- (4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.
- (5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

(Added Pub. L. 111–163, title V, \$515(a), May 5, 2010, 124 Stat. 1165.)

§ 7322. Breast cancer mammography policy

- (a) The Under Secretary for Health shall develop a national policy for the Veterans Health Administration on mammography screening for veterans.
- (b) The policy developed under subsection (a) shall—
 - (1) specify standards of mammography screening;
- (2) provide recommendations with respect to screening, and the frequency of screening, for—
 - (A) women veterans who are over the age of 39; and
 - (B) veterans, without regard to age, who have clinical symptoms, risk factors, or family history of breast cancer; and
 - (3) provide for clinician discretion.

(Added Pub. L. 105–114, title II, $\S 208(a)(1)$, Nov. 21, 1997, 111 Stat. 2289.)

EFFECTIVE DATE

Pub. L. 105–114, title II, §208(b), Nov. 21, 1997, 111 Stat. 2289, provided that: "The Secretary of Veterans Affairs shall develop the national policy on mammography screening required by section 7322 of title 38, United States Code, as added by subsection (a), and shall furnish such policy in a report to the Committees on Veterans' Affairs of the Senate and House of Representatives, not later than 60 days after the date of the enactment of this Act [Nov. 21, 1997]. Such policy shall not take effect before the expiration of 30 days after the date of its submission to those committees."

SENSE OF CONGRESS

Pub. L. 105–114, title II, §208(c), Nov. 21, 1997, 111 Stat. 2290, provided that: "It is the sense of Congress that the policy developed under section 7322 of title 38, United States Code, as added by subsection (a), shall be in accordance with the guidelines endorsed by the Secretary of Health and Human Services and the Director of the National Institutes of Health."

§ 7323. Required consultations with nurses

The Under Secretary for Health shall ensure that—

- (1) the director of a geographic service area, in formulating policy relating to the provision of patient care, shall consult regularly with a senior nurse executive or senior nurse executives; and
- (2) the director of a medical center shall include a registered nurse as a member of any committee used at that medical center to provide recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources

(Added Pub. L. 106–419, title II, $\S 201(b)(1)$, Nov. 1, 2000, 114 Stat. 1840.)

§ 7324. Annual report on use of authorities to enhance retention of experienced nurses

- (a) ANNUAL REPORT.—Not later than January 31 each year, the Secretary, acting through the Under Secretary for Health, shall submit to Congress a report on the use during the preceding year of authorities for purposes of retaining experienced nurses in the Veterans Health Administration, as follows:
 - (1) The authorities under chapter 76 of this title.
 - (2) The authority under VA Directive 5102.1, relating to the Department of Veterans Affairs nurse qualification standard, dated November 10, 1999, or any successor directive.
 - (3) Any other authorities available to the Secretary for those purposes.
- (b) REPORT ELEMENTS.—Each report under subsection (a) shall specify for the period covered by such report, for each Department medical facility and for each geographic service area of the Department, the following:
 - (1) The number of waivers requested under the authority referred to in subsection (a)(2), and the number of waivers granted under that authority, to promote to the Nurse II grade or Nurse III grade under the Nurse Schedule under section 7404(b)(1) of this title any nurse who has not completed a baccalaureate degree in nursing in a recognized school of nursing, set forth by age, race, and years of experience of the individuals subject to such waiver requests and waivers, as the case may be.
 - (2) The programs carried out to facilitate the use of nursing education programs by experienced nurses, including programs for flexible scheduling, scholarships, salary replacement pay, and on-site classes.

(Added Pub. L. 107–135, title I, §125(a)(1), Jan. 23, 2002, 115 Stat. 2452.)

INITIAL REPORT

Pub. L. 107–135, title I, \$125(b), Jan. 23, 2002, 115 Stat. 2453, required that the initial report under this section be submitted to the National Commission on VA Nursing as well as to Congress.

$\S\,7325.$ Medical emergency preparedness centers

- (a) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish four medical emergency preparedness centers in accordance with this section. Each such center shall be established at a Department medical center and shall be staffed by Department employees.
- (2) The Under Secretary for Health shall be responsible for supervising the operation of the centers established under this section. The Under Secretary shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.
- (3) The Under Secretary shall carry out the Under Secretary's functions under paragraph (2) in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.