

Pub. L. 105-33, title VIII, §8023(a)(2), Aug. 5, 1997, 111 Stat. 667, added item 1729A.

Pub. L. 105-12, §9(i)(2), Apr. 30, 1997, 111 Stat. 27, added item 1707.

1996—Pub. L. 104-262, title I, §§101(c)(2)(B), 104(a)(2), Oct. 9, 1996, 110 Stat. 3179, 3184, added items 1705 and 1706 and substituted “Dental care; drugs and medicines for certain disabled veterans; vaccines” for “Eligibility for outpatient services” in item 1712.

1994—Pub. L. 103-452, title I, §101(f)(2)(B), Nov. 2, 1994, 108 Stat. 4784, substituted “and treatment” for “to women veterans” in item 1720D.

1992—Pub. L. 102-585, title I, §102(a)(2), title V, §§512(b), 514(b), Nov. 4, 1992, 106 Stat. 4946, 4958, added items 1704 and 1720D and struck out subchapter VII heading “PREVENTIVE HEALTH-CARE SERVICES PILOT PROGRAM” and items 1761 “Purpose”, 1762 “Definition”, 1763 “Preventive health-care services”, and 1764 “Reports”.

1991—Pub. L. 102-83, §5(b)(1), Aug. 6, 1991, 105 Stat. 406, renumbered items 601 to 664 as 1701 to 1764, respectively.

Pub. L. 102-83, §4(a)(5), Aug. 6, 1991, 105 Stat. 404, substituted “non-Department” for “non-Veterans’ Administration” in item 603.

1990—Pub. L. 101-508, title VIII, §8012(a)(2), Nov. 5, 1990, 104 Stat. 1388-345, added item 622A.

Pub. L. 101-366, title II, §201(a)(2), Aug. 15, 1990, 104 Stat. 438, added item 620C.

1988—Pub. L. 100-322, title I, §§101(h)(2), 115(g)(2), May 20, 1988, 102 Stat. 492, 502, substituted “Eligibility for outpatient services” for “Eligibility for medical treatment” in item 612, substituted “Home health services; invalid” for “Invalid” in item 617, and struck out item 620C “Community based psychiatric residential treatment for chronically mentally ill veterans”.

1987—Pub. L. 100-6, §2(b), Feb. 12, 1987, 101 Stat. 94, added item 620C.

1986—Pub. L. 99-576, title II, §201(a)(2), 100 Stat. 3254, added item 620B.

Pub. L. 99-272, title XIX, §§19011(c)(2), 19012(b)(2), Apr. 7, 1986, 100 Stat. 378, 382, added item 603, and substituted “Determination” for “Evidence” and inserted “; income thresholds” in item 622.

1985—Pub. L. 99-166, title I, §§101(b)(2), 107(b), Dec. 3, 1985, 99 Stat. 943, 946, added item 612B and struck out “; pilot program” after “disabilities” in item 620A.

1983—Pub. L. 98-160, title I, §§103(a)(3), 104(b), Nov. 21, 1983, 97 Stat. 996, 998, inserted “; adult day health care” in item 620 and added item 630.

1982—Pub. L. 97-295, §4(15), Oct. 12, 1982, 96 Stat. 1306, substituted “Hospital care, medical services, and nursing home care abroad” for “Hospital care and medical services abroad” in item 624.

1981—Pub. L. 97-72, title I, §§106(a)(2), 107(c)(2), (d)(2), Nov. 3, 1981, 95 Stat. 1051, 1052, 1053, added item 629, substituted “HOSPITAL CARE AND MEDICAL TREATMENT FOR VETERANS IN THE REPUBLIC OF THE PHILIPPINES” for “HOSPITAL AND MEDICAL CARE FOR COMMONWEALTH OF THE PHILIPPINES ARMY VETERANS” in item relating to subchapter IV, and substituted “Contracts and grants to provide for the care and treatment of United States veterans by the Veterans Memorial Medical Center” for “Contracts and grants to provide hospital care, medical services and nursing home care” in item 632.

1980—Pub. L. 96-330, title IV, §401(b), Aug. 26, 1980, 94 Stat. 1051, substituted “Evidence of inability to defray necessary expenses” for “Statement under oath” in item 622.

1979—Pub. L. 96-22, title I, §§103(a)(2), 104(b), 105(b), 106(b), June 13, 1979, 93 Stat. 50, 51, 53, added items 612A, 620A, 634, and 661 to 664 and redesignated former item 634 as 635.

1977—Pub. L. 95-62, §4(b), July 5, 1977, 91 Stat. 263, struck out item 644 “Authorizations of appropriations”.

1976—Pub. L. 94-581, title II, §§202(a), 203(b), Oct. 21, 1976, 90 Stat. 2855, 2856, inserted “NURSING HOME,” in chapter heading, and, in analysis of subchapter headings and section catchlines, inserted “, NURSING

HOME” in item for subchapter II, inserted “, nursing home” in item 610, substituted “Care” for “Hospitalization” in item 611, and inserted “AND NURSING HOME” in item for subchapter III.

1973—Pub. L. 93-82, title I, §§103(c), 106(b), 107(b), 109(b), Aug. 2, 1973, 87 Stat. 182, 184, 186, 187, substituted “Medical care for survivors and dependents of certain veterans” and “Fitting and training in use of prosthetic appliances; seeing-eye dogs” for “Fitting and training in use of prosthetic appliances” and “Seeing-eye dogs” in items 613 and 614 respectively, substituted “natural disaster” for “fire” in item 626, added item 628, substituted “Assistance to the Republic of the Philippines” and “Contracts and grants to provide hospital care, medical services and nursing home care” for “Grants to the Republic of the Philippines” and “Modification of agreement with the Republic of the Philippines effectuating the Act of July 1, 1948” in items 631 and 632, respectively, and added “SUBCHAPTER VI—SICKLE CELL ANEMIA” comprising items 651 to 654.

Pub. L. 93-43, §4(c)(2), June 18, 1973, 87 Stat. 79, struck out item 625 “Arrests for crimes in hospitals and domiciliary reservations”.

1969—Pub. L. 91-178, §2(b), Dec. 30, 1969, 83 Stat. 837, added item 644.

1968—Pub. L. 90-493, §3(b), Aug. 19, 1968, 82 Stat. 809, substituted “Invalid lifts and other devices” for “Invalid lifts and other devices for pensioners” in item 617.

1964—Pub. L. 88-450, §§2(b), 6(b), Aug. 19, 1964, 78 Stat. 500, 504, inserted “and other devices” in item 617 and added item 620.

1962—Pub. L. 87-850, §1(b), Oct. 23, 1962, 76 Stat. 1126, added item 619.

Pub. L. 87-574, §2(2), Aug. 6, 1962, 76 Stat. 308, added item 618.

1959—Pub. L. 86-211, §7(b), Aug. 29, 1959, 73 Stat. 436, added item 617.

SUBCHAPTER I—GENERAL

§ 1701. Definitions

For the purposes of this chapter—

(1) The term “disability” means a disease, injury, or other physical or mental defect.

(2) The term “veteran of any war” includes any veteran awarded the Medal of Honor.

(3) The term “facilities of the Department” means—

(A) facilities over which the Secretary has direct jurisdiction;

(B) Government facilities for which the Secretary contracts; and

(C) public or private facilities at which the Secretary provides recreational activities for patients receiving care under section 1710 of this title.

(4) The term “non-Department facilities” means facilities other than Department facilities.

(5) The term “hospital care” includes—

(A)(i) medical services rendered in the course of the hospitalization of any veteran, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title;

(B) such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title; and

(C)(i) medical services rendered in the course of the hospitalization of a dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title, and (ii) travel and incidental expenses for such dependent or survivor under the terms and conditions set forth in section 111 of this title.

(6) The term “medical services” includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

(C) Optometric and podiatric services.

(D) Preventive health services.

(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.

(F) In the case of a person otherwise receiving care or services under this chapter—

(i) wheelchairs, artificial limbs, trusses, and similar appliances;

(ii) special clothing made necessary by the wearing of prosthetic appliances; and

(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

(G) Travel and incidental expenses pursuant to section 111 of this title.

(7) The term “domiciliary care” includes necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title.

(8) The term “rehabilitative services” means such professional, counseling, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term “preventive health services” means—

(A) periodic medical and dental examinations;

(B) patient health education (including nutrition education);

(C) maintenance of drug use profiles, patient drug monitoring, and drug utilization education;

(D) mental health preventive services;

(E) substance abuse prevention measures;

(F) immunizations against infectious disease;

(G) prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

(H) genetic counseling concerning inheritance of genetically determined diseases;

(I) routine vision testing and eye care services;

(J) periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

(K) such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1141, §601; Pub. L. 86-598, July 7, 1960, 74 Stat. 335; Pub. L. 86-639, §2, July 12, 1960, 74 Stat. 472; Pub. L. 88-481, Aug. 22, 1964, 78 Stat. 593; Pub. L. 90-612, §2, Oct. 21, 1968, 82 Stat. 1202; Pub. L. 93-82, title I, §101, Aug. 2, 1973, 87 Stat. 179; Pub. L. 94-581, title I, §102, title II, §202(b), Oct. 21, 1976, 90 Stat. 2843, 2855; Pub. L. 95-520, §5, Oct. 26, 1978, 92 Stat. 1820; Pub. L. 96-22, title I, §102(c), title II, §201(a), June 13, 1979, 93 Stat. 48, 54; Pub. L. 96-151, title II, §§201(b), 202, Dec. 20, 1979, 93 Stat. 1093, 1094; Pub. L. 97-72, title I, §101, Nov. 3, 1981, 95 Stat. 1047; Pub. L. 97-251, §4, Sept. 8, 1982, 96 Stat. 716; Pub. L. 98-105, Sept. 30, 1983, 97 Stat. 730; Pub. L. 98-160, title I, §106(a), Nov. 21, 1983, 97 Stat. 998; Pub. L. 98-528, title I, §103(a), Oct. 19, 1984, 98 Stat. 2688; Pub. L. 99-108, §2, Sept. 30, 1985, 99 Stat. 481; Pub. L. 99-166, title I, §102(a), Dec. 3, 1985, 99 Stat. 943; Pub. L. 99-272, title XIX, §§19011(d)(2), 19012(a), Apr. 7, 1986, 100 Stat. 378, 380; Pub. L. 99-576, title II, §203, Oct. 28, 1986, 100 Stat. 3255; Pub. L. 100-322, title I, §131, May 20, 1988, 102 Stat. 506; Pub. L. 102-54, §14(b)(8), June 13, 1991, 105 Stat. 283; renumbered §1701 and amended Pub. L. 102-83, §§4(a)(2)(E), (3)-(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 102-585, title V, §513, Nov. 4, 1992, 106 Stat. 4958; Pub. L. 103-446, title XII, §1202(b)(1), Nov. 2, 1994, 108 Stat. 4689; Pub. L. 104-262, title I, §§101(d)(1), 103(a), Oct. 9, 1996, 110 Stat. 3179, 3182; Pub. L. 106-117, title I, §101(b), Nov. 30, 1999, 113 Stat. 1548; Pub. L. 107-135, title II, §208(a)(1), (e)(2), Jan. 23, 2002, 115 Stat. 2461, 2463; Pub. L. 107-330, title III, §308(g)(3), Dec. 6, 2002, 116 Stat. 2828; Pub. L. 108-170, title I, §§104(a), 106(a), Dec. 6, 2003, 117 Stat. 2044, 2045; Pub. L. 110-387, title III, §301(a)(1), title VIII, §801, Oct. 10, 2008, 122 Stat. 4120, 4140.)

CODIFICATION

The text of section 1762 of this title, which was transferred to the end of this section, redesignated as par. (9), and amended by Pub. L. 102-585, was based on Pub. L. 96-22, title I, §105(a), June 13, 1979, 93 Stat. 52, §662; renumbered §1762 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406.

PRIOR PROVISIONS

Prior sections 1700 and 1701 were renumbered sections 3500 and 3501 of this title, respectively.

AMENDMENTS

2008—Par. (5)(B). Pub. L. 110-387, §301(a)(1), inserted “marriage and family counseling,” after “professional counseling,” and substituted “as the Secretary considers appropriate for” for “as may be essential to”.

Par. (6)(E) to (G). Pub. L. 110-387, §801(2), added subpar. (E) and redesignated former subpars. (E) and (F) as (F) and (G), respectively.

Par. (10). Pub. L. 110-387, §801(1), struck out par. (10) which read as follows:

“(10)(A) During the period beginning on November 30, 1999, and ending on December 31, 2008, the term ‘medical services’ includes noninstitutional extended care services.

“(B) For the purposes of subparagraph (A), the term ‘noninstitutional extended care services’ means such alternatives to institutional extended care which the Secretary may furnish (i) directly, (ii) by contract, or (iii) (through provision of case management) by another provider or payor.”

2003—Par. (8). Pub. L. 108-170, §104(a), struck out “(other than those types of vocational rehabilitation services provided under chapter 31 of this title)” after “programs”.

Par. (10)(A). Pub. L. 108-170, §106(a), substituted "November 30, 1999, and ending on December 31, 2008," for "the date of the enactment of the Veterans Millennium Health Care and Benefits Act and ending on December 31, 2003."

2002—Par. (5). Pub. L. 107-135, §208(e)(2), substituted "1781(b)" for "1713(b)" in subpars. (B) and (C)(i).

Par. (6). Pub. L. 107-135, §208(a)(1)(A), (B), substituted "services, the following:" for "services—" in introductory provisions and struck out concluding provisions which read as follows: "For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 1713(b) of this title shall be eligible for the same medical services as a veteran."

Par. (6)(A). Pub. L. 107-135, §208(a)(1)(C), added subpar. (A) and struck out former subpar. (A) which read as follows: "(i) surgical services, dental services and appliances as described in sections 1710 and 1712 of this title, optometric and podiatric services, preventive health services, and (in the case of a person otherwise receiving care or services under this chapter) wheelchairs, artificial limbs, trusses, and similar appliances, special clothing made necessary by the wearing of prosthetic appliances, and such other supplies or services as the Secretary determines to be reasonable and necessary, except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title; and".

Par. (6)(B) to (F). Pub. L. 107-135, §208(a)(1)(A), (C), added subpars. (B) to (F) and struck out former subpar. (B) which included in the definition of "medical services" certain necessary consultation, professional counseling, training, and mental health services.

Par. (10)(A). Pub. L. 107-330, which directed the substitution of "November 30, 1999," for "the date of the enactment of the Veterans' Millennium Health Care and Benefits Act", could not be executed because the word "Veterans'" did not appear in text.

1999—Par. (10). Pub. L. 106-117 added par. (10).

1996—Par. (6)(A)(i). Pub. L. 104-262, §103(a), struck out "(in the case of a person otherwise receiving care or services under this chapter)" before "preventive health services," substituted "(in the case of a person otherwise receiving care or services under this chapter)" for "(except under the conditions described in section 1712(a)(5)(A) of this title)," and inserted "except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe," after "reasonable and necessary,".

Par. (6)(B)(i)(I). Pub. L. 104-262, §101(d)(1)(A), substituted "paragraph (1) or (2) of section 1710(a)" for "section 1712(a)".

Par. (6)(B)(i)(II). Pub. L. 104-262, §101(d)(1)(B), substituted "paragraph (1), (2) or (3) of section 1710(a)" for "section 1712(a)(5)(B)".

1994—Par. (3). Pub. L. 103-446 made technical correction to directory language of Pub. L. 102-83, §4(a)(2)(E). See 1991 Amendment note below.

1992—Par. (6)(A)(i). Pub. L. 102-585, §513(b), substituted "preventive health services," for "preventive health-care services as defined in section 1762 of this title,".

Par. (9). Pub. L. 102-585, §513(a), transferred the text of section 1762 of this title to the end of this section and redesignated it as par. (9), substituted "The term 'preventive health service' means" for "For the purposes of this subchapter, the term 'preventive health-care services' means", and redesignated pars. (1) to (11) as subpars. (A) to (K), respectively. See Codification note above.

1991—Pub. L. 102-83, §5(a), renumbered section 601 of this title as this section.

Par. (2). Pub. L. 102-54, §14(b)(8)(A), struck out "any veteran of the Indian Wars, or" after "includes".

Par. (3). Pub. L. 102-83, §5(c)(1), substituted "1710" for "610" in subpar. (C).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in subpars. (A) to (C).

Pub. L. 102-83, §4(a)(2)(E), as amended by Pub. L. 103-446, substituted "facilities of the Department" for "Veterans' Administration facilities".

Pub. L. 102-54, §14(b)(8)(B), (C), redesignated par. (4) as (3) and struck out former par. (3) which read as follows: "The term 'period of war' includes each of the Indian Wars."

Par. (4). Pub. L. 102-83, §4(a)(5), substituted "non-Department" for "non-Veterans' Administration".

Pub. L. 102-83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Pub. L. 102-54, §14(b)(8)(E), redesignated par. (9) as (4).

Par. (5). Pub. L. 102-83, §5(c)(1), substituted "1713(b)" for "613(b)" in subpars. (B) and (C)(i).

Par. (6). Pub. L. 102-83, §5(c)(1), in subpar. (A) substituted "1710 and 1712" for "610 and 612", "1762" for "662", and "1712(a)(5)(A)" for "612(a)(5)(A)", in subpar. (B) substituted "1712(a)" for "612(a)", "1712(a)(5)(B)" for "612(a)(5)(B)", and "1713(b)" for "613(b)", and in last sentence substituted "1713(b)" for "613(b)".

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

Pub. L. 102-54, §14(b)(8)(D), substituted "612(a)(5)(A)" for "612(f)(1)(A)(i)" in subpar. (A)(i) and "612(a)(5)(B)" for "612(f)(1)(A)(ii)" in subpar. (B)(i)(II).

Par. (9). Pub. L. 102-54, §14(b)(8)(E), redesignated par. (9) as (4).

1988—Par. (4)(C). Pub. L. 100-322 added subpar. (C).

1986—Par. (4). Pub. L. 99-272, §19012(a)(1), struck out cl. (C) and provision following such clause, both relating to private facilities under contract as Veterans' Administration facilities.

Par. (6)(A)(i). Pub. L. 99-272, §19011(d)(2)(A), substituted "section 612(f)(1)(A)(i)" for "section 612(f)(1)(A)".

Par. (6)(B). Pub. L. 99-576 amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: "such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment—

"(i) of the service-connected disability of a veteran pursuant to section 612(a) of this title, and

"(ii) in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(A)(ii) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital, for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran (including, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of such family member or individual in the case of a veteran who is receiving care for a service-connected disability, or in the case of dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title). For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title shall be eligible for the same medical services as a veteran."

Par. (6)(B)(ii). Pub. L. 99-272, §19011(d)(2)(B), substituted "section 612(f)(1)(A)(ii)" for "section 612(f)(1)(B)".

Par. (9). Pub. L. 99-272, §19012(a)(2), added par. (9).

1985—Par. (4)(C)(v). Pub. L. 99-166, §102(a), substituted "with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988" for "(except with respect to Alaska and Hawaii) shall expire on October 31, 1985" and struck out "and to the Virgin Islands" before "of the restrictions in this subclause".

Pub. L. 99-108 substituted "October 31, 1985" for "September 30, 1985".

1984—Par. (4)(C)(v). Pub. L. 98-528 substituted "September 30, 1985" for "September 30, 1984".

1983—Par. (4)(C)(v). Pub. L. 98-105 substituted “September 30, 1984” for “September 30, 1983”.

Par. (6)(a)(i). Pub. L. 98-160 inserted “(in the case of a person otherwise receiving care or services under this chapter) preventive health-care services as defined in section 662 of this title.”

1982—Par. (4)(C)(v). Pub. L. 97-251 substituted “September 30, 1983” for “September 30, 1982”.

1981—Par. (4)(C)(v). Pub. L. 97-72 substituted “September 30, 1982” for “December 31, 1981”.

1979—Par. (4). Pub. L. 96-22, §§102(c)(1), 201(a), substituted “medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of the first sentence, or the third sentence, of section 612(f) of this title or of a veteran described in section 612(g) of this title if the Administrator has determined, based on an examination by a physician employed by the Veterans' Administration (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), that the medical condition of such veteran precludes appropriate treatment in facilities described in clauses (A) and (B) of this paragraph” for “medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of section 612(f) of this title” in subcl. (ii) of cl. (C), and added subcl. (vi) of cl. (C) and the provisions following cl. (C) relating to the periodic review of the necessity for continuing contractual arrangements in the case of veterans receiving contract care.

Par. (4)(C)(iii). Pub. L. 96-151, §202, inserted provisions respecting safe transfer of the veteran, and substituted “medical services in” for “hospital care in”.

Par. (5)(A). Pub. L. 96-151, §201(b)(1), substituted “travel” for “transportation”.

Par. (5)(C). Pub. L. 96-151, §201(b)(2), substituted provisions relating to travel and incidental expenses for provisions relating to transportation and incidental expenses.

Par. (6)(A)(i). Pub. L. 96-22, §102(c)(2), substituted “described in sections 610 and 612 of this title” for “authorized in sections 612 (b), (c), (d), and (e) of this title”.

Par. (6)(B). Pub. L. 96-151, §201(b)(3), substituted “travel and incidental expenses” for “necessary expenses of travel and subsistence”.

1978—Par. (4)(C)(v). Pub. L. 95-520 defined “Veterans' Administration facilities” to include certain private facilities to provide medical services to obviate the need for hospital admission, deleted reference to hospital care for veterans in a territory, Commonwealth, or possession of the United States not contiguous to the forty-eight contiguous States, substituted provision requiring the annually determined hospital patient load and incidence of the provision of medical services to veterans hospitalized or treated at expense of Veterans' Administration in Government and private facilities in each noncontiguous State to be consistent with patient load or incidence of the provision of medical services for veterans hospitalized or treated by the Veterans' Administration within the forty-eight contiguous States for prior requirement that the annually determined average hospital patient load per thousand veteran population hospitalized at Veterans' Administration expense in Government and private facilities in each noncontiguous State not exceed the average patient load per thousand veteran population hospitalized by the Veterans' Administration within the forty-eight contiguous States; extended termination date for exercise of subcl. (v) authority to Dec. 31, 1981, from Dec. 31, 1978, except as to Alaska and Hawaii, and authorized waiver by the Administrator, to prevent hardship, of applicability to Puerto Rico and Virgin Islands of subcl. (v) restrictions with respect to hospital patient loads and incidence of provision of medical services.

1976—Par. (4)(A). Pub. L. 94-581, §202(b)(1), substituted “direct jurisdiction” for “direct and exclusive jurisdiction”.

Par. (4)(C). Pub. L. 94-581, §202(b)(2), inserted “when facilities described in clause (A) or (B) of this para-

graph are not capable of furnishing economical care because of geographical inaccessibility or of furnishing the care or services required” after “contracts” in provisions preceding subcl. (i), substituted “to a veteran for the treatment of a service-connected disability or a disability for which a veteran was discharged” for “for persons suffering from service-connected disabilities or from disabilities for which such persons were discharged” in subcl. (i), added subcls. (ii) and (iii), redesignated former subcls. (ii) and (iii) as (iv) and (v), respectively, and in subcl. (v) as so redesignated, substituted “subclause (v)” for “clause (iii)”.

Par. (5)(A)(ii). Pub. L. 94-581, §202(b)(3), substituted “pursuant to the provisions of section 111 of this title” for “for any veteran who is in need of treatment for a service-connected disability or who is unable to defray the expense of transportation”.

Par. (5)(B). Pub. L. 94-581, §102(1), substituted “for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title; and” for “(including (i) necessary expenses for transportation if unable to defray such expenses; or (ii) necessary expenses of transportation and subsistence in the case of a veteran who is receiving care for a service-connected disability, or in the case of a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title, under the terms and conditions set forth in section 111 of this title) of the members of the immediate family (including legal guardians) of a veteran or such a dependent or survivor of a veteran, or in the case of a veteran or such dependent or survivor of a veteran who has no immediate family members (or legal guardian), the person in whose household such veteran, or such a dependent or survivor certifies his intention to live, as may be necessary or appropriate to the effective treatment and rehabilitation of a veteran or such a dependent or a survivor of a veteran; and”.

Par. (6). Pub. L. 94-581, §102(2), expanded definition of “medical services” to include rehabilitation services, podiatric services, and travel and incidental expenses pursuant to the provisions of section 111 of this title, and, for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran, such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment of the service-connected disability of a veteran pursuant to section 612(a) of this title, and, in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(B) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

Par. (7). Pub. L. 94-581, §102(3), substituted “necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title” for “transportation and incidental expenses for veterans who are unable to defray the expenses of transportation”.

Par. (8). Pub. L. 94-581, §102(4), added par. (8).

1973—Par. (4)(C). Pub. L. 93-82, §101(a), extended the Administrator's contract authority for providing hospital care and medical services to persons suffering from service-connected disabilities or from disabilities for which such persons were discharged or released from the active military, naval, or air service and removed the limitation on such authority that such care be rendered in emergency cases only.

Par. (5). Pub. L. 93-82, §101(b), incorporated existing provisions in subpar. (A) and added subpars. (B) and (C).

Par. (6). Pub. L. 93-82, §101(c), expanded definition of “medical services” to include home health services de-

terminated by the Secretary to be necessary or appropriate for the effective and economical treatment of a disability of a veteran or a dependent or survivor of a veteran receiving care under section 613(b) of this title.

1968—Par. (4)(C)(iii). Pub. L. 90-612 expanded category of veterans of wars in the Territories, Commonwealths, or possessions of the United States to include, until December 31, 1978, veterans of such wars in States not contiguous to the forty-eight contiguous States, with the annually determined average hospital patient load per thousand of hospitalized veteran population in each such noncontiguous States not to exceed the average within the forty-eight contiguous States.

1964—Par. (2). Pub. L. 88-481 included any veteran awarded the Medal of Honor.

1960—Par. (6). Pub. L. 86-639 inserted "(except under the conditions described in section 612(f)(1))".

Pub. L. 86-598 inserted "optometrists' services" after "medical examination and treatment".

EFFECTIVE DATE OF 1994 AMENDMENT

Pub. L. 103-446, title XII, §1202(b), Nov. 2, 1994, 108 Stat. 4689, provided that the amendment made by that section is effective Aug. 6, 1991, and as if included in the enactment of Pub. L. 102-83.

EFFECTIVE DATE OF 1986 AMENDMENT

Amendment by section 19011(d)(2) of Pub. L. 99-272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99-272, set out as a note under section 1710 of this title.

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-151 effective Jan. 1, 1980, see section 206 of Pub. L. 96-151, set out as a note under section 111 of this title.

Pub. L. 96-22, title I, §107, June 13, 1979, 93 Stat. 53, provided that: "The amendments made to title 38, United States Code, by sections 102, 103, 104, 105, and 106 of this Act [see Tables for classification] shall be effective on October 1, 1979."

EFFECTIVE DATE OF 1976 AMENDMENT

Amendment by Pub. L. 94-581 effective Oct. 21, 1976, see section 211 of Pub. L. 94-581, set out as a note under section 111 of this title.

EFFECTIVE DATE OF 1973 AMENDMENT

Pub. L. 93-82, title V, §501, Aug. 2, 1973, 87 Stat. 196, provided that: "The provisions of this Act [see Tables for classification] shall become effective the first day of the first calendar month following the date of enactment [Aug. 2, 1973], except that sections 105 and 106 [amending section 626 [now 1726] of this title and enacting section 628 [now 1728] of this title] shall be effective on January 1, 1971; section 107 [enacting sections 631 and 632 [now 1731 and 1732] of this title and provisions set out as note under section 1732 of this title] shall be effective July 1, 1973; and section 203 [amending former section 4107 of this title] shall become effective beginning the first pay period following thirty days after the date of enactment of this Act [Aug. 2, 1973]."

VETERANS ACCESS, CHOICE AND ACCOUNTABILITY IN HEALTH CARE

Pub. L. 113-146, §2, titles I, II, VIII, Aug. 7, 2014, 128 Stat. 1755, 1769, 1801, as amended by Pub. L. 113-175, title IV, §409(a)-(f), Sept. 26, 2014, 128 Stat. 1906, 1907; Pub. L. 113-235, div. I, title II, §242, Dec. 16, 2014, 128 Stat. 2568, provided that:

"SEC. 2. DEFINITIONS.

"In this Act [see Tables for classification]:

"(1) The term 'facility of the Department' has the meaning given the term 'facilities of the Department' in section 1701 of title 38, United States Code.

"(2) The terms 'hospital care' and 'medical services' have the meanings given such terms in section 1701 of title 38, United States Code.

"TITLE I—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS

"SEC. 101. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF AGREEMENTS WITH NON-DEPARTMENT OF VETERANS AFFAIRS ENTITIES.

"(a) EXPANSION OF AVAILABLE CARE AND SERVICES.—

"(1) FURNISHING OF CARE.—

"(A) IN GENERAL.—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through agreements authorized under subsection (d), or any other law administered by the Secretary of Veterans Affairs, with entities specified in subparagraph (B) for the furnishing of such care and services to veterans.

"(B) ENTITIES SPECIFIED.—The entities specified in this subparagraph are the following:

"(i) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including any physician furnishing services under such program.

"(ii) Any Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

"(iii) The Department of Defense.

"(iv) The Indian Health Service.

"(2) CHOICE OF PROVIDER.—An eligible veteran who makes an election under subsection (c) to receive hospital care or medical services under this section may select a provider of such care or services from among the entities specified in paragraph (1)(B) that are accessible to the veteran.

"(3) COORDINATION OF CARE AND SERVICES.—The Secretary shall coordinate, through the Non-VA Care Coordination Program of the Department of Veterans Affairs, the furnishing of care and services under this section to eligible veterans, including by ensuring that an eligible veteran receives an appointment for such care and services within the wait-time goals of the Veterans Health Administration for the furnishing of hospital care and medical services.

"(b) ELIGIBLE VETERANS.—A veteran is an eligible veteran for purposes of this section if—

"(1)(A) as of August 1, 2014, the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code, including any such veteran who has not received hospital care or medical services from the Department and has contacted the Department seeking an initial appointment from the Department for the receipt of such care or services; or

"(B) the veteran is eligible for hospital care and medical services under section 1710(e)(1)(D) of such title and is a veteran described in section 1710(e)(3) of such title; and

"(2) the veteran—

"(A) attempts, or has attempted, to schedule an appointment for the receipt of hospital care or medical services under chapter 17 of title 38, United States Code, but is unable to schedule an appointment within the wait-time goals of the Veterans Health Administration for the furnishing of such care or services;

"(B) resides more than 40 miles from the medical facility of the Department, including a community-based outpatient clinic, that is closest to the residence of the veteran;

"(C) resides—

"(i) in a State without a medical facility of the Department that provides—

"(I) hospital care;

"(II) emergency medical services; and

"(III) surgical care rated by the Secretary as having a surgical complexity of standard; and

“(ii) more than 20 miles from a medical facility of the Department described in clause (i); or

“(D)(i) resides in a location, other than a location in Guam, American Samoa, or the Republic of the Philippines, that is 40 miles or less from a medical facility of the Department, including a community-based outpatient clinic; and

“(ii)(I) is required to travel by air, boat, or ferry to reach each medical facility described in clause (i) that is 40 miles or less from the residence of the veteran; or

“(II) faces an unusual or excessive burden in accessing each medical facility described in clause (i) that is 40 miles or less from the residence of the veteran due to geographical challenges, as determined by the Secretary.

“(c) ELECTION AND AUTHORIZATION.—

“(1) IN GENERAL.—In the case of an eligible veteran described in subsection (b)(2)(A), the Secretary shall, at the election of the eligible veteran—

“(A) provide the veteran an appointment that exceeds the wait-time goals described in such subsection or place such eligible veteran on an electronic waiting list described in paragraph (2) for an appointment for hospital care or medical services the veteran has elected to receive under this section; or

“(B)(i) authorize that such care or services be furnished to the eligible veteran under this section for a period of time specified by the Secretary; and

“(ii) notify the eligible veteran by the most effective means available, including electronic communication or notification in writing, describing the care or services the eligible veteran is eligible to receive under this section.

“(2) ELECTRONIC WAITING LIST.—The electronic waiting list described in this paragraph shall be maintained by the Department and allow access by each eligible veteran via www.myhealth.va.gov or any successor website (or other digital channel) for the following purposes:

“(A) To determine the place of such eligible veteran on the waiting list.

“(B) To determine the average length of time an individual spends on the waiting list, disaggregated by medical facility of the Department and type of care or service needed, for purposes of allowing such eligible veteran to make an informed election under paragraph (1).

“(d) CARE AND SERVICES THROUGH AGREEMENTS.—

“(1) AGREEMENTS.—

“(A) IN GENERAL.—The Secretary shall enter into agreements for furnishing care and services to eligible veterans under this section with entities specified in subsection (a)(1)(B). An agreement entered into pursuant to this subparagraph may not be treated as a Federal contract for the acquisition of goods or services and is not subject to any provision of law governing Federal contracts for the acquisition of goods or services. Before entering into an agreement pursuant to this subparagraph, the Secretary shall, to the maximum extent practicable and consistent with the requirements of this section, furnish such care and services to such veterans under this section with such entities pursuant to sharing agreements, existing contracts entered into by the Secretary, or other processes available at medical facilities of the Department.

“(B) AGREEMENT DEFINED.—In this paragraph, the term ‘agreement’ includes contracts, intergovernmental agreements, and provider agreements, as appropriate.

“(2) RATES AND REIMBURSEMENT.—

“(A) IN GENERAL.—In entering into an agreement under paragraph (1) with an entity specified in subsection (a)(1)(B), the Secretary shall—

“(i) negotiate rates for the furnishing of care and services under this section; and

“(ii) reimburse the entity for such care and services at the rates negotiated pursuant to clause (i) as provided in such agreement.

“(B) LIMIT ON RATES.—

“(i) IN GENERAL.—Except as provided in clause (ii), rates negotiated under subparagraph (A)(i) shall not be more than the rates paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the same care or services.

“(ii) EXCEPTION.—

“(I) IN GENERAL.—The Secretary may negotiate a rate that is more than the rate paid by the United States as described in clause (i) with respect to the furnishing of care or services under this section to an eligible veteran who resides in a highly rural area.

“(II) HIGHLY RURAL AREA DEFINED.—In this clause, the term ‘highly rural area’ means an area located in a county that has fewer than seven individuals residing in that county per square mile.

“(III) OTHER EXCEPTIONS.—With respect to furnishing care or services under this section in Alaska, the Alaska Fee Schedule of the Department of Veterans Affairs will be followed, except for when another payment agreement, including a contract or provider agreement, is in place. With respect to care or services furnished under this section in a State with an All-Payer Model Agreement under the Social Security Act [42 U.S.C. 301 et seq.] that became effective on January 1, 2014, the Medicare payment rates under clause (i) shall be calculated based on the payment rates under such agreement.

“(C) LIMIT ON COLLECTION.—For the furnishing of care or services pursuant to an agreement under paragraph (1), an entity specified in subsection (a)(1)(B) may not collect any amount that is greater than the rate negotiated pursuant to subparagraph (A)(i).

“(3) CERTAIN PROCEDURES.—

“(A) IN GENERAL.—In entering into an agreement under paragraph (1) with an entity described in subparagraph (B), the Secretary may use the procedures, including those procedures relating to reimbursement, available for entering into provider agreements under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and participation agreements under section 1842(h) of such Act (42 U.S.C. 1395u(h)). During the period in which such entity furnishes care or services pursuant to this section, such entity may not be treated as a Federal contractor or subcontractor by the Office of Federal Contract Compliance Programs of the Department of Labor by virtue of furnishing such care or services.

“(B) ENTITIES DESCRIBED.—The entities described in this subparagraph are the following:

“(i) In the case of the Medicare program, any provider of services that has entered into a provider agreement under section 1866(a) of the Social Security Act (42 U.S.C. 1395cc(a)) and any physician or other supplier who has entered into a participation agreement under section 1842(h) of such Act (42 U.S.C. 1395u(h)); and

“(ii) In the case of the Medicaid program, any provider participating under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.).

“(4) INFORMATION ON POLICIES AND PROCEDURES.—The Secretary shall provide to any entity with which the Secretary has entered into an agreement under paragraph (1) the following:

“(A) Information on applicable policies and procedures for submitting bills or claims for authorized care or services furnished to eligible veterans under this section.

“(B) Access to a telephone hotline maintained by the Department that such entity may call for information on the following:

“(i) Procedures for furnishing care and services under this section.

“(ii) Procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed for furnishing such care and services.

“(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

“(e) OTHER HEALTH-CARE PLAN.—

“(1) SUBMITTAL OF INFORMATION TO SECRETARY.—Before receiving hospital care or medical services under this section, an eligible veteran shall provide to the Secretary information on any health-care plan described in paragraph (4) under which the eligible veteran is covered.

“(2) DISCLOSURE OF INFORMATION TO NON-DEPARTMENT ENTITY.—Notwithstanding section 5701 of title 38, United States Code, for purposes of furnishing hospital care or medical services to an eligible veteran under this section, the Secretary shall disclose to the entity specified in paragraph (1)(B) of subsection (a) with which the Secretary has entered into an agreement described in such subsection—

“(A) whether the eligible veteran is covered under a health-care plan described in paragraph (4); and

“(B) whether the hospital care or medical services sought by the eligible veteran is for a medical condition that is related to a non-service-connected disability described in paragraph (3)(C).

“(3) CARE FOR WHICH THE DEPARTMENT IS SECONDARILY RESPONSIBLE.—

“(A) IN GENERAL.—If an eligible veteran is covered under a health-care plan described in paragraph (4) and receives hospital care or medical services for a non-service-connected disability described in subparagraph (C), such health-care plan shall be primarily responsible for paying for such care or services, to the extent such care or services is covered by such health-care plan, and the Secretary shall be secondarily responsible for paying for such care or services in accordance with subparagraph (B)(ii).

“(B) RESPONSIBILITY FOR COSTS OF CARE.—In a case in which the Secretary is secondarily responsible for paying for hospital care or medical services as described in subparagraph (A)—

“(i) the health care provider that furnishes such care or services pursuant to an agreement described in subsection (a) shall be responsible for seeking reimbursement for the cost of such care or services from the health-care plan described in paragraph (4) under which the eligible veteran is covered; and

“(ii) the Secretary shall be responsible for promptly paying only the amount that is not covered by such health-care plan, except that such responsibility for payment may not exceed the rate determined for such care or services pursuant to subsection (d)(2).

“(C) NON-SERVICE-CONNECTED DISABILITY DESCRIBED.—A non-service-connected disability described in this subsection is a non-service-connected disability (as defined in section 101 of title 38, United States Code)—

“(i) that is incurred incident to a veteran's employment and that is covered under a workers' compensation law or plan that provides for payment for the cost of health care and services provided to the veteran by reason of the disability;

“(ii) that is incurred as the result of a motor vehicle accident to which applies a State law that requires the owners or operators of motor vehicles registered in that State to have in force automobile accident reparations insurance;

“(iii) that is incurred as the result of a crime of personal violence that occurred in a State, or a political subdivision of a State, in which a person injured as the result of such a crime is entitled to receive health care and services at such State's or

subdivision's expense for personal injuries suffered as the result of such crime;

“(iv) that is incurred by a veteran—

“(I) who does not have a service-connected disability; and

“(II) who is entitled to care (or payment of the expenses of care) under a health-care plan; or

“(v) for which care and services are furnished under this section to a veteran who—

“(I) has a service-connected disability; and

“(II) is entitled to care (or payment of the expenses of care) under a health-care plan.

“(4) HEALTH-CARE PLAN.—A health-care plan described in this paragraph—

“(A) is an insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement not administered by the Secretary of Veterans Affairs, under which health services for individuals are provided or the expenses of such services are paid; and

“(B) does not include any such policy, contract, agreement, or similar arrangement pursuant to title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq. [1396 et seq.]) or chapter 55 of title 10, United States Code.

“(f) VETERANS CHOICE CARD.—

“(1) IN GENERAL.—For purposes of receiving care and services under this section, the Secretary shall, not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], issue to each veteran described in subsection (b)(1) a card that may be presented to a health care provider to facilitate the receipt of care or services under this section.

“(2) NAME OF CARD.—Each card issued under paragraph (1) shall be known as a ‘Veterans Choice Card’.

“(3) DETAILS OF CARD.—Each Veterans Choice Card issued to a veteran under paragraph (1) shall include the following:

“(A) The name of the veteran.

“(B) An identification number for the veteran that is not the social security number of the veteran.

“(C) The contact information of an appropriate office of the Department for health care providers to confirm that care or services under this section are authorized for the veteran.

“(D) Contact information and other relevant information for the submittal of claims or bills for the furnishing of care or services under this section.

“(E) The following statement: ‘This card is for qualifying medical care outside the Department of Veterans Affairs. Please call the Department of Veterans Affairs phone number specified on this card to ensure that treatment has been authorized.’

“(4) INFORMATION ON USE OF CARD.—Upon issuing a Veterans Choice Card to a veteran, the Secretary shall provide the veteran with information clearly stating the circumstances under which the veteran may be eligible for care or services under this section.

“(g) INFORMATION ON AVAILABILITY OF CARE.—The Secretary shall provide information to a veteran about the availability of care and services under this section in the following circumstances:

“(1) In the case of a veteran described in subsection (b)(1)(B), when the veteran enrolls in the patient enrollment system of the Department under section 1705 of title 38, United States Code.

“(2) When the veteran attempts to schedule an appointment for the receipt of hospital care or medical services from the Department but is unable to schedule an appointment within the wait-time goals of the Veterans Health Administration for the furnishing of such care or services.

“(3) When the veteran becomes eligible for hospital care or medical services under this section under subparagraph (B), (C), or (D) of subsection (b)(2).

“(h) FOLLOW-UP CARE.—In carrying out this section, the Secretary shall ensure that, at the election of an eligible veteran who receives hospital care or medical services from a health care provider in an episode of care under this section, the veteran receives such hospital care and medical services from such health care provider through the completion of the episode of care (but for a period not exceeding 60 days), including all specialty and ancillary services deemed necessary as part of the treatment recommended in the course of such hospital care or medical services.

“(i) PROVIDERS.—To be eligible to furnish care or services under this section, a health care provider must—

“(1) maintain at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for purposes of this section; and

“(2) submit, not less frequently than once each year during the period in which the Secretary is authorized to carry out this section pursuant to subsection (p), verification of such licenses and credentials maintained by such health care provider.

“(j) COST-SHARING.—

“(1) IN GENERAL.—The Secretary shall require an eligible veteran to pay a copayment for the receipt of care or services under this section only if such eligible veteran would be required to pay a copayment for the receipt of such care or services at a medical facility of the Department or from a health care provider of the Department pursuant to chapter 17 of title 38, United States Code.

“(2) LIMITATION.—The amount of a copayment charged under paragraph (1) may not exceed the amount of the copayment that would be payable by such eligible veteran for the receipt of such care or services at a medical facility of the Department or from a health care provider of the Department pursuant to chapter 17 of title 38, United States Code.

“(3) COLLECTION OF COPAYMENT.—A health care provider that furnishes care or services to an eligible veteran under this section shall collect the copayment required under paragraph (1) from such eligible veteran at the time of furnishing such care or services.

“(k) CLAIMS PROCESSING SYSTEM.—

“(1) IN GENERAL.—The Secretary shall provide for an efficient nationwide system for processing and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

“(2) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of such system.

“(3) OVERSIGHT.—The Chief Business Office of the Veterans Health Administration shall oversee the implementation and maintenance of such system.

“(4) ACCURACY OF PAYMENT.—

“(A) IN GENERAL.—The Secretary shall ensure that such system meets such goals for accuracy of payment as the Secretary shall specify for purposes of this section.

“(B) QUARTERLY REPORT.—

“(i) IN GENERAL.—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 quarterly report on the accuracy of such system.

“(ii) ELEMENTS.—Each report required by clause (i) shall include the following:

“(I) A description of the goals for accuracy for such system specified by the Secretary under subparagraph (A).

“(II) An assessment of the success of the Department in meeting such goals during the quarter covered by the report.

“(iii) DEADLINE.—The Secretary shall submit each report required by clause (i) not later than 20 days after the end of the quarter covered by the report.

“(l) MEDICAL RECORDS.—

“(1) IN GENERAL.—The Secretary shall ensure that any health care provider that furnishes care or services under this section to an eligible veteran submits to the Department a copy of any medical record related to the care or services provided to such eligible veteran by such health care provider for inclusion in the electronic medical record of such eligible veteran maintained by the Department upon the completion of the provision of such care or services to such eligible veteran.

“(2) ELECTRONIC FORMAT.—Any medical record submitted to the Department under paragraph (1) shall, to the extent possible, be in an electronic format.

“(m) TRACKING OF MISSED APPOINTMENTS.—The Secretary shall implement a mechanism to track any missed appointments for care or services under this section by eligible veterans to ensure that the Department does not pay for such care or services that were not furnished to an eligible veteran.

“(n) IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall prescribe interim final regulations on the implementation of this section and publish such regulations in the Federal Register.

“(o) INSPECTOR GENERAL REPORT.—Not later than 30 days after the date on which the Secretary determines that 75 percent of the amounts deposited in the Veterans Choice Fund established by section 802 have been exhausted, the Inspector General of the Department shall submit to the Secretary a report on the results of an audit of the care and services furnished under this section to ensure the accuracy and timeliness of payments by the Department for the cost of such care and services, including any findings and recommendations of the Inspector General.

“(p) AUTHORITY TO FURNISH CARE AND SERVICES.—

“(1) IN GENERAL.—The Secretary may not use the authority under this section to furnish care and services after the date specified in paragraph (2).

“(2) DATE SPECIFIED.—The date specified in this paragraph is the date on which the Secretary has exhausted all amounts deposited in the Veterans Choice Fund established by section 802, or the date that is 3 years after the date of the enactment of this Act, whichever occurs first.

“(3) PUBLICATION.—The Secretary shall publish such date in the Federal Register and on an Internet website of the Department available to the public not later than 30 days before such date.

“(q) REPORTS.—

“(1) INITIAL REPORT.—Not later than 90 days after the publication of the interim final regulations under subsection (n), 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 furnishing of care and services under this section that includes the following:

“(A) The number of eligible veterans who have received care or services under this section.

“(B) A description of the types of care and services furnished to eligible veterans under this section.

“(2) FINAL REPORT.—Not later than 30 days after the date on which the Secretary determines that 75 percent of the amounts deposited in the Veterans Choice Fund established by section 802 have been exhausted, 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 furnishing of care and services under this section that includes the following:

“(A) The total number of eligible veterans who have received care or services under this section, disaggregated by—

“(i) eligible veterans described in subsection (b)(2)(A);

“(ii) eligible veterans described in subsection (b)(2)(B);

“(iii) eligible veterans described in subsection (b)(2)(C); and

“(iv) eligible veterans described in subsection (b)(2)(D).

“(B) A description of the types of care and services furnished to eligible veterans under this section.

“(C) An accounting of the total cost of furnishing care and services to eligible veterans under this section.

“(D) The results of a survey of eligible veterans who have received care or services under this section on the satisfaction of such eligible veterans with the care or services received by such eligible veterans under this section.

“(E) An assessment of the effect of furnishing care and services under this section on wait times for appointments for the receipt of hospital care and medical services from the Department.

“(F) An assessment of the feasibility and advisability of continuing furnishing care and services under this section after the termination date specified in subsection (p).

“(r) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to alter the process of the Department for filling and paying for prescription medications.

“(s) **WAIT-TIME GOALS OF THE VETERANS HEALTH ADMINISTRATION.**—

“(1) **IN GENERAL.**—Except as provided in paragraph (2), in this section, the term ‘wait-time goals of the Veterans Health Administration’ means not more than 30 days from the date on which a veteran requests an appointment for hospital care or medical services from the Department.

“(2) **ALTERNATE GOALS.**—If the Secretary submits to Congress, not later than 60 days after the date of the enactment of this Act, a report stating that the actual wait-time goals of the Veterans Health Administration are different from the wait-time goals specified in paragraph (1)—

“(A) for purposes of this section, the wait-time goals of the Veterans Health Administration shall be the wait-time goals submitted by the Secretary under this paragraph; and

“(B) the Secretary shall publish such wait-time goals in the Federal Register and on an Internet website of the Department available to the public.

“(t) **WAIVER OF CERTAIN PRINTING REQUIREMENTS.**—Section 501 of title 44, United States Code, shall not apply in carrying out this section.

“**SEC. 102. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND INDIAN HEALTH SERVICE.**

“(a) **OUTREACH TO TRIBAL-RUN MEDICAL FACILITIES.**—The Secretary of Veterans Affairs shall, in consultation with the Director of the Indian Health Service, conduct outreach to each medical facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the Department of Veterans Affairs under which the Secretary reimburses such facilities, Indian tribes, or tribal organizations, as the case may be, for health care provided to veterans who are—

“(1) eligible for health care at such facilities; and

“(2)(A) enrolled in the patient enrollment system of the Department established and operated under section 1705 of title 38, United States Code; or

“(B) eligible for hospital care and medical services pursuant to subsection (c)(2) of such section.

“(b) **PERFORMANCE METRICS FOR MEMORANDUM OF UNDERSTANDING.**—The Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly establish and implement performance metrics for assessing the performance by the Department of Veterans

Affairs and the Indian Health Service under the memorandum of understanding entitled ‘Memorandum of Understanding between the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)’ in increasing access to health care, improving quality and coordination of health care, promoting effective patient-centered collaboration and partnerships between the Department and the Service, and ensuring health-promotion and disease-prevention services are appropriately funded and available for beneficiaries under both health care systems.

“(c) **REPORT.**—Not later than 180 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly submit to Congress a report on the feasibility and advisability of the following:

“(1) Entering into agreements for the reimbursement by the Secretary of the costs of direct care services provided through organizations receiving amounts pursuant to grants made or contracts entered into under section 503 of the Indian Health Care Improvement Act (25 U.S.C. 1653) to veterans who are otherwise eligible to receive health care from such organizations.

“(2) Including the reimbursement of the costs of direct care services provided to veterans who are not Indians in agreements between the Department and the following:

“(A) The Indian Health Service.

“(B) An Indian tribe or tribal organization operating a medical facility through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

“(C) A medical facility of the Indian Health Service.

“(3) Entering into an agreement between the Department and the Indian Health Service described in paragraph (2)(A) with respect to the effect of such agreement on the priority access of any Indian to health care services provided through the Indian Health Service, the eligibility of any Indian to receive health services through the Indian Health Service, and the quality of health care services provided to any Indian through the Indian Health Service.

“**SEC. 103. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

“(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall, in consultation with Papa Ola Lokahi and such other organizations involved in the delivery of health care to Native Hawaiians as the Secretary considers appropriate, enter into contracts or agreements with Native Hawaiian health care systems that are in receipt of funds from the Secretary of Health and Human Services pursuant to grants awarded or contracts entered into under section 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11705(a)) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

“(b) **DEFINITIONS.**—In this section, the terms ‘Native Hawaiian’, ‘Native Hawaiian health care system’, and ‘Papa Ola Lokahi’ have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

“**SEC. 104. REAUTHORIZATION AND MODIFICATION OF PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS.**

[Amended section 403 of Pub. L. 110—387, set out as a note under section 1703 of this title.]

“**SEC. 105. PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.**

“(a) **SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT.**—It is the sense of Congress that the Secretary of Veterans Affairs shall comply with part 1315

of title 5, Code of Federal Regulations (commonly known as the 'prompt payment rule'), or any corresponding similar regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

“(b) ESTABLISHMENT OF CLAIMS PROCESSING SYSTEM.—

“(1) CLAIMS PROCESSING SYSTEM.—The Secretary of Veterans Affairs shall establish and implement a system to process and pay claims for payment for hospital care, medical services, and other health care furnished by non-Department of Veterans Affairs health care providers under the laws administered by the Secretary.

“(2) COMPLIANCE WITH PROMPT PAYMENT ACT.—The system established and implemented under paragraph (1) shall comply with all requirements of chapter 39 of title 31, United States Code (commonly referred to as the 'Prompt Payment Act').

“(c) REPORT.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Comptroller General of the United States shall submit to Congress a report on the timeliness of payments by the Secretary for hospital care, medical services, and other health care furnished by non-Department of Veterans Affairs health care providers under the laws administered by the Secretary.

“(d) ELEMENTS.—The report required by subsection (c) shall include the following:

“(1) The results of a survey of non-Department health care providers who have submitted claims to the Department for hospital care, medical services, or other health care furnished to veterans for which payment is authorized under the laws administered by the Secretary during the one-year period preceding the submittal of the report, which survey shall include the following:

“(A) The amount of time it took for such health care providers, after submitting such claims, to receive payment from the Department for such care or services.

“(B) A comparison of the amount of time under subparagraph (A) and the amount of time it takes such health care providers to receive payments from the United States for similar care or services provided to the following, if applicable:

“(i) Beneficiaries under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

“(ii) Covered beneficiaries under the TRICARE program under chapter 55 of title 10, United States Code.

“(2) Such recommendations for legislative or administrative action as the Comptroller General considers appropriate.

“(e) SURVEY ELEMENTS.—In carrying out the survey, the Comptroller General shall seek responses from non-Department health care providers in a manner that ensures that the survey reflects the responses of such providers that—

“(1) are located in different geographic areas;

“(2) furnish a variety of different hospital care, medical services, and other health care; and

“(3) furnish such care and services in a variety of different types of medical facilities.

“SEC. 106. TRANSFER OF AUTHORITY FOR PAYMENTS FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS TO THE CHIEF BUSINESS OFFICE OF THE VETERANS HEALTH ADMINISTRATION.

“(a) TRANSFER OF AUTHORITY.—

“(1) IN GENERAL.—Effective as of October 1, 2014, the Secretary of Veterans Affairs shall transfer the authority to pay for hospital care, medical services, and other health care furnished through non-Department of Veterans Affairs providers from—

“(A) the Veterans Integrated Service Networks and medical centers of the Department of Veterans Affairs, to

“(B) the Chief Business Office of the Veterans Health Administration of the Department of Veterans Affairs.

“(2) MANNER OF CARE.—The Chief Business Office shall work in consultation with the Office of Clinical Operations and Management of the Department to ensure that care and services described in paragraph (1) are provided in a manner that is clinically appropriate and in the best interest of the veterans receiving such care and services.

“(3) NO DELAY IN PAYMENT.—The transfer of authority under paragraph (1) shall be carried out in a manner that does not delay or impede any payment by the Department for hospital care, medical services, or other health care furnished through a non-Department provider under the laws administered by the Secretary.

“(b) BUDGET MATTERS.—The budget of the Department of Veterans Affairs for any fiscal year beginning after the date of the enactment of this Act [Aug. 7, 2014] (as submitted to Congress pursuant to section 1105(a) of title 31, United States Code) shall specify funds for the payment for hospital care, medical services, and other health care furnished through non-Department of Veterans Affairs providers, including any administrative costs associated with such payment, as funds for the Chief Business Office of the Veterans Health Administration rather than as funds for the Veterans Integrated Service Networks or medical centers of the Department.

“TITLE II—HEALTH CARE ADMINISTRATIVE MATTERS

“SEC. 201. INDEPENDENT ASSESSMENT OF THE HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) INDEPENDENT ASSESSMENT.—

“(1) ASSESSMENT.—Not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity or entities described in subsection (b) to conduct an independent assessment of the hospital care, medical services, and other health care furnished in medical facilities of the Department. Such assessment shall address each of the following:

“(A) Current and projected demographics and unique health care needs of the patient population served by the Department.

“(B) Current and projected health care capabilities and resources of the Department, including hospital care, medical services, and other health care furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to veterans.

“(C) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at non-Department facilities, including whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

“(D) The appropriate system-wide access standard applicable to hospital care, medical services, and other health care furnished by and through the Department, including an identification of appropriate access standards for each individual specialty and post-care rehabilitation.

“(E) The workflow process at each medical facility of the Department for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

“(F) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services.

“(G) The staffing level at each medical facility of the Department and the productivity of each health care provider at such medical facility, compared with health care industry performance metrics, which may include an assessment of any of the following:

“(i) The case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

“(ii) The time spent by such health care provider on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

“(I) At a medical facility that is affiliated with the Department.

“(II) Conducting research.

“(III) Training or supervising other health care professionals of the Department.

“(H) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses and opportunities with respect to the technology used by the Department, especially those strategies with respect to clinical documentation of episodes of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in Department or non-Department facilities.

“(I) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

“(i) To avoid the payment of penalties to vendors.

“(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

“(iii) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, and other health care and to ensure that such amounts collected are accurate.

“(iv) To increase the accuracy and timeliness of Department payments to vendors and providers.

“(J) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services by the Department, including the following:

“(i) The prices paid for, standardization of, and use by the Department of the following:

“(I) Pharmaceuticals.

“(II) Medical and surgical supplies.

“(III) Medical devices.

“(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

“(iii) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care related services to Veterans Integrated Service Networks and medical facilities of the Department.

“(K) The process of the Department for carrying out construction and maintenance projects at medical facilities of the Department and the medical facility leasing program of the Department.

“(L) The competency of leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

“(2) PARTICULAR ELEMENTS OF CERTAIN ASSESSMENTS.—

“(A) SCHEDULING ASSESSMENT.—In carrying out the assessment required by paragraph (1)(E), the private sector entity or entities shall do the following:

“(i) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

“(ii) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

“(iii) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

“(iv) Assess whether health care providers of the Department are making changes to their schedules that hinder the ability of employees conducting such tasks to perform such tasks.

“(v) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

“(vi) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

“(vii) Assess any interim technology changes or attempts by Department to internally develop a long-term scheduling solutions with respect to the feasibility and cost effectiveness of such internally developed solutions compared to commercially available solutions.

“(viii) Recommend actions, if any, to be taken by the Department to improve the process for scheduling such appointments, including the following:

“(I) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

“(II) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

“(III) Changes in the system used to schedule such appointments, including changes to improve how the Department—

“(aa) measures wait times of veterans for such appointments;

“(bb) monitors the availability of health care providers of the Department; and

“(cc) provides veterans the ability to schedule such appointments.

“(IV) Such other actions as the private sector entity or entities considers appropriate.

“(B) MEDICAL CONSTRUCTION AND MAINTENANCE PROJECT AND LEASING PROGRAM ASSESSMENT.—In carrying out the assessment required by paragraph (1)(K), the private sector entity or entities shall do the following:

“(i) Review the process of the Department for identifying and designing proposals for construction and maintenance projects at medical facilities of the Department and leases for medical facilities of the Department.

“(ii) Assess the process through which the Department determines the following:

“(I) That a construction or maintenance project or lease is necessary with respect to a medical facility or proposed medical facility of the Department.

“(II) The proper size of such medical facility or proposed medical facility with respect to treating veterans in the catchment area of such medical facility or proposed medical facility.

“(iii) Assess the management processes of the Department with respect to the capital management programs of the Department, including processes relating to the methodology for con-

struction and design of medical facilities of the Department, the management of projects relating to the construction and design of such facilities, and the activation of such facilities.

“(iv) Assess the medical facility leasing program of the Department.

“(3) TIMING.—The private sector entity or entities carrying out the assessment required by paragraph (1) shall complete such assessment not later than 240 days after entering into the contract described in such paragraph.

“(b) PRIVATE SECTOR ENTITIES DESCRIBED.—A private entity described in this subsection is a private entity that—

“(1) has experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health Administration and the private sector and in health care management; and

“(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems.

“(c) PROGRAM INTEGRATOR.—

“(1) IN GENERAL.—If the Secretary enters into contracts with more than one private sector entity under subsection (a), the Secretary shall designate one such entity that is predominately a health care organization as the program integrator.

“(2) RESPONSIBILITIES.—The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private entities pursuant to such contracts.

“(d) REPORT ON ASSESSMENT.—

“(1) IN GENERAL.—Not later than 60 days after completing the assessment required by subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the Commission on Care established under section 202 a report on the findings and recommendations of the private sector entity or entities with respect to such assessment.

“(2) PUBLICATION.—Not later than 30 days after receiving the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department of Veterans Affairs that is accessible to the public.

“(e) NON-DEPARTMENT FACILITIES DEFINED.—In this section, the term ‘non-Department facilities’ has the meaning given that term in section 1701 of title 38, United States Code.

“SEC. 202. COMMISSION ON CARE.

“(a) ESTABLISHMENT OF COMMISSION.—

“(1) IN GENERAL.—There is established a commission, to be known as the ‘Commission on Care’ (in this section referred to as the ‘Commission’), to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 20-year period beginning on the date of the enactment of this Act [Aug. 7, 2014].

“(2) MEMBERSHIP.—

“(A) VOTING MEMBERS.—The Commission shall be composed of 15 voting members who are appointed as follows:

“(i) Three members appointed by the Speaker of the House of Representatives, at least one of whom shall be a veteran.

“(ii) Three members appointed by the Minority Leader of the House of Representatives, at least one of whom shall be a veteran.

“(iii) Three members appointed by the Majority Leader of the Senate, at least one of whom shall be a veteran.

“(iv) Three members appointed by the Minority Leader of the Senate, at least one of whom shall be a veteran.

“(v) Three members appointed by the President, at least two of whom shall be veterans.

“(B) QUALIFICATIONS.—Of the members appointed under subparagraph (A)—

“(i) at least one member shall represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code;

“(ii) at least one member shall have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000;

“(iii) at least one member shall be familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(j)(2)(B) of the Social Security Act (42 U.S.C. 1396d(j)(2)(B)));

“(iv) at least one member shall be familiar with the Veterans Health Administration but shall not be currently employed by the Veterans Health Administration; and

“(v) at least one member shall be familiar with medical facility construction and leasing projects carried out by government entities and have experience in the building trades, including construction, engineering, and architecture.

“(C) DATE.—The appointments of members of the Commission shall be made not later than 1 year after the date of the enactment of this Act.

“(3) PERIOD OF APPOINTMENT.—

“(A) IN GENERAL.—Members shall be appointed for the life of the Commission.

“(B) VACANCIES.—Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

“(4) INITIAL MEETING.—Not later than 15 days after the date on which eight voting members of the Commission have been appointed, the Commission shall hold its first meeting.

“(5) MEETINGS.—The Commission shall meet at the call of the Chairperson.

“(6) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

“(7) CHAIRPERSON AND VICE CHAIRPERSON.—The President shall designate a member of the commission to serve as Chairperson of the Commission. The Commission shall select a Vice Chairperson from among its members.

“(b) DUTIES OF COMMISSION.—

“(1) EVALUATION AND ASSESSMENT.—The Commission shall undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs.

“(2) MATTERS EVALUATED AND ASSESSED.—In undertaking the comprehensive evaluation and assessment required by paragraph (1), the Commission shall evaluate and assess the results of the assessment conducted by the private sector entity or entities under section 201, including any findings, data, or recommendations included in such assessment.

“(3) REPORTS.—The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

“(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

“(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

“(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

“(B) Not later than 180 days after the date of the initial meeting of the Commission, a final report on—

“(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

“(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

“(c) POWERS OF THE COMMISSION.—

“(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

“(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

“(d) COMMISSION PERSONNEL MATTERS.—

“(1) COMPENSATION OF MEMBERS.—

“(A) IN GENERAL.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission.

“(B) OFFICERS OR EMPLOYEES OF THE UNITED STATES.—All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

“(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

“(3) STAFF.—

“(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

“(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

“(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

“(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

“(e) TERMINATION OF THE COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits the report under subsection (b)(3)(B).

“(f) FUNDING.—The Secretary of Veterans Affairs shall make available to the Commission from amounts appropriated or otherwise made available to the Sec-

retary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

“(g) EXECUTIVE ACTION.—

“(1) ACTION ON RECOMMENDATIONS.—The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to implement each recommendation set forth in a report submitted under subsection (b)(3) that the President—

“(A) considers feasible and advisable; and

“(B) determines can be implemented without further legislative action.

“(2) REPORTS.—Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President considers appropriate a report setting forth the following:

“(A) An assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

“(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

“(i) Whether such recommendation requires legislative action.

“(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

“(iii) A description of any administrative action already taken to carry out such recommendation.

“(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

“SEC. 203. TECHNOLOGY TASK FORCE ON REVIEW OF SCHEDULING SYSTEM AND SOFTWARE OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) TASK FORCE REVIEW.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall, through the use of a technology task force, conduct a review of the needs of the Department of Veterans Affairs with respect to the scheduling system and scheduling software of the Department of Veterans Affairs that is used by the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department.

“(2) AGREEMENT.—

“(A) IN GENERAL.—The Secretary shall seek to enter into an agreement with a technology organization or technology organizations to carry out the review required by paragraph (1).

“(B) PROHIBITION ON USE OF FUNDS.—Notwithstanding any other provision of law, no Federal funds may be used to assist the technology organization or technology organizations under subparagraph (A) in carrying out the review required by paragraph (1).

“(b) REPORT.—

“(1) IN GENERAL.—Not later than 45 days after the date of the enactment of this Act [Aug. 7, 2014], the technology task force required under subsection (a)(1) shall submit to the Secretary, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report setting forth the findings and recommendations of the technology task force regarding the needs of the Department with respect to the scheduling system and scheduling software of the Department described in such subsection.

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

“(A) Proposals for specific actions to be taken by the Department to improve the scheduling system

and scheduling software of the Department described in subsection (a)(1).

“(B) A determination as to whether one or more existing off-the-shelf systems would—

“(i) meet the needs of the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department; and

“(ii) improve the access of veterans to such care and services.

“(3) PUBLICATION.—Not later than 30 days after the receipt of the report required by paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

“(C) IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS.—Not later than 1 year after the receipt of the report required by subsection (b)(1), the Secretary shall implement the recommendations set forth in such report that the Secretary considers are feasible, advisable, and cost effective.

“SEC. 204. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS AND MOBILE MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

“(a) IMPROVEMENT OF ACCESS.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine and other health care and readjustment counseling services through the use of mobile vet centers and mobile medical centers of the Department of Veterans Affairs by providing standardized requirements for the operation of such centers.

“(2) REQUIREMENTS.—The standardized requirements required by paragraph (1) shall include the following:

“(A) The number of days each mobile vet center and mobile medical center of the Department is expected to travel per year.

“(B) The number of locations and events each center is expected to visit per year.

“(C) The number of appointments and outreach contacts each center is expected to conduct per year.

“(D) The method and timing of notifications given by each center to individuals in the area to which the center is traveling, including notifications informing veterans of the availability to schedule appointments at the center.

“(3) USE OF TELEMEDICINE.—The Secretary shall ensure that each mobile vet center and mobile medical center of the Department has the capability to provide telemedicine services.

“(b) REPORTS.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], and not later than September 30 each year 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 access to health care through the use of mobile vet centers and mobile medical centers of the Department that includes statistics on each of the requirements set forth in subsection (a)(2) for the year covered by the report.

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

“(A) A description of the use of mobile vet centers and mobile medical centers to provide telemedicine services and readjustment counseling to veterans during the year preceding the submittal of the report, including the following:

“(i) The number of days each mobile vet center and mobile medical center was open to provide such services.

“(ii) The number of days each center traveled to a location other than the headquarters of the center to provide such services.

“(iii) The number of appointments and outreach contacts each center conducted to provide such

services on average per month and in total during such year.

“(B) An analysis of the effectiveness of using mobile vet centers and mobile medical centers to provide health care services and readjustment counseling to veterans through the use of telemedicine.

“(C) Any recommendations for an increase in the number of mobile vet centers and mobile medical centers of the Department.

“(D) Any recommendations for an increase in the telemedicine capabilities of each mobile vet center and mobile medical center.

“(E) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to veterans at mobile medical centers.

“(F) Such other recommendations on improvement of the use of mobile vet centers and mobile medical centers by the Department as the Secretary considers appropriate.

“SEC. 205. IMPROVED PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) PROHIBITION ON USE OF SCHEDULING AND WAIT-TIME METRICS IN DETERMINATION OF PERFORMANCE AWARDS.—The Secretary of Veterans Affairs shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of the following employees for purposes of determining whether to pay performance awards to such employees:

“(1) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department of Veterans Affairs.

“(2) Directors, assistant directors, and quality management officers of Veterans Integrated Service Networks of the Department of Veterans Affairs.

“(b) MODIFICATION OF PERFORMANCE PLANS.—

“(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary shall modify the performance plans of the directors of the medical centers of the Department and the directors of the Veterans Integrated Service Networks to ensure that such plans are based on the quality of care received by veterans at the health care facilities under the jurisdictions of such directors.

“(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director described in paragraph (1) includes consideration of the following:

“(A) Recent reviews by the Joint Commission (formerly known as the ‘Joint Commission on Accreditation of Healthcare Organizations’) of such facilities.

“(B) The number and nature of recommendations concerning such facilities by the Inspector General of the Department in reviews conducted through the Combined Assessment Program, in the reviews by the Inspector General of community-based outpatient clinics and primary care clinics, and in reviews conducted through the Office of Healthcare Inspections during the two most recently completed fiscal years.

“(C) The number of recommendations described in subparagraph (B) that the Inspector General of the Department determines have not been carried out satisfactorily with respect to such facilities.

“(D) Reviews of such facilities by the Commission on Accreditation of Rehabilitation Facilities.

“(E) The number and outcomes of administrative investigation boards, root cause analyses, and peer reviews conducted at such facilities during the fiscal year for which the assessment is being conducted.

“(F) The effectiveness of any remedial actions or plans resulting from any Inspector General recom-

mendations in the reviews and analyses described in subparagraphs (A) through (E).

“(3) ADDITIONAL LEADERSHIP POSITIONS.—To the degree practicable, the Secretary shall assess the performance of other employees of the Department in leadership positions at Department medical centers, including associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads, and in Veterans Integrated Service Networks, including assistant directors and quality management officers, using factors and criteria similar to those used in the performance plans modified under paragraph (1).

“(c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall not include in the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department any performance goal that might disincentivize the payment of Department amounts to provide hospital care, medical services, or other health care through a non-Department provider.

“SEC. 206. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

“(a) PUBLICATION OF WAIT TIMES.—Not later than 90 days after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall publish in the Federal Register, and on a publicly accessible Internet website of each medical center of the Department of Veterans Affairs, the wait-times for the scheduling of an appointment in each Department facility by a veteran for the receipt of primary care, specialty care, and hospital care and medical services based on the general severity of the condition of the veteran. Whenever the wait-times for the scheduling of such an appointment changes, the Secretary shall publish the revised wait-times—

“(1) on a publicly accessible Internet website of each medical center of the Department by not later than 30 days after such change; and

“(2) in the Federal Register by not later than 90 days after such change.

“(b) PUBLICLY AVAILABLE DATABASE OF PATIENT SAFETY, QUALITY OF CARE, AND OUTCOME MEASURES.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall develop and make available to the public a comprehensive, machine-readable data set containing all applicable patient safety, quality of care, and outcome measures for health care provided by the Department that are tracked by the Secretary.

“(2) UPDATE FREQUENCY.—The Secretary shall update the data required by paragraph (1) not less frequently than once each year.

“(3) UNAVAILABLE MEASURES.—For all measures that the Secretary would otherwise publish in the data required by paragraph (1) but has not done so because such measures are not available, the Secretary shall publish notice of the reason for such unavailability and a timeline for making such measures available in the data.

“(4) ACCESSIBILITY.—The Secretary shall ensure that the data required by paragraph (1) is accessible to the public through the primary Internet website of the Department and through each primary Internet website of a Department medical center.

“(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES.—

“(1) AGREEMENT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Secretary of Health and Human Services for the provision by the Secretary of Veterans Affairs of such information as the Secretary of Health and Human Services may require to report and make publicly available patient quality and outcome information concerning Department of Veterans Affairs medical centers through the Hospital

Compare Internet website of the Department of Health and Human Services or any successor Internet website.

“(2) INFORMATION PROVIDED.—The information provided by the Secretary of Veterans Affairs to the Secretary of Health and Human Services under paragraph (1) shall include the following:

“(A) Measures of timely and effective health care.

“(B) Measures of readmissions, complications of death, including with respect to 30-day mortality rates and 30-day readmission rates, surgical complication measures, and health care related infection measures.

“(C) Survey data of patient experiences, including the Hospital Consumer Assessment of Healthcare Providers and Systems or any similar successor survey developed by the Department of Health and Human Services.

“(D) Any other measures required of or reported with respect to hospitals participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

“(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under paragraph (2) and withheld from or unavailable in the Hospital Compare Internet website or any successor Internet website, the Secretary of Veterans Affairs shall publish a notice on such Internet website stating the reason why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

“(d) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than 3 years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs under this section to assess the degree to which the Secretary is complying with the provisions of this section.

“SEC. 207. INFORMATION FOR VETERANS ON THE CREDENTIALS OF DEPARTMENT OF VETERANS AFFAIRS PHYSICIANS.

“(a) IMPROVEMENT OF ‘OUR DOCTORS’ INTERNET WEBSITE LINKS.—

“(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOMEPAGE.—A link to the ‘Our Doctors’ health care providers database of the Department of Veterans Affairs, or any successor data set, shall be available on and through the homepage of the Internet website of the Department that is accessible to the public.

“(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The Internet website of the Department that is accessible to the public shall include under the link to the ‘Our Doctors’ health care providers database of the Department, or any successor data set, the name of the facility at which each licensed physician of the Department underwent residency training.

“(3) INFORMATION ON PHYSICIANS AT PARTICULAR FACILITIES.—The ‘Our Doctors’ health care providers database of the Department, or any successor data set, shall identify whether each licensed physician of the Department is a physician in residency.

“(b) INFORMATION ON CREDENTIALS OF PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

“(1) IN GENERAL.—Each veteran who is undergoing a surgical procedure by or through the Department shall be provided information described in paragraph (2) with respect to the surgeon to be performing such procedure at such time in advance of the procedure as is appropriate to permit such veteran to evaluate such information.

“(2) INFORMATION DESCRIBED.—The information described in this paragraph with respect to a surgeon described in paragraph (1) is as follows:

“(A) The education and training of the surgeon.

“(B) The licensure, registration, and certification of the surgeon by the State or national entity re-

sponsible for such licensure, registration, or certification.

“(3) OTHER INDIVIDUALS.—If a veteran is unable to evaluate the information provided under paragraph (1) due to the health or mental competence of the veteran, such information shall be provided to an individual acting on behalf of the veteran.

“(c) COMPTROLLER GENERAL REPORT AND PLAN.—

“(1) REPORT.—Not later than 2 years after the date of the enactment of this Act [Aug. 7, 2014], 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 setting forth an assessment by the Comptroller General of the following:

“(A) The manner in which contractors under the Patient-Centered Community Care initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

“(B) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.

“(C) The verification by the Department of the credentials and licenses of health care providers furnishing hospital care and medical services under section 101.

“(2) PLAN.—

“(A) IN GENERAL.—Not later than 30 days after the submittal of the report under paragraph (1), the Secretary shall submit to the Comptroller General, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report.

“(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

“SEC. 208. INFORMATION IN ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.

“The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

“(1) The number of veterans who received hospital care and medical services under section 101 during the fiscal year preceding the fiscal year in which such budget is submitted.

“(2) The amount expended by the Department on furnishing care and services under such section during the fiscal year preceding the fiscal year in which such budget is submitted.

“(3) The amount requested in such budget for the costs of furnishing care and services under such section during the fiscal year covered by such budget, set forth in aggregate and by amounts for each account for which amounts are so requested.

“(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

“(5) The number of employees of the Department on paid administrative leave at any point during the fiscal year preceding the fiscal year in which such budget is submitted.

“SEC. 209. PROHIBITION ON FALSIFICATION OF DATA CONCERNING WAIT TIMES AND QUALITY MEASURES AT DEPARTMENT OF VETERANS AFFAIRS.

“Not later than 60 days after the date of the enactment of this Act [Aug. 7, 2014], and in accordance with title 5, United States Code, the Secretary of Veterans Affairs shall establish policies whereby any employee of the Department of Veterans Affairs who knowingly submits false data concerning wait times for health

care or quality measures with respect to health care to another employee of the Department or knowingly requires another employee of the Department to submit false data concerning such wait times or quality measures to another employee of the Department is subject to a penalty the Secretary considers appropriate after notice and an opportunity for a hearing, including civil penalties, unpaid suspensions, or termination.

“TITLE VIII—OTHER MATTERS

“SEC. 801. APPROPRIATION OF AMOUNTS.

“(a) IN GENERAL.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated \$5,000,000,000 to carry out subsection (b). Such funds shall be available for obligation or expenditure without fiscal year limitation.

“(b) USE OF AMOUNTS.—The amount appropriated under subsection (a) shall be used by the Secretary as follows:

“(1) To increase the access of veterans to care as follows:

“(A) To hire primary care and specialty care physicians for employment in the Department of Veterans Affairs.

“(B) To hire other medical staff, including the following:

“(i) Physicians.

“(ii) Nurses.

“(iii) Social workers.

“(iv) Mental health professionals.

“(v) Other health care professionals as the Secretary considers appropriate.

“(C) To carry out sections 301 [enacting section 7412 of this title, amending sections 7302 and 7612 of this title, and enacting provisions set out as notes under sections 7302 and 7412 of this title] and 302 [amending sections 7619 and 7683 of this title], including the amendments made by such sections.

“(D) To pay for expenses, equipment, and other costs associated with the hiring of primary care, specialty care physicians, and other medical staff under subparagraphs (A), (B), and (C).

“(2) To improve the physical infrastructure of the Department as follows:

“(A) To maintain and operate hospitals, nursing homes, domiciliary facilities, and other facilities of the Veterans Health Administration.

“(B) To enter into contracts or hire temporary employees to repair, alter, or improve facilities under the jurisdiction of the Department that are not otherwise provided for under this paragraph.

“(C) To carry out leases for facilities of the Department.

“(D) To carry out minor construction projects of the Department.

“(c) AVAILABILITY.—The amount appropriated under subsection (a) shall remain available until expended.

“(d) REPORT.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on how the Secretary has obligated the amounts appropriated under subsection (a) as of the date of the submittal of the report.

“(2) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term ‘appropriate committees of Congress’ means—

“(A) the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate; and

“(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

“(e) FUNDING PLAN.—The Secretary shall submit to Congress a funding plan describing how the Secretary intends to use the amounts provided under subsection (a).

“SEC. 802. VETERANS CHOICE FUND.

“(a) IN GENERAL.—There is established in the Treasury of the United States a fund to be known as the Veterans Choice Fund.

“(b) ADMINISTRATION OF FUND.—The Secretary of Veterans Affairs shall administer the Veterans Choice Fund established by subsection (a).

“(c) USE OF AMOUNTS.—

“(1) IN GENERAL.—Any amounts deposited in the Veteran Choice Fund shall be used by the Secretary of Veterans Affairs to carry out section 101, including, subject to paragraph (2), any administrative requirements of such section.

“(2) AMOUNT FOR ADMINISTRATIVE REQUIREMENTS.—

“(A) LIMITATION.—Except as provided by subparagraph (B), of the amounts deposited in the Veterans Choice Fund, not more than \$300,000,000 may be used for administrative requirements to carry out section 101.

“(B) INCREASE.—The Secretary may increase the amount set forth in subparagraph (A) with respect to the amounts used for administrative requirements if—

“(i) the Secretary determines that the amount of such increase is necessary to carry out section 101;

“(ii) the Secretary submits to the Committees on Veterans' Affairs and Appropriations of the House of Representatives and the Committees on Veterans' Affairs and Appropriations of the Senate a report described in subparagraph (C); and

“(iii) a period of 60 days has elapsed following the date on which the Secretary submits the report under clause (ii).

“(C) REPORT.—A report described in this subparagraph is a report that contains the following:

“(i) A notification of the amount of the increase that the Secretary determines necessary under subparagraph (B)(i).

“(ii) The justifications for such increased amount.

“(iii) The administrative requirements that the Secretary will carry out using such increased amount.

“(d) APPROPRIATION AND DEPOSIT OF AMOUNTS.—

“(1) IN GENERAL.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated \$10,000,000,000 to be deposited in the Veterans Choice Fund established by subsection (a). Such funds shall be available for obligation or expenditure without fiscal year limitation, and only for the program created under section 101.

“(2) AVAILABILITY.—The amount appropriated under paragraph (1) shall remain available until expended.

“(e) SENSE OF CONGRESS.—It is the sense of Congress that the Veterans Choice Fund is a supplement to but distinct from the Department of Veterans Affairs' current and expected level of non-Department care currently part of Department's medical care budget. Congress expects that the Department will maintain at least its existing obligations of non-Department care programs in addition to but distinct from the Veterans Choice Fund for each of fiscal years 2015 through 2017.

“SEC. 803. EMERGENCY DESIGNATIONS.

“(a) IN GENERAL.—This Act [see Tables for classification] is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

“(b) DESIGNATION IN SENATE.—In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.”

LOCATION OF SERVICES

Pub. L. 110-387, title III, §301(b), Oct. 10, 2008, 122 Stat. 4120, provided that: “Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly re-

ferred to as ‘Vet Centers’), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.”

GUIDELINES RELATING TO FURNISHING OF SENSORI-NEURAL AIDS

Pub. L. 104-262, title I, §103(b), Oct. 9, 1996, 110 Stat. 3182, provided that: “Not later than 30 days after the date of the enactment of this Act [Oct. 9, 1996], the Secretary of Veterans Affairs shall prescribe the guidelines required by the amendments made by subsection (a) [amending this section] and shall furnish a copy of those guidelines to the Committees on Veterans' Affairs of the Senate and House of Representatives.”

STUDY OF FEASIBILITY AND ADVISABILITY OF ALTERNATIVE ORGANIZATIONAL STRUCTURES FOR EFFECTIVE PROVISION OF HEALTH CARE SERVICES TO VETERANS

Pub. L. 103-446, title XI, §1104, Nov. 2, 1994, 108 Stat. 4682, directed Secretary of Veterans Affairs to submit to Congress, not later than one year after Nov. 2, 1994, report and study on feasibility and advisability of alternative organizational structures, such as the establishment of a wholly-owned Government corporation or a Government-sponsored enterprise, for the effective provision of health care services to veterans.

CONTRACT HEALTH CARE; RATIFICATION OF ACTION OF ADMINISTRATOR OF VETERANS' AFFAIRS

Pub. L. 98-528, title I, §103(b), Oct. 19, 1984, 98 Stat. 2688, ratified actions by Administrator of Veterans' Affairs in entering into contracts applicable to the period beginning Oct. 1, 1984, and ending Oct. 19, 1984, for care described in par. (4)(C)(v) of this section and in making waivers described in that provision.

ADMINISTRATION CAPABILITY TO PROVIDE APPROPRIATE CARE FOR GENDER-SPECIFIC DISABILITIES OF WOMEN VETERANS

Pub. L. 98-160, title III, §302, Nov. 21, 1983, 97 Stat. 1004, as amended by Pub. L. 102-40, title IV, §402(d)(2), May 7, 1991, 105 Stat. 239; Pub. L. 102-83, §§5(c)(2), 6(f), Aug. 6, 1991, 105 Stat. 406, 407, provided that: “The Secretary of Veterans Affairs shall ensure that each health-care facility under the direct jurisdiction of the Secretary is able, through services made available either by individuals appointed to positions in the Veterans Health Administration or under contracts or other agreements made under section 4117 [see 7409], 8111, or 8153 of title 38, United States Code, to provide appropriate care, in a timely fashion, for any gender-specific disability (as defined in section 1701(1) of such title) of a woman veteran eligible for such care under chapter 17 or chapter 31 of such title.”

ANNUAL REPORT TO CONGRESS COVERING CONTRACT-CARE PROGRAMS

Pub. L. 96-22, title II, §201(b), June 13, 1979, 93 Stat. 54, which directed Chief Medical Director of the Veterans' Administration to report to appropriate committees of Congress, not later than Feb. 1, 1980, and annually thereafter, on implementation of former par. (4)(C)(v) of this section and amendments made to this section by section 201 of Pub. L. 96-22, and on numbers of veterans provided contract treatment (and average cost and duration thereof) in each State in certain enumerated categories, was repealed by Pub. L. 100-322, title I, §112(b), May 20, 1988, 102 Stat. 499.

HOSPITAL CARE AND MEDICAL SERVICES FURNISHED BY VETERANS' ADMINISTRATION IN PUERTO RICO AND VIRGIN ISLANDS; REPORT TO PRESIDENT AND CONGRESS

Pub. L. 95-520, §8, Oct. 26, 1978, 92 Stat. 1822, as amended by Pub. L. 96-330, title IV, §407, Aug. 26, 1980, 94 Stat. 1053, directed Administrator of Veterans' Affairs, not later than Feb. 1, 1981, to submit a report to

President and Congress on furnishing by Administration of hospital care and medical services in Puerto Rico and Virgin Islands, and set forth applicable criteria and considerations for the report.

§ 1702. Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War

(a) **PSYCHOSIS.**—For the purposes of this chapter, any veteran of World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War who developed an active psychosis (1) within two years after discharge or release from the active military, naval, or air service, and (2) before July 26, 1949, in the case of a veteran of World War II, before February 1, 1957, in the case of a veteran of the Korean conflict, before May 8, 1977, in the case of a Vietnam era veteran, or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War, shall be deemed to have incurred such disability in the active military, naval, or air service.

(b) **MENTAL ILLNESS.**—For purposes of this chapter, any veteran of the Persian Gulf War who develops an active mental illness (other than psychosis) shall be deemed to have incurred such disability in the active military, naval, or air service if such veteran develops such disability—

(1) within two years after discharge or release from the active military, naval, or air service; and

(2) before the end of the two-year period beginning on the last day of the Persian Gulf War.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1141, § 602; Pub. L. 90-77, title II, § 203(a), Aug. 31, 1967, 81 Stat. 183; Pub. L. 97-295, § 4(16), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 99-576, title VII, § 701(20), Oct. 28, 1986, 100 Stat. 3292; Pub. L. 102-25, title III, § 334(b), Apr. 6, 1991, 105 Stat. 88; renumbered § 1702, Pub. L. 102-83, § 5(a), Aug. 6, 1991, 105 Stat. 406; Pub. L. 110-181, div. A, title XVII, § 1708(a)(1), (2), Jan. 28, 2008, 122 Stat. 493, 494.)

AMENDMENTS

2008—Pub. L. 110-181, § 1708(a)(2), substituted “Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War” for “Presumption relating to psychosis” in section catchline.

Subsecs. (a), (b). Pub. L. 110-181, § 1708(a)(1), designated existing text as subsec. (a), inserted heading, and added subsec. (b).

1991—Pub. L. 102-83 renumbered section 602 of this title as this section.

Pub. L. 102-25 substituted “the Vietnam era, or the Persian Gulf War” for “or the Vietnam era”, struck out “or” before “before May 8, 1977”, and inserted “or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War,” after “Vietnam era veterans.”

1986—Pub. L. 99-576 struck out “his” before “discharge”.

1982—Pub. L. 97-295 substituted “before February 1, 1957, in the case of a veteran of the Korean conflict, or before May 8, 1977,” for “or February 1, 1957, in the case of a veteran of the Korean conflict, or before the expiration of two years following termination of the Vietnam era.”

1967—Pub. L. 90-77 made the presumption relating to psychosis applicable to any veteran of the Vietnam era who developed an active psychosis within two years after his discharge from active service and before the expiration of two years following termination of the Vietnam era.

EFFECTIVE DATE OF 1967 AMENDMENT

Amendment by Pub. L. 90-77 effective first day of first calendar month which begins more than ten days after Aug. 31, 1967, see section 405 of Pub. L. 90-77, set out as a note under section 101 of this title.

§ 1703. Contracts for hospital care and medical services in non-Department facilities

(a) When Department facilities are not capable of furnishing economical hospital care or medical services because of geographical inaccessibility or are not capable of furnishing the care or services required, the Secretary, as authorized in section 1710 of this title, may contract with non-Department facilities in order to furnish any of the following:

(1) Hospital care or medical services to a veteran for the treatment of—

(A) a service-connected disability;

(B) a disability for which a veteran was discharged or released from the active military, naval, or air service; or

(C) a disability of a veteran who has a total disability permanent in nature from a service-connected disability.

(2) Medical services for the treatment of any disability of—

(A) a veteran described in section 1710(a)(1)(B) of this title;

(B) a veteran who (i) has been furnished hospital care, nursing home care, domiciliary care, or medical services, and (ii) requires medical services to complete treatment incident to such care or services; or

(C) a veteran described in section 1710(a)(2)(E) of this title, or a veteran who is in receipt of increased pension, or additional compensation or allowances based on the need of regular aid and attendance or by reason of being permanently housebound (or who, but for the receipt of retired pay, would be in receipt of such pension, compensation, or allowance), if the Secretary has determined, based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), that the medical condition of such veteran precludes appropriate treatment in Department facilities.

(3) Hospital care or medical services for the treatment of medical emergencies which pose a serious threat to the life or health of a veteran receiving medical services in a Department facility or nursing home care under section 1720 of this title until such time following the furnishing of care in the non-Department facility as the veteran can be safely transferred to a Department facility.

(4) Hospital care for women veterans.

(5) Hospital care, or medical services that will obviate the need for hospital admission, for veterans in a State (other than the Com-