national inventory of medical waste management activities in the health care facilities of the Department of Veterans Affairs. The inventory shall include the following:

“(1) A statement of the current national policy of the Department on managing and disposing of medical waste, including regulated medical waste in all its forms.

“(2) A description of the program of each geographic service area of the Department to manage and dispose of medical waste, including general medical waste and regulated medical waste, with a description of the primary methods used in those programs and the associated costs of those programs, with cost information shown separately for in-house costs (including full-time equivalent employees) and contract costs.

“(b) REPORT.—Not later than June 30, 2005, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on medical waste management activities in the facilities of the Department of Veterans Affairs. The report shall include the following:

“(1) The inventory established under subsection (a), including all the matters specified in that subsection.

“(2) A listing of each violation of medical waste management and disposal regulations reported at any health care facility of the Department over the preceding five years by any Federal or State agency, along with an explanation of any remedial or other action taken by the Secretary in response to each such reported violation.

“(3) A description of any plans to modernize, consolidate, or otherwise improve the management of medical waste and disposal programs at health care facilities of the Department, including the projected costs associated with such plans and any barriers to achieving goals associated with such plans.

“(4) An assessment or evaluation of the available methods of disposing of medical waste and identification of which of those methods are more desirable from an environmental perspective in that they would be least likely to result in contamination of air or water or otherwise cause future cleanup problems.”

CONVERSION OF UNDERUSED SPACE TO DOMICILIARY-CARE BEDS

Pub. L. 100-322, title I, § 136, May 20, 1988, 102 Stat. 507, directed Administrator, not later than June 1, 1988, to

convert underused space located in facilities under jurisdiction of Administrator in urban areas with significant numbers of homeless veterans into 500 domiciliary-care beds to be used for care of veterans in need of domiciliary care, primarily homeless veterans.

POLICY OF COMPREHENSIVE VETERANS' HEALTH-CARE SYSTEM

Pub. L. 97-306, title IV, § 409(a), Oct. 14, 1982, 96 Stat. 1446, provided that: “It is the policy of the United States that the Veterans' Administration—

“(1) shall maintain a comprehensive, nationwide health-care system for the direct provision of quality health-care services to eligible veterans; and

“(2) shall operate such system through cost-effective means that are consistent with carrying out fully the functions of the Department of Medicine and Surgery of the Veterans' Administration under title 38, United States Code.”

§ 8111. Sharing of Department of Veterans Affairs and Department of Defense health care resources

(a) REQUIRED COORDINATION AND SHARING OF HEALTH CARE RESOURCES.—The Secretary of Veterans Affairs and the Secretary of Defense shall enter into agreements and contracts for the mutually beneficial coordination, use, or exchange of use of the health care resources of the Department of Veterans Affairs and the Department of Defense with the goal of improving the access to, and quality and cost effectiveness of, the health care provided by the Veterans Health Administration and the Military Health System to the beneficiaries of both Departments.

(b) JOINT REQUIREMENTS FOR SECRETARIES OF VETERANS AFFAIRS AND DEFENSE.—To facilitate the mutually beneficial coordination, use, or exchange of use of the health care resources of the two Departments, the two Secretaries shall carry out the following functions:

(1) Develop and publish a joint strategic vision statement and a joint strategic plan to shape, focus, and prioritize the coordination and sharing efforts among appropriate elements of the two Departments and incorporate the goals and requirements of the joint sharing plan into the strategic plan of each Department under section 306 of title 5 and the performance plan of each Department under section 1115 of title 31.

(2) Jointly fund the Department of Veterans Affairs-Department of Defense Joint Executive Committee under section 320 of this title.

(3) Continue to facilitate and improve sharing between individual Department of Veterans Affairs and Department of Defense health care facilities, but giving priority of effort to initiatives (A) that improve sharing and coordination of health resources at the intraregional and nationwide levels, and (B) that improve the ability of both Departments to provide coordinated health care.

(4) Establish a joint incentive program under subsection (d).

[(c) Repealed. Pub. L. 108-136, div. A, title V, § 583(b)(1), Nov. 24, 2003, 117 Stat. 1491.]

(d) JOINT INCENTIVES PROGRAM.—(1) Pursuant to subsection (b)(4), the two Secretaries shall carry out a program to identify, provide incentives to, implement, fund, and evaluate creative coordination and sharing initiatives at the facil-