

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 Commonwealth of Puerto Rico) not contiguous to the contiguous States, except that the annu-

ally determined hospital patient load and incidence of the furnishing of medical services to veterans hospitalized or treated at the expense of the Department in Government and non-Department facilities in each such noncontiguous State shall be consistent with the patient load or incidence of the furnishing of medical services for veterans hospitalized or treated by the Department within the 48 contiguous States and the Commonwealth of Puerto Rico.

(6) Diagnostic services necessary for determination of eligibility for, or of the appropriate course of treatment in connection with, furnishing medical services at independent Department out-patient clinics to obviate the need for hospital admission.

(7) Outpatient dental services and treatment, and related dental appliances, for a veteran described in section 1712(a)(1)(F) of this title.

(8) Diagnostic services (on an inpatient or outpatient basis) for observation or examination of a person to determine eligibility for a benefit or service under laws administered by the Secretary.

(b) In the case of any veteran for whom the Secretary contracts to furnish care or services in a non-Department facility pursuant to a provision of subsection (a) of this section, the Secretary shall periodically review the necessity for continuing such contractual arrangement pursuant to such provision.

(c) The Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the furnishing of contract care and services during the most recently completed fiscal year under this section, sections 1712A, 1720, 1720A, 1724, and 1732 of this title, and section 115 of the Veterans' Benefits and Services Act of 1988 (Public Law 100-322; 102 Stat. 501).

(d)(1) The Secretary shall conduct a program of recovery audits for fee basis contracts and other medical services contracts for the care of veterans under this section, and for beneficiaries under sections 1781, 1782, and 1783 of this title, with respect to overpayments resulting from processing or billing errors or fraudulent charges in payments for non-Department care and services. The program shall be conducted by contract.

(2) Amounts collected, by setoff or otherwise, as the result of an audit under the program conducted under this subsection shall be available, without fiscal year limitation, for the purposes for which funds are currently available to the Secretary for medical care and for payment to a contractor of a percentage of the amount collected as a result of an audit carried out by the contractor.

(3) The Secretary shall allocate all amounts collected under this subsection with respect to a designated geographic service area of the Veterans Health Administration, net of payments to the contractor, to that region.

(4) The authority of the Secretary under this subsection terminates on September 30, 2020.

(Added Pub. L. 99-272, title XIX, §19012(b)(1), Apr. 7, 1986, 100 Stat. 380, §603; amended Pub. L. 99-166, title I, §102(b)(1), Dec. 3, 1985, 99 Stat. 943;

Pub. L. 99-272, title XIX, §19012(c)(5)(A), Apr. 7, 1986, 100 Stat. 382; Pub. L. 100-322, title I, §§101(e)(3), 104, 112(a), May 20, 1988, 102 Stat. 492, 493, 499; Pub. L. 100-687, div. B, title XV, §1503(a)(1), Nov. 18, 1988, 102 Stat. 4133; Pub. L. 102-54, §14(b)(9), June 13, 1991, 105 Stat. 283; renumbered §1703 and amended Pub. L. 102-83, §§4(a)(1), (3)-(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 403-406; Pub. L. 102-585, title V, §501, Nov. 4, 1992, 106 Stat. 4955; Pub. L. 104-262, title I, §104(b), Oct. 9, 1996, 110 Stat. 3184; Pub. L. 108-422, title VI, §601, Nov. 30, 2004, 118 Stat. 2396; Pub. L. 109-13, div. A, title VI, §6080, May 11, 2005, 119 Stat. 302; Pub. L. 110-387, title VIII, §802, Oct. 10, 2008, 122 Stat. 4141; Pub. L. 112-37, §10(a), Oct. 5, 2011, 125 Stat. 396.)

## REFERENCES IN TEXT

Section 115 of the Veterans' Benefits and Services Act of 1988, referred to in subsec. (c), is set out as a note under section 1712 of this title.

## AMENDMENTS

2011—Subsec. (d)(4). Pub. L. 112-37 substituted “September 30, 2020” for “September 30, 2013”.

2008—Subsec. (d)(4). Pub. L. 110-387 substituted “September 30, 2013” for “September 30, 2008”.

2005—Subsec. (d)(2). Pub. L. 109-13 substituted “shall be available, without fiscal year limitation, for the purposes” for “shall be available for the purposes”.

2004—Subsec. (d). Pub. L. 108-422 added subsec. (d).

1996—Subsec. (a). Pub. L. 104-262, §104(b)(1), struck out “or 1712” after “, as authorized in section 1710” in introductory provisions.

Subsec. (a)(2)(A). Pub. L. 104-262, §104(b)(2)(A), substituted “1710(a)(1)(B)” for “1712(a)(1)(B)”.

Subsec. (a)(2)(B). Pub. L. 104-262, §104(b)(2)(B), added subpar. (B) and struck out former subpar. (B) which read as follows: “a veteran described in paragraph (2), (3), or (4) of section 1712(a) of this title, for a purpose described in section 1712(a)(5)(B) of this title;”.

Subsec. (a)(2)(C). Pub. L. 104-262, §104(b)(2)(C), substituted “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),” for “section 1712(a)(3) (other than a veteran who is a former prisoner of war) of this title”.

Subsec. (a)(7). Pub. L. 104-262, §104(b)(3), substituted “1712(a)(1)(F)” for “1712(b)(1)(F)”.

1992—Subsec. (a)(1)(C). Pub. L. 102-585 added subpar. (C).

1991—Pub. L. 102-83, §5(a), renumbered section 603 of this title as this section.

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans’ Administration” in section catchline.

Subsec. (a). Pub. L. 102-83, §5(c)(1), substituted “1710 or 1712” for “610 or 612” in introductory provisions, “1712(a)(1)(B)” for “612(a)(1)(B)” in par. (2)(A), “1712(a)” for “612(a)” and “1712(a)(5)(B)” for “612(a)(5)(B)” in par. (2)(B), “1712(a)(3)” for “612(a)(3)” in par. (2)(C), “1720” for “620” in par. (3), and “1712(b)(1)(F)” for “612(b)(1)(F)” in par. (7).

Pub. L. 102-83, §4(b)(1), (2)(E), substituted “Secretary” for “Administrator” in introductory provisions and in par. (2)(C).

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans’ Administration” in introductory provisions and in pars. (3) and (5).

Pub. L. 102-83, §4(a)(3), (4), substituted “Department” for “Veterans’ Administration” wherever appearing in introductory provisions and pars. (2), (3), (5), and (6).

Subsec. (a)(2)(B). Pub. L. 102-54, §14(b)(9)(A), struck out “section” before “paragraph”.

Subsec. (a)(7). Pub. L. 102-54, §14(b)(9)(B), substituted “section 612(b)(1)(F)” for “section 612(b)(1)(G)”.

Subsec. (a)(8). Pub. L. 102-83, §4(a)(1), substituted “administered by the Secretary” for “administered by the Veterans’ Administration”.

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

Pub. L. 102-83, §4(a)(5), substituted “non-Department” for “non-Veterans’ Administration”.

Subsec. (c). Pub. L. 102-83, §5(c)(1), substituted “1712A, 1720, 1720A, 1724, and 1732” for “612A, 620, 620A, 624, and 632”.

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

Pub. L. 102-54, §14(b)(9)(C), inserted before period at end “(Public Law 100-322; 102 Stat. 501)”.

1988—Subsec. (a). Pub. L. 100-322, §104(b)(1), substituted “furnish any of the following:” for “furnish—”.

Subsec. (a)(1). Pub. L. 100-322, §104(b)(2), (3), substituted “Hospital” for “hospital” and the period for semicolon at end.

Subsec. (a)(2). Pub. L. 100-322, §104(b)(2), (3), substituted “Medical” for “medical” and the period for semicolon at end.

Subsec. (a)(2)(B). Pub. L. 100-687 substituted “paragraph (2), (3), or (4) of section 612(a)” for “612(a)(4)”, and “612(a)(5)(B)” for “612(a)(5)”.

Pub. L. 100-322, §101(e)(3)(A), substituted “section 612(a)(4) of this title, for a purpose described in section 612(a)(5) of this title” for “section 612(f)(1)(A)(ii) of this title”.

Subsec. (a)(2)(C). Pub. L. 100-322, §101(e)(3)(B), substituted “section 612(a)(3) (other than a veteran who is a former prisoner of war)” for “section 612(g)”.

Subsec. (a)(3). Pub. L. 100-322, §104(a)(1), (b)(2), (3), substituted “Hospital” for “hospital”, inserted “or nursing home care under section 620 of this title”, and substituted the period for semicolon at end.

Subsec. (a)(4), (5). Pub. L. 100-322, §104(b)(2), (3), substituted “Hospital” for “hospital” and the period for semicolon at end.

Subsec. (a)(6). Pub. L. 100-322, §104(b)(2), (4), substituted “Diagnostic” for “diagnostic” and the period for “; or”.

Subsec. (a)(7). Pub. L. 100-322, §104(b)(2), substituted “Outpatient” for “outpatient”.

Subsec. (a)(8). Pub. L. 100-322, §104(a)(2), added par. (8).

Subsec. (c). Pub. L. 100-322, §112(a), added subsec. (c).

1986—Subsec. (a)(5). Pub. L. 99-272, §19012(c)(5)(A), made conforming amendment to Pub. L. 99-166, §102(b)(1). See 1985 Amendment note below.

1985—Subsec. (a)(5). Pub. L. 99-166, §102(b)(1), as amended by Pub. L. 99-272, §19012(c)(5)(A), inserted “(other than the Commonwealth of Puerto Rico)” after “in a State” and substituted “contiguous States and the Commonwealth of Puerto Rico” for “contiguous States, but the authority of the Administrator under this paragraph with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988, and until such date the Administrator may, if necessary to prevent hardship, waive the applicability to the Commonwealth of Puerto Rico of the restrictions in this paragraph with respect to hospital patient loads and the incidence of the furnishing of medical services”.

## EFFECTIVE DATE OF 1988 AMENDMENT

Pub. L. 100-687, div. B, title XV, §1503(b), Nov. 18, 1988, 102 Stat. 4134, provided that: “The amendments made by subsection (a)(1) [amending this section] shall apply with respect to the furnishing of medical services by contract to veterans who apply to the Veterans’ Administration for medical services after June 30, 1988.”

Pub. L. 100-322, title I, §101(i), May 20, 1988, 102 Stat. 492, provided that: “The amendments made by this section [amending this section and sections 612 and 617 [now 1712 and 1717] of this title] shall apply with respect to the furnishing of medical services to veterans who apply for such services after June 30, 1988.”

## EFFECTIVE DATE OF 1985 AMENDMENT

Pub. L. 99-166, title I, §102(b)(1), Dec. 3, 1985, 99 Stat. 943, as amended by Pub. L. 99-272, title XIX, §19012(c)(5)(A), Apr. 7, 1986, 100 Stat. 382, provided that the amendment made by that section is effective Oct. 1, 1988.

## DEMONSTRATION PROJECTS ON ALTERNATIVES FOR EXPANDING CARE FOR VETERANS IN RURAL AREAS

Pub. L. 111-163, title III, §303, May 5, 2010, 124 Stat. 1149, provided that:

“(a) IN GENERAL.—The Secretary of Veterans Affairs may, through the Director of the Office of Rural Health, carry out demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas, which may include the following:

“(1) Establishing a partnership between the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to coordinate care for veterans in rural areas at critical access hospitals (as designated or certified under section 1820 of the Social Security Act (42 U.S.C. 1395i-4)).

“(2) Establishing a partnership between the Department of Veterans Affairs and the Department of Health and Human Services to coordinate care for veterans in rural areas at community health centers.

“(3) Expanding coordination between the Department of Veterans Affairs and the Indian Health Service to expand care for Indian veterans.

“(b) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that the demonstration projects carried out under subsection (a) are located at facilities that are geographically distributed throughout the United States.

“(c) REPORT.—Not later than 2 years after the date of the enactment of this Act [May 5, 2010], the Secretary shall submit a report on the results of the demonstration projects carried out under subsection (a) to—

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

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

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$5,000,000 for fiscal year 2010 and each fiscal year thereafter.”

## PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS

Pub. L. 110-387, title IV, §403, Oct. 10, 2008, 122 Stat. 4124, as amended by Pub. L. 111-163, title III, §308, May 5, 2010, 124 Stat. 1155; Pub. L. 113-146, title I, §104, Aug. 7, 2014, 128 Stat. 1766; Pub. L. 113-175, title IV, §409(h), Sept. 26, 2014, 128 Stat. 1908; Pub. L. 114-223, div. A, title II, §242, Sept. 29, 2016, 130 Stat. 884, provided that:

“(a) PILOT PROGRAM REQUIRED.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Department of Veterans Affairs health care providers.

“(2) COMMENCEMENT.—The Secretary shall commence the conduct of the pilot program on the date that is 120 days after the date of the enactment of this Act [Oct. 10, 2008].

“(3) DURATION.—A veteran may receive health services under this section during the period beginning on the date specified in paragraph (2) and ending on September 30, 2017.

“(4) PROGRAM LOCATIONS.—The Secretary shall carry out the pilot program at locations in the following Veterans Integrated Service Networks (and such other locations as the Secretary considers appropriate):

“(A) Veterans Integrated Service Network 1.

“(B) Veterans Integrated Service Network 6.

“(C) Veterans Integrated Service Network 15.

“(D) Veterans Integrated Service Network 18.

“(E) Veterans Integrated Service Network 19.

“(b) COVERED VETERANS.—For purposes of the pilot program under this section, a covered veteran is any veteran who—

“(1) is—

“(A) enrolled in the system of patient enrollment established under section 1705(a) of title 38, United States Code, as of August 1, 2014; or

“(B) eligible for health care under section 1710(e)(3) of such title; and

“(2) resides in a location that is—

“(A) more than 60 minutes driving distance from the nearest Department health care facility providing primary care services, if the veteran is seeking such services;

“(B) more than 120 minutes driving distance from the nearest Department health care facility providing acute hospital care, if the veteran is seeking such care; or

“(C) more than 240 minutes driving distance from the nearest Department health care facility providing tertiary care, if the veteran is seeking such care.

“(c) COVERED HEALTH SERVICES.—For purposes of the pilot program under this section, a covered health service with respect to a covered veteran is any hospital care, medical service, rehabilitative service, or preventative health service that is authorized to be provided by the Secretary to the veteran under chapter 17 of title 38, United States Code, or any other provision of law.

“(d) QUALIFYING NON-DEPARTMENT HEALTH CARE PROVIDERS.—For purposes of the pilot program under this section, an entity or individual is a qualifying non-Department health care provider of a covered health service if the Secretary determines that the entity or individual is qualified to furnish such service to veterans under the pilot program.

“(e) ELECTION.—A covered veteran seeking to be provided covered health services under the pilot program under this section shall submit to the Secretary an application therefor in such form, and containing such information as the Secretary shall specify for purposes of the pilot program.

“(f) PROVISION OF SERVICES THROUGH CONTRACT.—The Secretary shall provide covered health services to veterans under the pilot program under this section through contracts with qualifying non-Department health care providers for the provision of such services.

“(g) EXCHANGE OF MEDICAL INFORMATION.—In conducting the pilot program under this section, the Secretary shall develop and utilize a functional capability to provide for the exchange of appropriate medical information between the Department and non-Department health care providers providing health services under the pilot program.

“(h) APPOINTMENTS.—In carrying out the pilot program under this section, the Secretary shall ensure that medical appointments for covered veterans—

“(1) are scheduled not later than 5 days after the date on which the appointment is requested; and

“(2) occur not later than 30 days after such date.

“(i) OUTREACH.—The Secretary shall ensure that covered veterans are informed about the pilot program under this section.

“(j) USE OF EXISTING CONTRACTS.—Notwithstanding any provision of law relating to the use of competitive procedures in entering into contracts, in carrying out the pilot program under this section after the date of the enactment of the Veterans Access, Choice, and Accountability Act of 2014 [Aug. 7, 2014], the Secretary shall make use of contracts entered into under this section before such date or may enter into new contracts.

“(k) REPORTS.—Not later than the 30 days after the end of each year in which the pilot program under this section is conducted, the Secretary shall submit to the Committee of Veterans' Affairs of the Senate and the

Committee on Veterans' Affairs of the House of Representatives a report which includes—

“(1) the assessment of the Secretary of the pilot program during the preceding year, including its cost, volume, quality, patient satisfaction, benefit to veterans, and such other findings and conclusions with respect to pilot program as the Secretary considers appropriate; and

“(2) such recommendations as the Secretary considers appropriate regarding—

“(A) the continuation of the pilot program;

“(B) extension of the pilot program to other or all Veterans Integrated Service Networks of the Department; and

“(C) making the pilot program permanent.”

#### RATIFICATION OF MEDICAL SERVICES CONTRACTS

Section 1503(c) of Pub. L. 100-687 ratified actions of the Administrator in contracting with facilities other than Veterans' Administration facilities for furnishing medical services incident to treatment of certain veterans receiving hospital, nursing home, or domiciliary care, who applied for such services during the period beginning July 1, 1988, and ending Nov. 18, 1988.

#### PUERTO RICO CONTRACT CARE; LIMITATION ON INCURRING OF OBLIGATIONS

Pub. L. 99-166, title I, §102(b)(2)-(5), Dec. 3, 1985, 99 Stat. 943, as amended by Pub. L. 99-272, title XIX, §19012(c)(5)(B), Apr. 7, 1986, 100 Stat. 382, limited Administrator's authority to incur obligations for medical services for veterans residing in Puerto Rico during fiscal years 1986 to 1988.

#### § 1704. Preventive health services: annual report

Not later than October 31 each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on preventive health services. Each such report shall include the following:

(1) A description of the programs and activities of the Department with respect to preventive health services during the preceding fiscal year, including a description of the following:

(A) The programs conducted by the Department—

(i) to educate veterans with respect to health promotion and disease prevention;

(ii) to provide veterans with preventive health screenings and other clinical services, with such description setting forth the types of resources used by the Department to conduct such screenings and services and the number of veterans reached by such screenings and services; and

(iii) to provide veterans each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule.

(B) The means by which the Secretary addressed the specific preventive health services needs of particular groups of veterans (including veterans with service-connected disabilities, elderly veterans, low-income veterans, women veterans, institutionalized veterans, and veterans who are at risk for mental illness).

(C) The manner in which the provision of such services was coordinated with the activities of the Medical and Prosthetic Research Service of the Department and the National Center for Preventive Health.

(D) The manner in which the provision of such services was integrated into training programs of the Department, including initial and continuing medical training of medical students, residents, and Department staff.

(E) The manner in which the Department participated in cooperative preventive health efforts with other governmental and private entities (including State and local health promotion offices and not-for-profit organizations).

(F) The specific research carried out by the Department with respect to the long-term relationships among screening activities, treatment, and morbidity and mortality outcomes.

(G) The cost effectiveness of such programs and activities, including an explanation of the means by which the costs and benefits (including the quality of life of veterans who participate in such programs and activities) of such programs and activities are measured.

(2) A specific description of research activities on preventive health services carried out during that period using employees, funds, equipment, office space, or other support services of the Department, with such description setting forth—

(A) the source of funds for those activities;

(B) the articles or publications (including the authors of the articles and publications) in which those activities are described;

(C) the Federal, State, or local governmental entity or private entity, if any, with which such activities were carried out; and

(D) the clinical, research, or staff education projects for which funding applications were submitted (including the source of the funds applied for) and upon which a decision is pending or was denied.

(3) An accounting of the expenditure of funds during that period by the National Center for Preventive Health under section 7318 of this title.

(Added Pub. L. 102-585, title V, §512(a), Nov. 4, 1992, 106 Stat. 4957; amended Pub. L. 114-315, title VI, §602(b), Dec. 16, 2016, 130 Stat. 1569.)

#### AMENDMENTS

2016—Par. (1)(A)(iii). Pub. L. 114-315 added cl. (iii).

#### CONSTRUCTION OF 2016 AMENDMENT

Nothing in amendment by Pub. L. 114-315 to be construed to require a veteran to receive an immunization that the veteran does not want to receive, see section 602(d) of Pub. L. 114-315, set out as a note under section 1701 of this title.

#### § 1705. Management of health care: patient enrollment system

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary, in accordance with regulations the Secretary shall prescribe, shall establish and operate a system of annual patient enrollment. The Secretary shall manage the enrollment of veterans in accordance with the following priorities, in the order listed: