

(b) **HEAD.**—The Director of the Office of Rural Health shall be the head of the Office. The Director of the Office of Rural Health shall be appointed by the Under Secretary of Health from among individuals qualified to perform the duties of the position.

(c) **FUNCTIONS.**—The functions of the Office are as follows:

(1) In cooperation with the medical, rehabilitation, health services, and cooperative studies research programs in the Office of Policy and the Office of Research and Development of the Veterans Health Administration, to assist the Under Secretary for Health in conducting, coordinating, promoting, and disseminating research into issues affecting veterans living in rural areas.

(2) To work with all personnel and offices of the Department of Veterans Affairs to develop, refine, and promulgate policies, best practices, lessons learned, and innovative and successful programs to improve care and services for veterans who reside in rural areas of the United States.

(3) To designate in each Veterans Integrated Service Network (VISN) an individual who shall consult on and coordinate the discharge in such Network of programs and activities of the Office for veterans who reside in rural areas of the United States.

(4) To perform such other functions and duties as the Secretary or the Under Secretary for Health considers appropriate.

(d) **RURAL HEALTH RESOURCE CENTERS.**—(1) There are, in the Office, veterans rural health resource centers that serve as satellite offices for the Office.

(2) The veterans rural health resource centers have purposes as follows:

(A) To improve the understanding of the Office of the challenges faced by veterans living in rural areas.

(B) To identify disparities in the availability of health care to veterans living in rural areas.

(C) To formulate practices or programs to enhance the delivery of health care to veterans living in rural areas.

(D) To develop special practices and products for the benefit of veterans living in rural areas and for implementation of such practices and products in the Department system-wide.

(Added Pub. L. 109-461, title II, §212(a)(1), Dec. 22, 2006, 120 Stat. 3421; amended Pub. L. 112-154, title I, §110, Aug. 6, 2012, 126 Stat. 1175.)

AMENDMENTS

Subsec. (d). Pub. L. 112-154 added subsec. (d).

§ 7309. Readjustment Counseling Service

(a) **IN GENERAL.**—There is in the Veterans Health Administration a Readjustment Counseling Service. The Readjustment Counseling Service shall provide readjustment counseling and associated services to individuals in accordance with section 1712A of this title.

(b) **CHIEF OFFICER.**—(1) The head of the Readjustment Counseling Service shall be the Chief Officer of the Readjustment Counseling Service

(in this section referred to as the “Chief Officer”), who shall report directly to the Under Secretary for Health.

(2) The Chief Officer shall be appointed by the Under Secretary for Health from among individuals who—

(A)(i) are psychologists who hold a diploma as a doctorate in clinical or counseling psychology from an authority approved by the American Psychological Association and who have successfully undergone an internship approved by that association;

(ii) are holders of a master in social work degree; or

(iii) hold such other advanced degrees related to mental health as the Secretary considers appropriate;

(B) have at least three years of experience providing direct counseling services or outreach services in the Readjustment Counseling Service;

(C) have at least three years of experience administering direct counseling services or outreach services in the Readjustment Counseling Service;

(D) meet the quality standards and requirements of the Department; and

(E) are veterans who served in combat as members of the Armed Forces.

(c) **STRUCTURE.**—(1) The Readjustment Counseling Service is a distinct organizational element within the Veterans Health Administration.

(2) The Readjustment Counseling Service shall provide counseling and services as described in subsection (a).

(3) The Chief Officer shall have direct authority over all Readjustment Counseling Service staff and assets, including Vet Centers.

(d) **SOURCE OF FUNDS.**—(1) Amounts for the activities of the Readjustment Counseling Service, including the operations of its Vet Centers, shall be derived from amounts appropriated for the Veterans Health Administration for medical care.

(2) Amounts for activities of the Readjustment Counseling Service, including the operations of its Vet Centers, shall not be allocated through the Veterans Equitable Resource Allocation system.

(3) In each budget request submitted for the Department of Veterans Affairs by the President to Congress under section 1105 of title 31, the budget request for the Readjustment Counseling Service shall be listed separately.

(e) **ANNUAL REPORT.**—(1) Not later than March 15 of each year, 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 activities of the Readjustment Counseling Service during the preceding fiscal year.

(2) Each report submitted under paragraph (1) shall include, with respect to the period covered by the report, the following:

(A) A summary of the activities of the Readjustment Counseling Service, including Vet Centers.

(B) A description of the workload and additional treatment capacity of the Vet Centers, including, for each Vet Center, the ratio of the

number of full-time equivalent employees at such Vet Center and the number of individuals who received services or assistance at such Vet Center.

(C) A detailed analysis of demand for and unmet need for readjustment counseling services and the Secretary's plan for meeting such unmet need.

(f) VET CENTER DEFINED.—In this section, the term “Vet Center” has the meaning given the term in section 1712A(h)(1) of this title.

(Added Pub. L. 112-239, div. A, title VII, §728(a), Jan. 2, 2013, 126 Stat. 1812; amended Pub. L. 114-58, title VI, §601(22), Sept. 30, 2015, 129 Stat. 539; Pub. L. 114-315, title VI, §611, Dec. 16, 2016, 130 Stat. 1575.)

AMENDMENTS

2016—Subsec. (e)(1). Pub. L. 114-315 substituted “fiscal year” for “calendar year”.

2015—Subsec. (c)(1). Pub. L. 114-58 inserted “the” before “Veterans Health Administration”.

§ 7309A. Office of Patient Advocacy

(a) ESTABLISHMENT.—There is established in the Department within the Office of the Under Secretary for Health an office to be known as the “Office of Patient Advocacy” (in this section referred to as the “Office”).

(b) HEAD.—(1) The Director of the Office of Patient Advocacy shall be the head of the Office.

(2) The Director of the Office of Patient Advocacy shall be appointed by the Under Secretary for Health from among individuals qualified to perform the duties of the position and shall report directly to the Under Secretary for Health.

(c) FUNCTION.—(1) The function of the Office is to carry out the Patient Advocacy Program of the Department.

(2) In carrying out the Patient Advocacy Program of the Department, the Director shall ensure that patient advocates of the Department—

(A) advocate on behalf of veterans with respect to health care received and sought by veterans under the laws administered by the Secretary;

(B) carry out the responsibilities specified in subsection (d); and

(C) receive training in patient advocacy.

(d) PATIENT ADVOCACY RESPONSIBILITIES.—The responsibilities of each patient advocate at a medical facility of the Department are the following:

(1) To resolve complaints by veterans with respect to health care furnished under the laws administered by the Secretary that cannot be resolved at the point of service or at a higher level easily accessible to the veteran.

(2) To present at various meetings and to various committees the issues experienced by veterans in receiving such health care at such medical facility.

(3) To express to veterans their rights and responsibilities as patients in receiving such health care.

(4) To manage the Patient Advocate Tracking System of the Department at such medical facility.

(5) To compile data at such medical facility of complaints made by veterans with respect

to the receipt of such health care at such medical facility and the satisfaction of veterans with such health care at such medical facility to determine whether there are trends in such data.

(6) To ensure that a process is in place for the distribution of the data compiled under paragraph (5) to appropriate leaders, committees, services, and staff of the Department.

(7) To identify, not less frequently than quarterly, opportunities for improvements in the furnishing of such health care to veterans at such medical facility based on complaints by veterans.

(8) To ensure that any significant complaint by a veteran with respect to such health care is brought to the attention of appropriate staff of the Department to trigger an assessment of whether there needs to be a further analysis of the problem at the facility-wide level.

(9) To support any patient advocacy programs carried out by the Department.

(10) To ensure that all appeals and final decisions with respect to the receipt of such health care are entered into the Patient Advocate Tracking System of the Department.

(11) To understand all laws, directives, and other rules with respect to the rights and responsibilities of veterans in receiving such health care, including the appeals processes available to veterans.

(12) To ensure that veterans receiving mental health care, or the surrogate decision-makers for such veterans, are aware of the rights of veterans to seek representation from systems established under section 103 of the Protection and Advocacy for Mentally Ill Individuals Act of 1986¹ (42 U.S.C. 10803) to protect and advocate the rights of individuals with mental illness and to investigate incidents of abuse and neglect of such individuals.

(13) To fulfill requirements established by the Secretary with respect to the inspection of controlled substances.

(14) To document potentially threatening behavior and report such behavior to appropriate authorities.

(e) TRAINING.—In providing training to patient advocates under subsection (c)(2)(C), the Director shall ensure that such training is consistent throughout the Department.

(f) CONTROLLED SUBSTANCE DEFINED.—In this section, the term “controlled substance” has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

(Added Pub. L. 114-198, title IX, §924(a), July 22, 2016, 130 Stat. 767.)

REFERENCES IN TEXT

The Protection and Advocacy for Mentally Ill Individuals Act of 1986, referred to in subsec. (d)(12), was renamed the Protection and Advocacy for Individuals with Mental Illness Act by Pub. L. 106-310, div. B, title XXXII, §3206(a), Oct. 17, 2000, 114 Stat. 1193.

DATE FULLY OPERATIONAL

Pub. L. 114-198, title IX, §924(c), July 22, 2016, 130 Stat. 769, provided that: “The Secretary of Veterans Affairs shall ensure that the Office of Patient Advocacy

¹ See References in Text note below.