

“(3) the extent to which the Department has met such demand for care; and

“(4) changes in health-care delivery patterns in Department facilities and the fiscal impact of such changes.

“(c) MATTERS TO BE INCLUDED.—The report under subsection (b) shall include detailed information with respect to fiscal year 1997 regarding the following:

“(1) The number of veterans enrolled for care at each Department medical facility and, of such veterans, the number enrolled at each such facility who had not received care from the Department during the preceding three fiscal years.

“(2) With respect to the veterans who had not received care from the Department during the three preceding fiscal years, the total cost of providing care to such veterans, shown in total and separately (A) by level of care, and (B) by reference to whether care was furnished in Department facilities or under contract arrangements.

“(3) With respect to the number of veterans described in paragraphs (1), (2), and (3) of section 1710(a) of title 38, United States Code, as amended by section 101, who applied for health care from the Department during fiscal year 1997—

“(A) the number who applied for care (shown in total and separately by facility);

“(B) the number who were denied enrollment (shown in total and separately by facility); and

“(C) the number who were denied care which was considered to be medically necessary but not of an emergency nature (shown in total and separately by facility).

“(4) The numbers and characteristics of, and the type and extent of health care furnished to, veterans enrolled for care (shown in total and separately by facility).

“(5) The numbers and characteristics of, and the type and extent of health care furnished to, veterans not enrolled for care (shown separately by reference to each class of eligibility, both in total and separately by facility).

“(6) The specific fiscal impact (shown in total and by geographic health-care delivery areas) of changes in delivery patterns instituted under the amendments made by this title [enacting this section and section 1706 of this title and amending sections 1525, 1701, 1703, 1710, 1712, 1712A, 1717, 1718, 1720, 1722, 1729, 2104, 5317, 8110, and 8111A of this title].”

#### § 1705A. Management of health care: information regarding health-plan contracts

(a) IN GENERAL.—(1) Any individual who seeks hospital care or medical services under this chapter shall provide to the Secretary such current information as the Secretary may require to identify any health-plan contract under which such individual is covered.

(2) The information required to be provided to the Secretary under paragraph (1) with respect to a health-plan contract shall include, as applicable, the following:

(A) The name of the entity providing coverage under the health-plan contract.

(B) If coverage under the health-plan contract is in the name of an individual other than the individual required to provide information under this section, the name of the policy holder of the health-plan contract.

(C) The identification number for the health-plan contract.

(D) The group code for the health-plan contract.

(b) ACTION TO COLLECT INFORMATION.—The Secretary may take such action as the Secretary considers appropriate to collect the information required under subsection (a).

(c) EFFECT ON SERVICES FROM DEPARTMENT.—The Secretary may not deny any services under this chapter to an individual solely due to the fact that the individual fails to provide information required under subsection (a).

(d) HEALTH-PLAN CONTRACT DEFINED.—In this section, the term “health-plan contract” has the meaning given that term in section 1725(f) of this title.

(Added Pub. L. 114-315, title VI, § 604(a), Dec. 16, 2016, 130 Stat. 1571.)

#### § 1706. Management of health care: other requirements

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall, to the extent feasible, design, establish and manage health care programs in such a manner as to promote cost-effective delivery of health care services in the most clinically appropriate setting.

(b)(1) In managing the provision of hospital care and medical services under such section, the Secretary shall ensure that the Department (and each geographic service area of the Veterans Health Administration) maintains its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities of the Department that are dedicated to the specialized needs of those veterans in a manner that (A) affords those veterans reasonable access to care and services for those specialized needs, and (B) ensures that overall capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide such services is not reduced below the capacity of the Department, nationwide, to provide those services, as of October 9, 1996. The Secretary shall carry out this paragraph in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(2) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

(B) For opioid substitution programs, the number of patients treated annually and the amounts expended.

(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

(D) For substance-use disorder programs—