

(1) Veterans Benefits Administration, Compensation and Pensions.

(2) Veterans Benefits Administration, Readjustment Benefits.

(3) Veterans Benefits Administration, Veterans Insurance and Indemnities.

(4) Veterans Health Administration, Medical Services.

(5) Veterans Health Administration, Medical Support and Compliance.

(6) Veterans Health Administration, Medical Facilities.

(7) Veterans Health Administration, Medical Community Care.

(d) ANNUAL REPORT.—Not later than July 31 of each year, the Secretary shall submit to Congress an annual report on the sufficiency of the Department's resources for the next fiscal year beginning after the date of the submittal of the report for the provision of medical care. Such report shall also include estimates of the workload and demand data for that fiscal year.

(Added Pub. L. 111–81, §3(a), Oct. 22, 2009, 123 Stat. 2137; amended Pub. L. 113–235, div. I, title II, §244(a), Dec. 16, 2014, 128 Stat. 2568; Pub. L. 114–315, title VI, §601(a), Dec. 16, 2016, 130 Stat. 1569.)

Editorial Notes

AMENDMENTS

2016—Subsec. (c)(7). Pub. L. 114–315 added par. (7).

2014—Pub. L. 113–235, §244(a)(4), substituted “certain accounts” for “certain medical care accounts” in section catchline.

Subsec. (a). Pub. L. 113–235, §244(a)(2), struck out “beginning with fiscal year 2011,” after “each fiscal year,” in introductory provisions and “discretionary” before “new budget authority” in introductory provisions and par. (2).

Pub. L. 113–235, §244(a)(1), substituted “covered accounts of the Department” for “medical care accounts of the Department” in introductory provisions.

Subsec. (b). Pub. L. 113–235, §244(a)(1), substituted “covered accounts of the Department” for “medical care accounts of the Department”.

Subsec. (c). Pub. L. 113–235, §244(a)(1), (3)(A), (G), in heading, substituted “Covered Accounts of the Department” for “Medical Care Accounts” and, in introductory provisions, substituted “covered accounts of the Department” for “medical care accounts of the Department” and “accounts of the Department of Veterans Affairs account” for “medical care accounts of the Veterans Health Administration, Department of Veterans Affairs account”.

Pub. L. 113–235, §244(a)(3)(B)–(F), inserted “Veterans Health Administration,” after enumerators for pars. (1) to (3), redesignated pars. (1) to (3) as (4) to (6), respectively, and added pars. (1) to (3).

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 2016 AMENDMENT

Amendment by Pub. L. 114–315 applicable to fiscal years beginning on and after Oct. 1, 2017, see section 601(c) of Pub. L. 114–315, set out as a note under section 1105 of Title 31, Money and Finance.

EFFECTIVE DATE OF 2014 AMENDMENT

Pub. L. 113–235, div. I, title II, §244(b), Dec. 16, 2014, 128 Stat. 2569, provided that: “Section 117 of title 38, United States Code, shall apply as follows:

“(1) With respect to an account described in paragraph (4), (5), or (6) of subsection (c) of such section,

as redesignated by subsection (a) of this section, for each fiscal year beginning with fiscal year 2011.

“(2) With respect to an account described in paragraph (1), (2), or (3) of such subsection (c), as added by subsection (a) of this section, for each fiscal year beginning with 2017.”

COMPTROLLER GENERAL REVIEW OF THE ACCURACY OF VA MEDICAL CARE BUDGET SUBMISSION IN RELATION TO BASELINE HEALTH CARE MODEL PROJECTION

Pub. L. 111–81, §4, Oct. 22, 2009, 123 Stat. 2138, provided that:

“(a) REVIEW OF ACCURACY OF MEDICAL CARE BUDGET SUBMISSION.—The Comptroller General shall conduct a review of each budget of the President for a fiscal year that is submitted to Congress pursuant to section 1105(a) of title 31 in order to assess whether or not the relevant components of the amounts requested in such budget for such fiscal year for the medical care accounts of the Department of Veterans Affairs specified in section 117(c) of title 38, United States Code, as added by section 3, are consistent with estimates of the resources required by the Department for the provision of medical care and services in such fiscal year, as forecast using the Enrollee Health Care Projection Model, or other methodologies used by the Department.

“(b) REPORTS.—

“(1) IN GENERAL.—Not later than 120 days after the date of each year in 2011, 2012, and 2013, on which the President submits the budget request for the next fiscal year under section 1105 of title 31, United States Code, the Comptroller General shall submit to the Committees on Veterans' Affairs, Appropriations, and the Budget of the Senate and the Committees on Veterans' Affairs, Appropriations, and the Budget of the House of Representatives and to the Secretary a report on the review conducted under subsection (a).

“(2) ELEMENTS.—Each report under this paragraph shall include, for the fiscal year beginning in the year in which such report is submitted, the following:

“(A) An assessment of the review conducted under subsection (a).

“(B) The basis for such assessment.

“(C) Such additional information as the Comptroller General determines appropriate.

“(3) AVAILABILITY TO THE PUBLIC.—Each report submitted under this subsection shall also be made available to the public.”

§ 118. Submission of reports to Congress in electronic form

(a) IN GENERAL.—Whenever the Secretary or any other official of the Department is required by law to submit to Congress (or any committee of either chamber of Congress) a report, the Secretary or other official shall submit to Congress (or such committee) a copy of the report in an electronic format.

(b) TREATMENT.—The submission of a copy of a report in accordance with this section shall be treated as meeting any requirement of law to submit such report to Congress (or any committee of either chamber of Congress).

(c) REPORT DEFINED.—For purposes of this section, the term “report” includes any certification, notification, or other communication in writing.

(Added Pub. L. 111–163, title X, §1003(a), May 5, 2010, 124 Stat. 1182.)

§ 119. Contracting for statistical analyses and data evaluation

(a) IN GENERAL.—The Secretary may enter into a contract or other agreement with an academic institution or other qualified entity, as