

1991—Pub. L. 102-40, title IV, §401(a)(1), (3), May 7, 1991, 105 Stat. 210, substituted "VETERANS HEALTH ADMINISTRATION—ORGANIZATION AND FUNCTIONS" for "DEPARTMENT OF MEDICINE AND SURGERY" as chapter heading, added analysis for subchapters I to IV, and struck out former analysis consisting of subchapter I containing items 4101 to 4119 and 4210, subchapter II containing items 4121 to 4124, subchapter III containing items 4131 to 4134, subchapter IV containing items 4141 and 4142, subchapter V containing items 4151 and 4152, and subchapter VI containing items 4161 to 4168.

1990—Pub. L. 101-366, title I, §102(d), Aug. 15, 1990, 104 Stat. 436, added heading for subchapter IV and items 4141 and 4142.

1988—Pub. L. 100-322, title I, §122(b), title II, §§204(b), 212(a)(2), 216(e)(1), May 20, 1988, 102 Stat. 504, 512, 516, 530, added item 4210 [4120] after item 4119, substituted "Nondiscrimination against alcohol and drug abusers and persons infected with human immunodeficiency virus" for "Nondiscrimination in the admission of alcohol and drug abusers to Veterans' Administration health care facilities" in item 4133, substituted "Regulations" for "Coordination; reports" in item 4134, struck out heading for Subchapter IV, "VETERANS' ADMINISTRATION HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM" and items 4141 "Establishment of program; purpose; duration", 4142 "Eligibility; application; written contract", 4143 "Obligated service", 4144 "Breach of contract; liability; waiver", 4145 "Exemption of scholarship payments from taxation", and 4146 "Program subject to availability of appropriations", and added heading for subchapter VI and items 4161 to 4168.

1986—Pub. L. 99-576, title VII, §702(12), Oct. 28, 1986, 100 Stat. 3302, substituted "appointments" for "appointment" in item 4106.

1985—Pub. L. 99-166, title II, §204(a)(2), Dec. 3, 1985, 99 Stat. 952, added heading for subchapter V and items 4151 and 4152.

1980—Pub. L. 96-330, title I, §116(a)(2), title II, §201(a)(2), Aug. 26, 1980, 94 Stat. 1039, 1047, added item 4119, heading for subchapter IV and items 4141 to 4146.

1976—Pub. L. 94-581, title I, §111(a)(2), Oct. 21, 1976, 90 Stat. 2852, added analysis for subchapter III consisting of items 4131 to 4134.

1975—Pub. L. 94-123, §2(d)(2), Oct. 22, 1975, 89 Stat. 673, added item 4118.

1973—Pub. L. 93-82, title II, §204(b), Aug. 2, 1973, 87 Stat. 192, substituted "Personnel administration" for "Administration" in item 4108.

1972—Pub. L. 92-541, §3(b), Oct. 24, 1972, 86 Stat. 1108, designated existing sections as subchapter I and added subchapter II.

1966—Pub. L. 89-785, title I, §§109(b), 111(d), 112(b), Nov. 7, 1966, 80 Stat. 1371, 1372, substituted "Special Medical Advisory group; other advisory bodies" for "Medical advisory Group" in item 4112, and "Temporary full-time, part-time, and without compensation appointments" for "Temporary and part-time appointments" in item 4114, and added item 4117.

1965—Pub. L. 89-311, §6(b), Oct. 31, 1965, 79 Stat. 1157, added item 4116.

1964—Pub. L. 88-426, title I, §117(b), Aug. 14, 1964, 78 Stat. 410, substituted "Office of the Chief Medical Director" for "Appointments and compensation" in item 4103.

1962—Pub. L. 87-793, §803(b), Oct. 11, 1962, 76 Stat. 861, substituted "Administration" for "Specialist ratings" in item 4108.

Pub. L. 87-574, §4(3), Aug. 6, 1962, 76 Stat. 309, inserted "; residencies and internships" in item 4114.

SUBCHAPTER I—ORGANIZATION

PRIOR PROVISIONS

A prior subchapter I of this chapter consisting of sections 4101 to 4120, related to organization of Department of Medicine and Surgery, prior to repeal by Pub. L. 102-40, title IV, §401(a)(3), May 7, 1991, 105 Stat. 210.

See Prior Provisions notes set out under sections 4101 to 4110A of this title.

§ 7301. Functions of Veterans Health Administration: in general

(a) There is in the Department of Veterans Affairs a Veterans Health Administration. The Under Secretary for Health is the head of the Administration. The Under Secretary for Health may be referred to as the Chief Medical Director.

(b) The primary function of the Administration is to provide a complete medical and hospital service for the medical care and treatment of veterans, as provided in this title and in regulations prescribed by the Secretary pursuant to this title.

(Added Pub. L. 102-40, title IV, §401(a)(3), May 7, 1991, 105 Stat. 211; amended Pub. L. 102-405, title III, §302(c)(1), (2), Oct. 9, 1992, 106 Stat. 1984.)

AMENDMENTS

1992—Subsec. (a). Pub. L. 102-405 substituted "Under Secretary for Health is" for "Chief Medical Director is" and inserted at end "The Under Secretary for Health may be referred to as the Chief Medical Director."

§ 7302. Functions of Veterans Health Administration: health-care personnel education and training programs

(a) In order to carry out more effectively the primary function of the Veterans Health Administration and in order to assist in providing an adequate supply of health personnel to the Nation, the Secretary—

(1) to the extent feasible without interfering with the medical care and treatment of veterans, shall develop and carry out a program of education and training of health personnel; and

(2) shall carry out a major program for the recruitment, training, and employment of veterans with medical military occupation specialties as—

(A) physician assistants;

(B) expanded-function dental auxiliaries;

and

(C) other medical technicians.

(b) In carrying out subsection (a)(1), the Secretary shall include in the program of education and training under that subsection the developing and evaluating of new health careers, interdisciplinary approaches, and career advancement opportunities.

(c) In carrying out subsection (a)(2), the Secretary shall include in the program of recruitment, training, and employment under that subsection measures to advise all qualified veterans with military occupation specialties referred to in that subsection, and all members of the armed forces about to be discharged or released from active duty who have such military occupation specialties, of employment opportunities with the Administration.

(d) The Secretary shall carry out subsection (a) in cooperation with the following institutions and organizations:

(1) Schools of medicine, osteopathy, dentistry, nursing, pharmacy, optometry, podiatry, public health, or allied health professions.

- (2) Other institutions of higher learning.
- (3) Medical centers.
- (4) Academic health centers.
- (5) Hospitals.

(6) Such other public or nonprofit agencies, institutions, or organizations as the Secretary considers appropriate.

(e)(1) In carrying out this section, the Secretary shall establish medical residency programs, or ensure that already established medical residency programs have a sufficient number of residency positions, at any medical facility of the Department that the Secretary determines—

(A) is experiencing a shortage of physicians; and

(B) is located in a community that is designated as a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

(2) In carrying out paragraph (1), the Secretary shall—

(A) allocate the residency positions under such paragraph among occupations included in the most current determination published in the Federal Register pursuant to section 7412(a) of this title; and

(B) give priority to residency positions and programs in primary care, mental health, and any other specialty the Secretary determines appropriate.

(Added Pub. L. 102-40, title IV, §401(a)(3), May 7, 1991, 105 Stat. 211; amended Pub. L. 113-146, title III, §301(b)(1), Aug. 7, 2014, 128 Stat. 1784.)

AMENDMENTS

2014—Subsec. (e). Pub. L. 113-146 added subsec. (e).

PILOT PROGRAM ON GRADUATE MEDICAL EDUCATION AND RESIDENCY

Pub. L. 115-182, title IV, §403, June 6, 2018, 132 Stat. 1472, as amended by Pub. L. 115-251, title II, §211(b)(9), Sept. 29, 2018, 132 Stat. 3177, provided that:

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—Subject to paragraph (5), the Secretary of Veterans Affairs shall establish a pilot program to establish medical residency positions authorized under section 301(b)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 7302 note) at covered facilities.

“(2) COVERED FACILITIES.—For purposes of this section, a covered facility is any of the following:

“(A) A health care facility of the Department of Veterans Affairs.

“(B) A health care facility operated by an Indian tribe or a tribal organization, as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(C) A health care facility operated by the Indian Health Service.

“(D) A 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)).

“(E) A health care facility operated by the Department of Defense.

“(F) Such other health care facility as the Secretary considers appropriate for purposes of this section.

“(3) AGREEMENTS.—To carry out the pilot program under this section, the Secretary may enter into agreements with entities that operate covered facilities in which the Secretary places residents under paragraph (1).

“(4) PARAMETERS FOR LOCATION, AFFILIATE SPONSOR, AND DURATION.—When determining in which covered

facilities to place residents under paragraph (1), the Secretary shall consider the extent to which there is a clinical need for providers in an area, as determined by the following:

“(A) The ratio of veterans to health care providers of the Department for a standardized geographic area surrounding a facility, including a separate ratio for general practitioners and specialists.

“(B) The range of clinical specialties of providers in standardized geographic areas surrounding a facility.

“(C) Whether the specialty of a provider is included in the most recent staffing shortage determination of the Department under section 7412 of title 38, United States Code.

“(D) Whether the local community is designated by the Secretary of Veterans Affairs as underserved pursuant to criteria developed under section 401 of this Act [38 U.S.C. 8110 note].

“(E) Whether the facility is located in a community that is designated by the Secretary of Health and Human Services as a health professional shortage area under section 332 of the Public Health Service Act (42 U.S.C. 254e).

“(F) Whether the facility is located in a rural or remote area.

“(G) Such other criteria as the Secretary considers important in determining which facilities are not adequately serving area veterans.

“(5) PRIORITY IN PLACEMENTS.—During the pilot program under this section, the Secretary shall place no fewer than 100 residents in covered facilities—

“(A) operated by the Indian Health Service;

“(B) operated by an Indian tribe;

“(C) operated by a tribal organization; or

“(D) located in communities designated by the Secretary as underserved pursuant to criteria developed under section 401 of this Act [38 U.S.C. 8110 note].

“(6) STIPENDS AND BENEFITS.—The Secretary may pay stipends and provide benefits for residents in positions under paragraph (1), regardless of whether they have been assigned in a Department facility.

“(b) REIMBURSEMENT.—If a covered facility establishes a new residency program in which the Secretary places a resident under the pilot program, the Secretary shall reimburse that covered facility for costs of the following:

“(1) Curriculum development.

“(2) Recruitment and retention of faculty.

“(3) Accreditation of the program by the Accreditation Council for Graduate Medical Education.

“(4) The portion of faculty salaries attributable to duties under an agreement under subsection (a)(3).

“(5) Expenses relating to educating a resident under the pilot program.

“(c) REPORTING.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act [June 6, 2018] and not less frequently than once each year thereafter until the termination of the pilot program, the Secretary shall submit to Congress a report on the implementation of the pilot program.

“(2) ELEMENTS.—Each report submitted under paragraph (1) shall include the following with regard to the immediately preceding year, and in comparison to the year immediately preceding that year:

“(A) The number of veterans who received care from residents under the pilot program.

“(B) The number of veterans who received care from each resident per position described in subsection (a)(1) under the pilot program.

“(C) The number of veterans who received care from residents under the pilot program expressed as a percentage of all individuals who received care from such residents.

“(D) The number of clinical appointments for veterans conducted by each resident under the pilot program.

“(E) The number of clinical appointments for veterans conducted by residents per position described in subsection (a)(1) under the pilot program.

“(F) The number of clinical appointments for veterans expressed as a percentage of all clinical appointments conducted by residents under the pilot program.

“(G) The number of positions described in subsection (a)(1) at each covered facility under the pilot program.

“(H) For each position described in subsection (a)(1) in a residency program affiliated with a health care facility of the Department, the time a resident under the pilot program spent training at that facility of the Department, expressed as a percentage of the total training time for that resident position.

“(I) For each residency program affiliated with a health care facility of the Department, the time all residents under the pilot program spent training at that facility of the Department, expressed as a percentage of the total training time for those residents.

“(J) The time that all residents under the pilot program who are assigned to programs affiliated with health care facilities of the Department spent training at facilities of the Department, expressed as a percentage of the total training time for those residents.

“(K) The cost to the Department of Veterans Affairs under the pilot program in the year immediately preceding the report and since the beginning of the pilot program.

“(L) The cost to the Department of Veterans Affairs per resident placed under the pilot program at each covered facility.

“(M) The number of residents under the pilot program hired by the Secretary to work in the Veterans Health Administration after completion of residency in the year immediately preceding the report and since the beginning of the pilot program.

“(N) The medical specialties pursued by residents under the pilot program.

“(d) DURATION.—The pilot program under this section shall terminate on August 7, 2024.”

TEN-YEAR INCREASE

Pub. L. 113-146, title III, §301(b)(2), Aug. 7, 2014, 128 Stat. 1785, as amended by Pub. L. 114-315, title VI, §617(a), Dec. 16, 2016, 130 Stat. 1577, provided that:

“(A) IN GENERAL.—In carrying out section 7302(e) of title 38, United States Code, as added by paragraph (1), during the 10-year period beginning on the day that is 1 year after the date of the enactment of this Act [Aug. 7, 2014], the Secretary of Veterans Affairs shall increase the number of graduate medical education residency positions at medical facilities of the Department by up to 1,500 positions.

“(B) PRIORITY.—In increasing the number of graduate medical education residency positions at medical facilities of the Department under subparagraph (A), the Secretary shall give priority to medical facilities that—

“(i) as of the date of the enactment of this Act, do not have a medical residency program; and

“(ii) are located in a community that has a high concentration of veterans.”

[For definition of “facility of the Department” as used in section 301(b)(2) of Pub. L. 113-146, set out above, see section 2 of Pub. L. 113-146, set out as a note under section 1701 of this title.]

§ 7303. Functions of Veterans Health Administration: research programs

(a)(1) In order to carry out more effectively the primary function of the Administration and in order to contribute to the Nation’s knowledge about disease and disability, the Secretary shall carry out a program of medical research in connection with the provision of medical care and treatment to veterans. Funds appropriated to

carry out this section shall remain available until expended.

(2) Such program of medical research shall include biomedical research, mental illness research, prosthetic and other rehabilitative research, and health-care-services research.

(3) Such program shall stress—

(A) research into spinal-cord injuries and other diseases that lead to paralysis of the lower extremities; and

(B) research into injuries and illnesses particularly related to service.

(4) In carrying out such research program, the Secretary shall act in cooperation with the entities described in section 7302(d) of this title.

(b) Prosthetic research shall include research and testing in the field of prosthetic, orthotic, and orthopedic appliances and sensory devices. In order that the unique investigative material and research data in the possession of the Government may result in the improvement of such appliances and devices for all disabled persons, the Secretary (through the Under Secretary for Health) shall make the results of such research available to any person, and shall consult and cooperate with the Secretary of Health and Human Services and the Secretary of Education, in connection with programs carried out under section 204(b)(3) of the Rehabilitation Act of 1973 (relating to the establishment and support of Rehabilitation Engineering Research Centers).

(c)(1) In conducting or supporting clinical research, the Secretary shall ensure that, whenever possible and appropriate—

(A) women who are veterans are included as subjects in each project of such research; and

(B) members of minority groups who are veterans are included as subjects of such research.

(2) In the case of a project of clinical research in which women or members of minority groups will under paragraph (1) be included as subjects of the research, the Secretary shall ensure that the project is designed and carried out so as to provide for a valid analysis of whether the variables being tested in the research affect women or members of minority groups, as the case may be, differently than other persons who are subjects of the research.

(d)(1) The Secretary, in carrying out the Secretary’s responsibilities under this section, shall foster and encourage the initiation and expansion of research relating to the health of veterans who are women.

(2) In carrying out this subsection, the Secretary shall consult with the following to assist the Secretary in setting research priorities:

(A) Officials of the Department assigned responsibility for women’s health programs and sexual trauma services.

(B) The members of the Advisory Committee on Women Veterans.

(C) Members of appropriate task forces and working groups within the Department (including the Women Veterans Working Group and the Task Force on Treatment of Women Who Suffer Sexual Abuse).

(Added Pub. L. 102-40, title IV, §401(a)(3), May 7, 1991, 105 Stat. 211; amended Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L.