

AMENDMENTS

2002—Pub. L. 107-135, §208(f)(2), substituted “Limitations” for “Restriction on use of funds for assisted suicide, euthanasia, or mercy killing” as section catchline.

Pub. L. 107-135, §208(a)(2), designated existing provisions as subsec. (a) and added subsec. (b).

Subsec. (a). Pub. L. 107-330 inserted “(42 U.S.C. 14401 et seq.)” before period at end.

EFFECTIVE DATE

Section effective Apr. 30, 1997, and applicable to Federal payments made pursuant to obligations incurred after Apr. 30, 1997, for items and services provided on or after such date, subject to also being applicable with respect to contracts entered into, renewed, or extended after Apr. 30, 1997, as well as contracts entered into before Apr. 30, 1997, to the extent permitted under such contracts, see section 11 of Pub. L. 105-12, set out as a note under section 14401 of Title 42, The Public Health and Welfare.

§ 1708. Temporary lodging

(a) The Secretary may furnish persons described in subsection (b) with temporary lodging in a Fisher house or other appropriate facility in connection with the examination, treatment, or care of a veteran under this chapter or, as provided for under subsection (e)(5), in connection with benefits administered under this title.

(b) Persons to whom the Secretary may provide lodging under subsection (a) are the following:

(1) A veteran who must travel a significant distance to receive care or services under this title.

(2) A member of the family of a veteran and others who accompany a veteran and provide the equivalent of familial support for such veteran.

(c) In this section, the term “Fisher house” means a housing facility that—

(1) is located at, or in proximity to, a Department medical facility;

(2) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b)(2); and

(3) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation.

(d) The Secretary may establish charges for providing lodging under this section. The proceeds from such charges shall be credited to the medical services account and shall be available until expended for the purposes of providing such lodging.

(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

(1) limiting the duration of lodging provided under this section;

(2) establishing standards and criteria under which charges are established for such lodging under subsection (d);

(3) establishing criteria for persons considered to be accompanying a veteran under subsection (b)(2);

(4) establishing criteria for the use of the premises of temporary lodging facilities under this section; and

(5) establishing any other limitations, conditions, and priorities that the Secretary consid-

ers appropriate with respect to lodging under this section.

(Added Pub. L. 106-419, title II, §221(a), Nov. 1, 2000, 114 Stat. 1844; amended Pub. L. 110-387, title IX, §901(a)(8), Oct. 10, 2008, 122 Stat. 4142.)

AMENDMENTS

2008—Subsec. (d). Pub. L. 110-387 substituted “medical services account” for “medical care account”.

§ 1709. Comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents

(a) POLICY REQUIRED.—(1) Not later than September 30, 2012, the Secretary shall develop and implement a centralized and comprehensive policy on the reporting and tracking of sexual assault incidents and other safety incidents that occur at each medical facility of the Department, including—

(A) suspected, alleged, attempted, or confirmed cases of sexual assault, regardless of whether such assaults lead to prosecution or conviction;

(B) criminal and purposefully unsafe acts;

(C) alcohol or substance abuse related acts (including by employees of the Department); and

(D) any kind of event involving alleged or suspected abuse of a patient.

(2) In developing and implementing a policy under paragraph (1), the Secretary shall consider the effects of such policy on—

(A) the use by veterans of mental health care and substance abuse treatments; and

(B) the ability of the Department to refer veterans to such care or treatment.

(b) SCOPE.—The policy required by subsection (a) shall cover each of the following:

(1) For purposes of reporting and tracking sexual assault incidents and other safety incidents, definitions of the terms—

(A) “safety incident”;

(B) “sexual assault”; and

(C) “sexual assault incident”.

(2)(A) The development and use of specific risk-assessment tools to examine any risks related to sexual assault that a veteran may pose while being treated at a medical facility of the Department, including clear and consistent guidance on the collection of information related to—

(i) the legal history of the veteran; and

(ii) the medical record of the veteran.

(B) In developing and using tools under subparagraph (A), the Secretary shall consider the effects of using such tools on the use by veterans of health care furnished by the Department.

(3) The mandatory training of employees of the Department on security issues, including awareness, preparedness, precautions, and police assistance.

(4) The mandatory implementation, use, and regular testing of appropriate physical security precautions and equipment, including surveillance camera systems, computer-based panic alarm systems, stationary panic alarms, and electronic portable personal panic alarms.

(5) Clear, consistent, and comprehensive criteria and guidance with respect to an employee of the Department communicating and reporting sexual assault incidents and other safety incidents to—

(A) supervisory personnel of the employee at—

- (i) a medical facility of the Department;
- (ii) an office of a Veterans Integrated Service Network; and
- (iii) the central office of the Veterans Health Administration; and

(B) a law enforcement official of the Department.

(6) Clear and consistent criteria and guidelines with respect to an employee of the Department referring and reporting to the Office of Inspector General of the Department sexual assault incidents and other safety incidents that meet the regulatory criminal threshold prescribed under sections 901 and 902 of this title.

(7) An accountable oversight system within the Veterans Health Administration that includes—

(A) systematic information sharing of reported sexual assault incidents and other safety incidents among officials of the Administration who have programmatic responsibility; and

(B) a centralized reporting, tracking, and monitoring system for such incidents.

(8) Consistent procedures and systems for law enforcement officials of the Department with respect to investigating, tracking, and closing reported sexual assault incidents and other safety incidents.

(9) Clear and consistent guidance for the clinical management of the treatment of sexual assaults that are reported more than 72 hours after the assault.

(c) **UPDATES TO POLICY.**—The Secretary shall review and revise the policy required by subsection (a) on a periodic basis as the Secretary considers appropriate and in accordance with best practices.

(d) **ANNUAL REPORT.**—(1) Not later than 60 days after the date on which the Secretary develops the policy required by subsection (a) and not later than October 1 of each year thereafter, 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 implementation of the policy.

(2) The report required by paragraph (1) shall include—

(A) the number and type of sexual assault incidents and other safety incidents reported by each medical facility of the Department;

(B) a detailed description of the implementation of the policy required by subsection (a), including any revisions made to such policy from the previous year; and

(C) the effectiveness of such policy on improving the safety and security of the medical facilities of the Department, including the performance measures used to evaluate such effectiveness.

(Added Pub. L. 112-154, title I, §106(a), Aug. 6, 2012, 126 Stat. 1171.)

§ 1709A. Teleconsultation

(a) **TELECONSULTATION.**—(1) The Secretary shall carry out an initiative of teleconsultation for the provision of remote mental health and traumatic brain injury assessments in facilities of the Department that are not otherwise able to provide such assessments without contracting with third-party providers or reimbursing providers through a fee basis system.

(2) The Secretary shall, in consultation with appropriate professional societies, promulgate technical and clinical care standards for the use of teleconsultation services within facilities of the Department.

(3) In carrying out an initiative under paragraph (1), the Secretary shall ensure that facilities of the Department are able to provide a mental health or traumatic brain injury assessment to a veteran through contracting with a third-party provider or reimbursing a provider through a fee basis system when—

(A) such facilities are not able to provide such assessment to the veteran without—

- (i) such contracting or reimbursement; or
- (ii) teleconsultation; and

(B) providing such assessment with such contracting or reimbursement is more clinically appropriate for the veteran than providing such assessment with teleconsultation.

(b) **TELECONSULTATION DEFINED.**—In this section, the term “teleconsultation” means the use by a health care specialist of telecommunications to assist another health care provider in rendering a diagnosis or treatment.

(Added Pub. L. 112-154, title I, §108(a)(1), Aug. 6, 2012, 126 Stat. 1174.)

§ 1709B. Evaluations of mental health care and suicide prevention programs

(a) **EVALUATIONS.**—(1) Not less frequently than once during each period specified in paragraph (3), the Secretary shall provide for the conduct of an evaluation of the mental health care and suicide prevention programs carried out under the laws administered by the Secretary.

(2) Each evaluation conducted under paragraph (1) shall—

(A) use metrics that are common among and useful for practitioners in the field of mental health care and suicide prevention, including metrics applicable specifically to women;

(B) identify the most effective mental health care and suicide prevention programs conducted by the Secretary, including such programs conducted at a Center of Excellence;

(C) identify the cost-effectiveness of each program identified under subparagraph (B);

(D) measure the satisfaction of patients with respect to the care provided under each such program;

(E) propose best practices for caring for individuals who suffer from mental health disorders or are at risk of suicide, including such practices conducted or suggested by other departments or agencies of the Federal Government, including the Substance Abuse and