

(4) The capability to conduct effectively evaluations of the activities of such center.

(5) The capability to assist in the expansion of the Department's use of information systems and databases to improve the quality and delivery of care for veterans enrolled within the Department's health care system.

(6) The capability to assist in the expansion of the Department telehealth program to develop, transmit, monitor, and review neurological diagnostic tests.

(7) The ability to perform epilepsy research, education, and clinical care activities in collaboration with Department medical facilities that have centers for research, education, and clinical care activities on complex multi-trauma associated with combat injuries established under section 7327 of this title.

(e) NATIONAL COORDINATOR FOR EPILEPSY PROGRAMS.—(1) To assist the Secretary and the Under Secretary for Health in carrying out this section, the Secretary shall designate an individual in the Veterans Health Administration to act as a national coordinator for epilepsy programs of the Veterans Health Administration.

(2) The duties of the national coordinator for epilepsy programs shall include the following:

(A) To supervise the operation of the centers established pursuant to this section.

(B) To coordinate and support the national consortium of providers with interest in treating epilepsy at Department health care facilities lacking such centers in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department.

(C) To conduct, in conjunction with the peer review panel established under subsection (c), regular evaluations of the epilepsy centers of excellence to ensure compliance with the requirements of this section.

(D) To coordinate (as part of an integrated national system) education, clinical care, and research activities within all facilities with an epilepsy center of excellence.

(E) To develop jointly a national consortium of providers with interest in treating epilepsy at Department health care facilities lacking an epilepsy center of excellence in order to ensure better access to state-of-the-art diagnosis, research, clinical care, and education for traumatic brain injury and epilepsy throughout the health care system of the Department. Such consortium should include a designated epilepsy referral clinic in each Veterans Integrated Service Network.

(3) In carrying out duties under this subsection, the national coordinator for epilepsy programs shall report to the official of the Veterans Health Administration responsible for neurology.

(f) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated \$6,000,000 for each of fiscal years 2009 through 2013 for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

(2) There are authorized to be appropriated for each fiscal year after fiscal year 2013 such sums

as may be necessary for the support of the clinical care, research, and education activities of the epilepsy centers of excellence established and operated pursuant to subsection (a)(2).

(3) The Secretary shall ensure that funds for such centers are designated for the first three years of operation as a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.

(4) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, the Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

(5) In addition to amounts authorized to be appropriated under paragraphs (1) and (2) for a fiscal year, there are authorized to be appropriated such sums as may be necessary to fund the national coordinator established by subsection (e).

(Added Pub. L. 110-387, title IV, § 404(a), Oct. 10, 2008, 122 Stat. 4126.)

REFERENCES IN TEXT

The date of the enactment of the Veterans' Mental Health and Other Care Improvements Act of 2008, referred to in subsec. (a)(1), is the date of enactment of Pub. L. 110-387, which was approved Oct. 10, 2008.

The Federal Advisory Committee Act, referred to in subsec. (c)(5), is Pub. L. 92-463, Oct. 6, 1972, 86 Stat. 770, which is set out in the Appendix to Title 5, Government Organization and Employees.

§ 7330B. Annual report on Veterans Health Administration and furnishing of hospital care, medical services, and nursing home care

(a) REPORT REQUIRED.—Not later than March 1 of each of years 2018 through 2022, 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, for the calendar year preceding the calendar year during which the report is submitted—

(1) the furnishing of hospital care, medical services, and nursing home care under the laws administered by the Secretary; and

(2) the administration of the furnishing of such care and services by the Veterans Health Administration.

(b) ELEMENTS.—Each report required by subsection (a) shall include each of the following for the year covered by the report:

(1) An evaluation of the effectiveness of the Veterans Health Administration in increasing the access of veterans to hospital care, medical services, and nursing home care furnished by the Secretary for which such veterans are eligible.

(2) An evaluation of the effectiveness of the Veterans Health Administration in improving the quality of health care provided to veterans, without increasing the costs incurred for such health care by the Federal Government or veterans, including relevant information for each medical center and Veterans Integrated Service Network of the Department set forth separately.

(3) An assessment of—

(A) the workload of physicians and other employees of the Veterans Health Administration;

(B) patient demographics and utilization rates;

(C) physician compensation;

(D) the productivity of physicians and other employees of the Veterans Health Administration;

(E) the percentage of hospital care, medical services, and nursing home care provided to veterans in facilities of the Department and in non-Department facilities and any changes in such percentages compared to the year preceding the year covered by the report;

(F) pharmaceutical prices; and

(G) third-party health billings owed to the Department, including the total amount of such billings and the total amount collected by the Department, set forth separately for claims greater than \$1,000 and for claims equal to or less than \$1,000.

(c) **DEFINITIONS.**—In this section, the terms “hospital care”, “medical services”, “nursing home care”, “facilities of the Department”, and “non-Department facilities” have the meanings given those terms in section 1701 of this title.

(Added Pub. L. 114-315, title VI, §612(a), Dec. 16, 2016, 130 Stat. 1575.)

§ 7330C. Quadrennial Veterans Health Administration review

(a) **MARKET AREA ASSESSMENTS.**—(1) Not less frequently than every 4 years, the Secretary shall perform market area assessments regarding the health care services furnished under the laws administered by the Secretary.

(2) Each market area assessment established under paragraph (1) shall include the following:

(A) An assessment of the demand for health care from the Department, disaggregated by geographic market areas as determined by the Secretary, including the number of requests for health care services under the laws administered by the Secretary.

(B) An inventory of the health care capacity of the Department across the Department's system of facilities.

(C) An assessment of the health care capacity to be provided through contracted community care providers and providers who entered into a provider agreement with the Department under section 1703A of this title, including the number of providers, the geographic location of the providers, and categories or types of health care services provided by the providers.

(D) An assessment obtained from other Federal direct delivery systems of their capacity to provide health care to veterans.

(E) An assessment of the health care capacity of non-contracted providers where there is insufficient network supply.

(F) An assessment of the health care capacity of academic affiliates and other collaborations of the Department as it relates to providing health care to veterans.

(G) An assessment of the effects on health care capacity of the access standards and

standards for quality established under sections 1703B and 1703C of this title.

(H) The number of appointments for health care services under the laws administered by the Secretary, disaggregated by—

(i) appointments at facilities of the Department; and

(ii) appointments with non-Department health care providers.

(3)(A) The Secretary shall submit to the appropriate committees of Congress the market area assessments established in paragraph (1).

(B) The Secretary also shall submit to the appropriate committees of Congress the market area assessments completed by or being performed on the day before the date of the enactment of the Caring for Our Veterans Act of 2018.

(4)(A) The Secretary shall use the market area assessments established under paragraph (1) to—

(i) determine the capacity of the health care provider networks established under section 1703(h)¹ of this title;

(ii) inform the Department budget, in accordance with subparagraph (B); and

(iii) inform and assess the appropriateness of the access standards established under section 1703B of this title and standards for quality under section 1703C of this title and to make recommendations for any changes to such standards.

(B) The Secretary shall ensure that the Department budget for any fiscal year (as submitted with the budget of the President under section 1105(a) of title 31) reflects the findings of the Secretary with respect to the most recent market area assessments under paragraph (1) and health care utilization data from the Department and non-Department entities or providers furnishing care and services to covered veterans as described in section 1703(b)¹ of this title.

(b) **STRATEGIC PLAN TO MEET HEALTH CARE DEMAND.**—(1) Not later than 1 year after the date of the enactment of the Caring for Our Veterans Act of 2018 and not less frequently than once every 4 years thereafter, the Secretary shall submit to the appropriate committees of Congress a strategic plan that specifies a 4-year forecast of—

(A) the demand for health care from the Department, disaggregated by geographic area as determined by the Secretary;

(B) the health care capacity to be provided at each medical center of the Department; and

(C) the health care capacity to be provided through community care providers.

(2) In preparing the strategic plan under paragraph (1), the Secretary shall—

(A) assess the access standards and standards for quality established under sections 1703B and 1703C of this title;

(B) assess the market area assessments established under subsection (a);

(C) assess the needs of the Department based on identified services that provide management of conditions or disorders related to military service for which there is limited experience or access in the national market, the

¹ See References in Text note below.