

“(iv) The interim findings and conclusions of the Secretary with respect to the success of the pilot program and recommendations for improvement.

“(2) FINAL REPORT.—

“(A) IN GENERAL.—Not later than December 6, 2017, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a final report on the pilot program.

“(B) ELEMENTS.—The final report required by subparagraph (A) shall include the following:

“(i) A description of the pilot program.

“(ii) The Secretary's assessment of the utility of the activities carried out under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.

“(iii) An evaluation of the pilot program in light of independent living programs carried out by the Secretary under title 38, United States Code, including—

“(I) whether the pilot program duplicates services provided under such independent living programs;

“(II) the ways in which the pilot program provides different services that the services provided under such independent living program;

“(III) how the pilot program could be better defined or shaped; and

“(IV) whether the pilot program should be incorporated into such independent living programs.

“(iv) Such recommendations as the Secretary considers appropriate regarding improving the pilot program.

“(f) DEFINITIONS.—In this section:

“(1) The term ‘community-based brain injury rehabilitative care services’ means services of a facility in providing room, board, rehabilitation, and personal care for and supervision of residents for their health, safety, and welfare.

“(2) The term ‘case management services’ includes the coordination and facilitation of all services furnished to a veteran by the Department of Veterans Affairs, either directly or through a contract, including assessment of needs, planning, referral (including referral for services to be furnished by the Department, either directly or through a contract, or by an entity other than the Department), monitoring, reassessment, and followup.

“(3) The term ‘eligible veteran’ means a veteran who—

“(A) is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code;

“(B) has received hospital care or medical services provided by the Department of Veterans Affairs for a traumatic brain injury;

“(C) is unable to manage routine activities of daily living without supervision and assistance, as determined by the Secretary; and

“(D) could reasonably be expected to receive ongoing services after the end of the pilot program under this section under another program of the Federal Government or through other means, as determined by the Secretary.”

“(g) TERMINATION.—The pilot program shall terminate on January 6, 2018.”

[Pub. L. 115-62, title I, §107(c), Sept. 29, 2017, 131 Stat. 1161, provided that: “Not later than December 6, 2017, the Secretary of Veterans Affairs shall notify veterans participating in the pilot program under such section [section 1705 of Pub. L. 110-181, set out above] regarding a plan for transition of care for such veterans.”]

[Pub. L. 113-257, §2(c), Dec. 18, 2014, 128 Stat. 2925, provided that: “The amendments made by this section [amending section 1705 of Pub. L. 110-181, set out above] shall take effect on the date of the enactment of this Act [Dec. 18, 2014].”]

§ 1710D. Traumatic brain injury: comprehensive program for long-term rehabilitation

(a) COMPREHENSIVE PROGRAM.—In developing plans for the rehabilitation and reintegration of individuals with traumatic brain injury under section 1710C of this title, the Secretary shall develop and carry out a comprehensive program of long-term care and rehabilitative services (as defined in section 1710C of this title) for post-acute traumatic brain injury rehabilitation that includes residential, community, and home-based components utilizing interdisciplinary teams.

(b) LOCATION OF PROGRAM.—The Secretary shall carry out the program developed under subsection (a) in each Department polytrauma rehabilitation center designated by the Secretary.

(c) ELIGIBILITY.—A veteran is eligible for care under the program developed under subsection (a) if the veteran is otherwise eligible to receive hospital care and medical services under section 1710 of this title and—

(1) served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities after November 11, 1998;

(2) is diagnosed as suffering from moderate to severe traumatic brain injury; and

(3) is unable to manage routine activities of daily living without supervision or assistance, as determined by the Secretary.

(d) REPORT.—Not later than one year after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report containing the following information:

(1) A description of the operation of the program.

(2) The number of veterans provided care under the program during the year preceding such report.

(3) The cost of operating the program during the year preceding such report.

(Added Pub. L. 110-181, div. A, title XVII, §1702(a), Jan. 28, 2008, 122 Stat. 488; amended Pub. L. 112-154, title I, §107(b), Aug. 6, 2012, 126 Stat. 1173; Pub. L. 114-58, title VI, §601(5), Sept. 30, 2015, 129 Stat. 538.)

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (d), is the date of enactment of Pub. L. 110-181, which was approved Jan. 28, 2008.

AMENDMENTS

2015—Subsec. (c)(1). Pub. L. 114-58 struck out “(as defined in section 1712A(a)(2)(B) of this title)” after “hostilities”.

2012—Subsec. (a). Pub. L. 112-154 inserted “and rehabilitative services (as defined in section 1710C of this title)” after “long-term care” and struck out “treatment” before “teams”.

§ 1710E. Traumatic brain injury: use of non-Department facilities for rehabilitation

(a) COOPERATIVE AGREEMENTS.—The Secretary, in implementing and carrying out a plan devel-

oped under section 1710C of this title, may provide hospital care and medical services, including rehabilitative services (as defined in section 1710C of this title), through cooperative agreements with appropriate public or private entities that have established long-term neurobehavioral rehabilitation and recovery programs.

(b) COVERED INDIVIDUALS.—The care and services provided under subsection (a) shall be made available to an individual—

(1) who is described in section 1710C(a) of this title; and

(2)(A) to whom the Secretary is unable to provide such treatment or services at the frequency or for the duration prescribed in such plan; or

(B) for whom the Secretary determines that it is optimal with respect to the recovery and rehabilitation for such individual.

(c) AUTHORITIES OF STATE PROTECTION AND ADVOCACY SYSTEMS.—Nothing in subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 shall be construed as preventing a State protection and advocacy system (as defined in section 1710C(g) of this title) from exercising the authorities described in such subtitle with respect to individuals provided rehabilitative treatment or services under section 1710C of this title in a non-Department facility.

(d) STANDARDS.—The Secretary may not provide treatment or services as described in subsection (a) at a non-Department facility under such subsection unless such facility maintains standards for the provision of such treatment or services established by an independent, peer-reviewed organization that accredits specialized rehabilitation programs for adults with traumatic brain injury.

(Added Pub. L. 110-181, div. A, title XVII, §1703(a), Jan. 28, 2008, 122 Stat. 489; amended Pub. L. 111-163, title V, §509, May 5, 2010, 124 Stat. 1162; Pub. L. 112-154, title I, §107(c), Aug. 6, 2012, 126 Stat. 1173.)

REFERENCES IN TEXT

The Developmental Disabilities Assistance and Bill of Rights Act of 2000, referred to in subsec. (c), is Pub. L. 106-402, Oct. 30, 2000, 114 Stat. 1677. Subtitle C of the Act probably means subtitle C of title I of the Act, which is classified generally to part C (§15041 et seq.) of subchapter I of chapter 144 of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 15001 of Title 42 and Tables.

AMENDMENTS

2012—Subsec. (a). Pub. L. 112-154, §107(c), inserted “, including rehabilitative services (as defined in section 1710C of this title),” after “medical services”.

2010—Subsecs. (b) to (d). Pub. L. 111-163 added subsecs. (b) and (d) and redesignated former subsec. (b) as (c).

§ 1711. Care during examinations and in emergencies

(a) The Secretary may furnish hospital care incident to physical examinations where such examinations are necessary in carrying out the provisions of other laws administered by the Secretary.

[(b) Repealed. Pub. L. 107-135, title II, §208(d), Jan. 23, 2002, 115 Stat. 2463.]

(c)(1) The Secretary may contract with any organization named in, or approved by the Secretary under, section 5902 of this title to provide for the furnishing by the Secretary, on a reimbursable basis (as prescribed by the Secretary), of emergency medical services to individuals attending any national convention of such organization, except that reimbursement shall not be required for services furnished under this subsection to the extent that the individual receiving such services would otherwise be eligible under this chapter for medical services.

(2) The authority of the Secretary to enter into contracts under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.

(Pub. L. 85-857, Sept. 2, 1958, 72 Stat. 1142, §611; Pub. L. 94-581, title II, §§202(e), 210(a)(2), Oct. 21, 1976, 90 Stat. 2856, 2862; Pub. L. 96-22, title II, §202, June 13, 1979, 93 Stat. 54; Pub. L. 96-128, title V, §501(a), Nov. 28, 1979, 93 Stat. 987; Pub. L. 102-40, title IV, §402(d)(1), May 7, 1991, 105 Stat. 239; renumbered §1711 and amended Pub. L. 102-83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404-406; Pub. L. 107-135, title II, §208(d), Jan. 23, 2002, 115 Stat. 2463.)

PRIOR PROVISIONS

Prior section 1711 was renumbered section 3511 of this title.

AMENDMENTS

2002—Subsec. (b). Pub. L. 107-135 struck out subsec. (b) which read as follows: “The Secretary may furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care at rates prescribed by the Secretary.”

1991—Pub. L. 102-83, §5(a), renumbered section 611 of this title as this section.

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

Subsec. (c)(1). Pub. L. 102-40 substituted “5902” for “3402”.

1979—Subsec. (c). Pub. L. 96-22 added subsec. (c).

Subsec. (c)(1). Pub. L. 96-128 substituted “named in, or approved by the Administrator under,” for “recognized by the Administrator for the purposes of”.

1976—Pub. L. 94-581, §202(e)(1), substituted “Care” for “Hospitalization” in section catchline.

Subsec. (a). Pub. L. 94-581, §210(a)(2)(A), substituted “administered by the Administrator” for “administered by him”.

Subsec. (b). Pub. L. 94-581, §§202(e)(2), 210(a)(2)(B), substituted “hospital care or medical services” for “hospital care”, “the Administrator shall charge” for “he shall charge”, and “prescribed by the Administrator” for “prescribed by him”.

EFFECTIVE DATE OF 1979 AMENDMENT

Amendment by Pub. L. 96-128 effective Nov. 28, 1979, see section 601(b) of Pub. L. 96-128, set out as a note under section 1114 of this title.

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.

§ 1712. Dental care; drugs and medicines for certain disabled veterans; vaccines

(a)(1) Outpatient dental services and treatment, and related dental appliances, shall be