

**§ 413. Services provided to residents****(a) Services provided**

Except as provided in subsections (b), (c), and (d) of this section, a resident of the Retirement Home shall receive the services authorized by the Chief Operating Officer.

**(b) Medical and dental care**

The Retirement Home shall provide for the overall health care needs of residents in a high quality and cost-effective manner, including on site primary care, medical care, and a continuum of long-term care services. The services provided residents of the Retirement Home shall include appropriate nonacute medical and dental services, pharmaceutical services, and transportation of residents, which shall be provided at no cost to residents. Secondary and tertiary hospital care for residents that is not available at a facility of the Retirement Home shall, to the extent available, be obtained by agreement with the Secretary of Veterans Affairs or the Secretary of Defense in a facility administered by such Secretary. Except as provided in subsection (d) of this section, the Retirement Home shall not be responsible for the costs incurred for such care by a resident of the Retirement Home who uses a private medical facility for such care. The Retirement Home may not construct an acute care facility.

**(c) Availability of physicians and dentists**

(1) In providing for the health care needs of residents at a facility of the Retirement Home under subsection (b) of this section, the Retirement Home shall have a physician and a dentist—

(A) available at the facility during the daily business hours of the facility; and

(B) available on an on-call basis at other times.

(2) The physicians and dentists required by this subsection shall have the skills and experience suited to residents of the facility served by the physicians and dentists.

(3) To ensure the availability of health care services for residents of a facility of the Retirement Home, the Chief Operating Officer, in consultation with the Medical Director, shall establish uniform standards, appropriate to the medical needs of the residents, for access to health care services during and after the daily business hours of the facility.

**(d) Transportation to medical care outside Retirement Home facilities**

(1) With respect to each facility of the Retirement Home, the Retirement Home shall provide daily scheduled transportation to nearby medical facilities used by residents of the facility. The Retirement Home may provide, based on a determination of medical need, unscheduled transportation for a resident of the facility to any medical facility located not more than 30 miles from the facility for the provision of necessary and urgent medical care for the resident.

(2) The Retirement Home may not collect a fee from a resident for transportation provided under this subsection.

(Pub. L. 101-510, div. A, title XV, §1513, Nov. 5, 1990, 104 Stat. 1725; Pub. L. 103-160, div. A, title

III, §366(c), Nov. 30, 1993, 107 Stat. 1630; Pub. L. 107-107, div. A, title XIV, §§1404(b)(1)(B), 1410(a)(1), Dec. 28, 2001, 115 Stat. 1260, 1266; Pub. L. 109-163, div. A, title IX, §909(a), Jan. 6, 2006, 119 Stat. 3404; Pub. L. 110-181, div. A, title XIV, §1422(c), Jan. 28, 2008, 122 Stat. 420; Pub. L. 112-81, div. A, title V, §567(c)(2), Dec. 31, 2011, 125 Stat. 1426.)

## AMENDMENTS

2011—Pub. L. 112-81 substituted “Services provided to residents” for “Services provided residents” in section catchline.

2008—Subsec. (b). Pub. L. 110-181 inserted after first sentence “The services provided residents of the Retirement Home shall include appropriate nonacute medical and dental services, pharmaceutical services, and transportation of residents, which shall be provided at no cost to residents.”

2006—Subsec. (a). Pub. L. 109-163, §909(a)(1), substituted “subsections (b), (c), and (d)” for “subsection (b)”.

Subsec. (b). Pub. L. 109-163, §909(a)(2), substituted “Except as provided in subsection (d) of this section, the” for “The”.

Subsecs. (c), (d). Pub. L. 109-163, §909(a)(3), added subsections (c) and (d).

2001—Subsec. (a). Pub. L. 107-107, §1404(b)(1)(B), substituted “Chief Operating Officer” for “Retirement Home Board”.

Subsec. (b). Pub. L. 107-107, §1410(a)(1), struck out “maintained as a separate establishment” after “available at a facility” in second sentence.

1993—Subsec. (b). Pub. L. 103-160 added second and third sentences and struck out former second sentence which read as follows: “Secondary and tertiary hospital care for residents that is not available at the Retirement Home shall be obtained through agreements with facilities administered by the Secretary of Veterans Affairs or the Secretary of Defense or at private facilities.”

## EFFECTIVE DATE

Section effective one year after Nov. 5, 1990, see section 1541(a) of Pub. L. 101-510, formerly set out as a note under section 401 of this title.

**§ 413a. Oversight of health care provided to residents****(a) Designation of Senior Medical Advisor**

(1) The Secretary of Defense shall designate the Deputy Director of the TRICARE Management Activity to serve as the Senior Medical Advisor for the Retirement Home.

(2) The Deputy Director of the TRICARE Management Activity shall serve as Senior Medical Advisor for the Retirement Home in addition to performing all other duties and responsibilities assigned to the Deputy Director of the TRICARE Management Activity at the time of the designation under paragraph (1) or afterward.

**(b) Responsibilities**

The Senior Medical Advisor shall provide advice to the Secretary of Defense, the Under Secretary of Defense for Personnel and Readiness, the Chief Operating Officer, and the Advisory Council regarding the direction and oversight of—

(1) medical administrative matters at each facility of the Retirement Home; and

(2) the provision of medical care, preventive mental health, and dental care services at each facility of the Retirement Home.

**(c) Duties**

In carrying out the responsibilities set forth in subsection (b), the Senior Medical Advisor shall perform the following duties:

(1) Ensure the timely availability to residents of the Retirement Home, at locations other than the Retirement Home, of such acute medical, mental health, and dental care as such resident may require that is not available at the applicable facility of the Retirement Home.

(2) Ensure compliance by the facilities of the Retirement Home with accreditation standards, applicable health care standards of the Department of Veterans Affairs, or any other applicable health care standards and requirements (including requirements identified in applicable reports of the Inspector General of the Department of Defense).

(3) Periodically visit each facility of the Retirement Home to review—

(A) the medical facilities, medical operations, medical records and reports, and the quality of care provided to residents; and

(B) inspections and audits to ensure that appropriate follow-up regarding issues and recommendations raised by such inspections and audits has occurred.

(4) Report on the findings and recommendations developed as a result of each review conducted under paragraph (3) to the Chief Operating Officer, the Advisory Council, and the Under Secretary of Defense for Personnel and Readiness.

**(d) Advisory bodies**

In carrying out the responsibilities set forth in subsection (b) and the duties set forth in subsection (c), the Senior Medical Advisor may establish and seek the advice of such advisory bodies as the Senior Medical Advisor considers appropriate.

(Pub. L. 101-510, div. A, title XV, §1513A, as added Pub. L. 110-181, div. A, title XIV, §1422(d)(1), Jan. 28, 2008, 122 Stat. 420; amended Pub. L. 112-81, div. A, title V, §§562, 567(c)(3), Dec. 31, 2011, 125 Stat. 1420, 1426.)

## AMENDMENTS

2011—Pub. L. 112-81, §567(c)(3), substituted “Oversight of health care provided to residents” for “Improved health care oversight of Retirement Home” in section catchline.

Subsec. (b). Pub. L. 112-81, §562(a), substituted “The” for “(1) The” and “the Chief Operating Officer, and the Advisory Council regarding the direction and oversight of—” for “the Chief Operating Officer regarding the direction and oversight of the provision of medical, preventive mental health, and dental care services at each facility of the Retirement Home.”, added pars. (1) and (2), and struck out former par. (2) which read as follows: “The Senior Medical Advisor shall also provide advice to the Local Board for a facility of the Retirement Home regarding all medical and medical administrative matters of the facility.”

Subsec. (c)(3) to (5). Pub. L. 112-81, §562(b), added pars. (3) and (4) and struck out former pars. (3) to (5) which read as follows:

“(3) Periodically visit and inspect the medical facilities and medical operations of each facility of the Retirement Home.

“(4) Periodically examine and audit the medical records and administration of the Retirement Home.

“(5) Consult with the Local Board for each facility of the Retirement Home not less frequently than once each year.”

**§ 414. Fees paid by residents****(a) Monthly fees**

The Administrator of each facility of the Retirement Home shall collect a monthly fee from each resident of that facility.

**(b) Deposit of fees**

The Administrators shall deposit fees collected under subsection (a) of this section in the Armed Forces Retirement Home Trust Fund.

**(c) Fixing fees**

(1) The Chief Operating Officer, with the approval of the Secretary of Defense, shall from time to time prescribe the fees required by subsection (a) of this section. Changes to such fees shall be based on the financial needs of the Retirement Home and the ability of the residents to pay. A change of a fee may not take effect until 120 days after the Secretary of Defense transmits a notification of the change to the Committees on Armed Services of the Senate and the House of Representatives.

(2) The fee shall be fixed as a percentage of the monthly income and monthly payments (including Federal payments) received by a resident. The percentage shall be the same for each facility of the Retirement Home. The Secretary of Defense may make any adjustment in a percentage that the Secretary determines appropriate.

(3) The fee shall be subject to a limitation on maximum monthly amount. The amount of the limitation shall be increased, effective on January 1 of each year, by the percentage of the increase in retired pay and retainer pay that takes effect on the preceding December 1 under subsection (b) of section 1401a of title 10 without regard to paragraph (3) of such subsection.

(Pub. L. 101-510, div. A, title XV, §1514, Nov. 5, 1990, 104 Stat. 1725; Pub. L. 103-337, div. A, title III, §371(b), Oct. 5, 1994, 108 Stat. 2735; Pub. L. 107-107, div. A, title XIV, §1405(b), Dec. 28, 2001, 115 Stat. 1261; Pub. L. 112-81, div. A, title V, §§564(b), 565, Dec. 31, 2011, 125 Stat. 1424.)

## AMENDMENTS

2011—Subsec. (a). Pub. L. 112-81, §564(b)(1), substituted “Administrator” for “Director”.

Subsec. (b). Pub. L. 112-81, §564(b)(2), substituted “Administrators” for “Directors”.

Subsec. (c)(3). Pub. L. 112-81, §565(a), struck out at end “The first increase in a limitation on maximum monthly amount shall take effect on January 1, 2003.”

Subsec. (d). Pub. L. 112-81, §565(b), struck out subsec. (d) which related to transitional fee structures.

2001—Pub. L. 107-107 reenacted section catchline without change and amended text generally, substituting present provisions for provisions relating to collection of monthly fees in subsec. (a), deposit of fees in subsec. (b), fixing fees in subsec. (c), and application of fees in subsec. (d).

1994—Subsec. (c)(2). Pub. L. 103-337, §371(b)(1), amended par. (2) generally. Prior to amendment, par. (2) read as follows: “The fee shall be fixed as a percentage of Federal payments made to a resident, including monthly retired or retainer pay, monthly civil service annuity, monthly compensation or pension paid to the resident by the Secretary of Veterans Affairs, and Social Security payments. Residents who do not receive such