

(F) The number of such clinics providing mental health care, the number and type of mental health staff at each such clinic, and the type of mental health programs at each such clinic.

(G) The total amounts expended for mental health during the fiscal year.

(3) For purposes of paragraph (1), the capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities shall be measured for veterans with spinal cord dysfunction, traumatic brain injury, blindness, or prosthetics and sensory aids as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For spinal cord injury and dysfunction specialized centers and for blind rehabilitation specialized centers, the number of staffed beds and the number of full-time equivalent employees assigned to provide care at such centers.

(B) For prosthetics and sensory aids, the annual amount expended.

(C) For traumatic brain injury, the number of patients treated annually and the amounts expended.

(4) In carrying out paragraph (1), the Secretary may not use patient outcome data as a substitute for, or the equivalent of, compliance with the requirement under that paragraph for maintenance of capacity.

(5)(A) Not later than April 1 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's compliance, by facility and by service-network, with the requirements of this subsection. Each such report shall include information on recidivism rates associated with substance-use disorder treatment.

(B) In preparing each report under subparagraph (A), the Secretary shall use standardized data and data definitions.

(C) Each report under subparagraph (A) shall be audited by the Inspector General of the Department, who shall submit to Congress a certification as to the accuracy of each such report.

(6)(A) To ensure compliance with paragraph (1), the Under Secretary for Health shall prescribe objective standards of job performance for employees in positions described in subparagraph (B) with respect to the job performance of those employees in carrying out the requirements of paragraph (1). Those job performance standards shall include measures of workload, allocation of resources, and quality-of-care indicators.

(B) Positions described in this subparagraph are positions in the Veterans Health Administration that have responsibility for allocating and managing resources applicable to the requirements of paragraph (1).

(C) The Under Secretary shall develop the job performance standards under subparagraph (A) in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(c) The Secretary shall ensure that each primary care health care facility of the Department develops and carries out a plan to provide mental health services, either through referral or direct provision of services, to veterans who require such services.

(Added Pub. L. 104-262, title I, §104(a)(1), Oct. 9, 1996, 110 Stat. 3183; amended Pub. L. 105-368, title IX, §903(a), title X, §1005(b)(2), Nov. 11, 1998, 112 Stat. 3360, 3365; Pub. L. 107-95, §8(a), Dec. 21, 2001, 115 Stat. 919; Pub. L. 107-135, title II, §203, Jan. 23, 2002, 115 Stat. 2458; Pub. L. 109-461, title II, §208(a), Dec. 22, 2006, 120 Stat. 3413; Pub. L. 114-223, div. A, title II, §253, Sept. 29, 2016, 130 Stat. 894.)

Editorial Notes

AMENDMENTS

2016—Subsec. (b)(5)(A). Pub. L. 114-223 struck out “through 2008” after “each year”.

2006—Subsec. (b)(5)(A). Pub. L. 109-461 substituted “2008” for “2004”.

2002—Subsec. (b)(1). Pub. L. 107-135, §203(a)(1), inserted “(and each geographic service area of the Veterans Health Administration)” after “ensure that the Department” in introductory provisions and “(and each geographic service area of the Veterans Health Administration)” after “overall capacity of the Department” in cl. (B).

Subsec. (b)(2) to (4). Pub. L. 107-135, §203(a)(3), added pars. (2) to (4). Former pars. (2) and (3) redesignated (5) and (6), respectively.

Subsec. (b)(5). Pub. L. 107-135, §203(a)(2), (b), redesignated par. (2) as (5), inserted “(A)” before “Not later than”, substituted “April 1 of each year through 2004” for “April 1, 1999, April 1, 2000, and April 1, 2001”, inserted at end of subpar. (A) “Each such report shall include information on recidivism rates associated with substance-use disorder treatment.”, and added subpars. (B) and (C).

Subsec. (b)(6). Pub. L. 107-135, §203(a)(2), redesignated par. (3) as (6).

2001—Subsec. (c). Pub. L. 107-95 added subsec. (c).

1998—Subsec. (b)(1). Pub. L. 105-368, §1005(b)(2), substituted “October 9, 1996” for “the date of the enactment of this section”.

Subsec. (b)(2). Pub. L. 105-368, §903(a)(1), substituted “April 1, 1999, April 1, 2000, and April 1, 2001” for “April 1, 1997, April 1, 1998, and April 1, 1999”.

Subsec. (b)(3). Pub. L. 105-368, §903(a)(2), added par. (3).

Statutory Notes and Related Subsidiaries

DEADLINE FOR PRESCRIBING STANDARDS

Pub. L. 105-368, title IX, §903(b), Nov. 11, 1998, 112 Stat. 3361, provided that: “The standards of job performance required by paragraph (3) of section 1706(b) of title 38, United States Code, as added by subsection (a), shall be prescribed not later than January 1, 1999.”

§ 1706A. Remediation of medical service lines

(a) IN GENERAL.—Not later than 30 days after determining under section 1703(e)(1) of this title that a medical service line of the Department is providing hospital care, medical services, or extended care services that does not comply with the standards for quality established by the Secretary, the Secretary shall submit to Congress an assessment of the factors that led the Secretary to make such determination and a plan with specific actions, and the time to complete them, to be taken to comply with such standards for quality, including the following:

(1) Increasing personnel or temporary personnel assistance, including mobile deployment teams.

(2) Special hiring incentives, including the Education Debt Reduction Program under subchapter VII of chapter 76 of this title and recruitment, relocation, and retention incentives.

(3) Utilizing direct hiring authority.

(4) Providing improved training opportunities for staff.

(5) Acquiring improved equipment.

(6) Making structural modifications to the facility used by the medical service line.

(7) Such other actions as the Secretary considers appropriate.

(b) RESPONSIBLE PARTIES.—In each assessment submitted under subsection (a) with respect to a medical service line, the Secretary shall identify the individuals at the Central Office of the Veterans Health Administration, the facility used by the medical service line, and the central office of the relevant Veterans Integrated Service Network who are responsible for overseeing the progress of that medical service line in complying with the standards for quality established by the Secretary.

(c) INTERIM REPORTS.—Not later than 180 days after submitting an assessment under subsection (a) with respect to a medical service line, the Secretary shall submit to Congress a report on the progress of that medical service line in complying with the standards for quality established by the Secretary and any other measures the Secretary will take to assist the medical service line in complying with such standards for quality.

(d) ANNUAL REPORTS.—Not less frequently than once each year, the Secretary shall—

(1) submit to Congress an analysis of the remediation actions and costs of such actions taken with respect to each medical service line with respect to which the Secretary submitted an assessment and plan under subsection (a) in the preceding year, including an update on the progress of each such medical service line in complying with the standards for quality and timeliness established by the Secretary and any other actions the Secretary is undertaking to assist the medical service line in complying with standards for quality as established by the Secretary; and

(2) publish such analysis on the internet website of the Department.

(Added Pub. L. 115-182, title I, §109(a), June 6, 2018, 132 Stat. 1417; amended Pub. L. 115-251, title II, §211(a)(6), Sept. 29, 2018, 132 Stat. 3175.)

Editorial Notes

AMENDMENTS

2018—Subsec. (a). Pub. L. 115-251, §211(a)(6)(A), inserted “of this title” after “section 1703(e)(1)” in introductory provisions.

Subsec. (d)(1). Pub. L. 115-251, §211(a)(6)(B), substituted “subsection (a)” for “paragraph (1)”.

§ 1707. Limitations

(a) Funds appropriated to carry out this chapter may not be used for purposes that are incon-

sistent with the Assisted Suicide Funding Restriction Act of 1997 (42 U.S.C. 14401 et seq.).

(b) The Secretary may furnish sensori-neural aids only in accordance with guidelines prescribed by the Secretary.

(Added Pub. L. 105-12, §9(i)(1), Apr. 30, 1997, 111 Stat. 27; amended Pub. L. 107-135, title II, §208(a)(2), (f)(2), Jan. 23, 2002, 115 Stat. 2462, 2464; Pub. L. 107-330, title III, §308(g)(5), Dec. 6, 2002, 116 Stat. 2829.)

Editorial Notes

REFERENCES IN TEXT

The Assisted Suicide Funding Restriction Act of 1997, referred to in subsec. (a), is Pub. L. 105-12, Apr. 30, 1997, 111 Stat. 23, which is classified principally to chapter 138 (§14401 et seq.) of Title 42, The Public Health and Welfare. For complete classification of this Act to the Code, see Short Title note set out under section 14401 of Title 42.

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.

Statutory Notes and Related Subsidiaries

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.