

“(b) DESIGNATION IN SENATE.—In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.”

[Pub. L. 114–19, §3(b), May 22, 2015, 129 Stat. 216, provided that: “The amendments made by subsection (a) [amending section 101(b)(2) of Pub. L. 113–146, set out above] shall take effect on the date of the enactment of this Act [May 22, 2015] and apply with respect to care or services provided on or after such date.”]

LOCATION OF SERVICES

Pub. L. 110–387, title III, §301(b), Oct. 10, 2008, 122 Stat. 4120, provided that: “Paragraph (5) of section 1701 of title 38, United States Code, shall not be construed to prevent the Secretary of Veterans Affairs from providing services described in subparagraph (B) of such paragraph to individuals described in such subparagraph in centers under section 1712A of such title (commonly referred to as ‘Vet Centers’), Department of Veterans Affairs medical centers, community-based outpatient clinics, or in such other facilities of the Department of Veterans Affairs as the Secretary considers necessary.”

GUIDELINES RELATING TO FURNISHING OF SENSORI-NEURAL AIDS

Pub. L. 104–262, title I, §103(b), Oct. 9, 1996, 110 Stat. 3182, provided that: “Not later than 30 days after the date of the enactment of this Act [Oct. 9, 1996], the Secretary of Veterans Affairs shall prescribe the guidelines required by the amendments made by subsection (a) [amending this section] and shall furnish a copy of those guidelines to the Committees on Veterans’ Affairs of the Senate and House of Representatives.”

STUDY OF FEASIBILITY AND ADVISABILITY OF ALTERNATIVE ORGANIZATIONAL STRUCTURES FOR EFFECTIVE PROVISION OF HEALTH CARE SERVICES TO VETERANS

Pub. L. 103–446, title XI, §1104, Nov. 2, 1994, 108 Stat. 4682, directed Secretary of Veterans Affairs to submit to Congress, not later than one year after Nov. 2, 1994, report and study on feasibility and advisability of alternative organizational structures, such as the establishment of a wholly-owned Government corporation or a Government-sponsored enterprise, for the effective provision of health care services to veterans.

CONTRACT HEALTH CARE; RATIFICATION OF ACTION OF ADMINISTRATOR OF VETERANS’ AFFAIRS

Pub. L. 98–528, title I, §103(b), Oct. 19, 1984, 98 Stat. 2688, ratified actions by Administrator of Veterans’ Affairs in entering into contracts applicable to the period beginning Oct. 1, 1984, and ending Oct. 19, 1984, for care described in par. (4)(C)(v) of this section and in making waivers described in that provision.

ADMINISTRATION CAPABILITY TO PROVIDE APPROPRIATE CARE FOR GENDER-SPECIFIC DISABILITIES OF WOMEN VETERANS

Pub. L. 98–160, title III, §302, Nov. 21, 1983, 97 Stat. 1004, as amended by Pub. L. 102–40, title IV, §402(d)(2), May 7, 1991, 105 Stat. 239; Pub. L. 102–83, §§5(c)(2), 6(f), Aug. 6, 1991, 105 Stat. 406, 407, provided that: “The Secretary of Veterans Affairs shall ensure that each health-care facility under the direct jurisdiction of the Secretary is able, through services made available either by individuals appointed to positions in the Veterans Health Administration or under contracts or other agreements made under section 4117 [see 7409], 8111, or 8153 of title 38, United States Code, to provide appropriate care, in a timely fashion, for any gender-specific disability (as defined in section 1701(1) of such title) of a woman veteran eligible for such care under chapter 17 or chapter 31 of such title.”

ANNUAL REPORT TO CONGRESS COVERING CONTRACT-CARE PROGRAMS

Pub. L. 96–22, title II, §201(b), June 13, 1979, 93 Stat. 54, which directed Chief Medical Director of the Vet-

erans’ Administration to report to appropriate committees of Congress, not later than Feb. 1, 1980, and annually thereafter, on implementation of former par. (4)(C)(v) of this section and amendments made to this section by section 201 of Pub. L. 96–22, and on numbers of veterans provided contract treatment (and average cost and duration thereof) in each State in certain enumerated categories, was repealed by Pub. L. 100–322, title I, §112(b), May 20, 1988, 102 Stat. 499.

HOSPITAL CARE AND MEDICAL SERVICES FURNISHED BY VETERANS’ ADMINISTRATION IN PUERTO RICO AND VIRGIN ISLANDS; REPORT TO PRESIDENT AND CONGRESS

Pub. L. 95–520, §8, Oct. 26, 1978, 92 Stat. 1822, as amended by Pub. L. 96–330, title IV, §407, Aug. 26, 1980, 94 Stat. 1053, directed Administrator of Veterans’ Affairs, not later than Feb. 1, 1981, to submit a report to President and Congress on furnishing by Administration of hospital care and medical services in Puerto Rico and Virgin Islands, and set forth applicable criteria and considerations for the report.

§ 1702. Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War

(a) PSYCHOSIS.—For the purposes of this chapter, any veteran of World War II, the Korean conflict, the Vietnam era, or the Persian Gulf War who developed an active psychosis (1) within two years after discharge or release from the active military, naval, or air service, and (2) before July 26, 1949, in the case of a veteran of World War II, before February 1, 1957, in the case of a veteran of the Korean conflict, before May 8, 1977, in the case of a Vietnam era veteran, or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War, shall be deemed to have incurred such disability in the active military, naval, or air service.

(b) MENTAL ILLNESS.—For purposes of this chapter, any veteran of the Persian Gulf War who develops an active mental illness (other than psychosis) shall be deemed to have incurred such disability in the active military, naval, or air service if such veteran develops such disability—

(1) within two years after discharge or release from the active military, naval, or air service; and

(2) before the end of the two-year period beginning on the last day of the Persian Gulf War.

(Pub. L. 85–857, Sept. 2, 1958, 72 Stat. 1141, §602; Pub. L. 90–77, title II, §203(a), Aug. 31, 1967, 81 Stat. 183; Pub. L. 97–295, §4(16), Oct. 12, 1982, 96 Stat. 1306; Pub. L. 99–576, title VII, §701(20), Oct. 28, 1986, 100 Stat. 3292; Pub. L. 102–25, title III, §334(b), Apr. 6, 1991, 105 Stat. 88; renumbered §1702, Pub. L. 102–83, §5(a), Aug. 6, 1991, 105 Stat. 406; Pub. L. 110–181, div. A, title XVII, §1708(a)(1), (2), Jan. 28, 2008, 122 Stat. 493, 494.)

Editorial Notes

AMENDMENTS

2008—Pub. L. 110–181, §1708(a)(2), substituted “Presumptions: psychosis after service in World War II and following periods of war; mental illness after service in the Persian Gulf War” for “Presumption relating to psychosis” in section catchline.

Subsecs. (a), (b). Pub. L. 110-181, §1708(a)(1), designated existing text as subsec. (a), inserted heading, and added subsec. (b).

1991—Pub. L. 102-83 renumbered section 602 of this title as this section.

Pub. L. 102-25 substituted “the Vietnam era, or the Persian Gulf War” for “or the Vietnam era”, struck out “or” before “before May 8, 1977”, and inserted “or before the end of the two-year period beginning on the last day of the Persian Gulf War, in the case of a veteran of the Persian Gulf War,” after “Vietnam era veterans.”.

1986—Pub. L. 99-576 struck out “his” before “discharge”.

1982—Pub. L. 97-295 substituted “before February 1, 1957, in the case of a veteran of the Korean conflict, or before May 8, 1977,” for “or February 1, 1957, in the case of a veteran of the Korean conflict, or before the expiration of two years following termination of the Vietnam era”.

1967—Pub. L. 90-77 made the presumption relating to psychosis applicable to any veteran of the Vietnam era who developed an active psychosis within two years after his discharge from active service and before the expiration of two years following termination of the Vietnam era.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE OF 1967 AMENDMENT

Amendment by Pub. L. 90-77 effective first day of first calendar month which begins more than ten days after Aug. 31, 1967, see section 405 of Pub. L. 90-77, set out as a note under section 101 of this title.

§ 1703. Veterans Community Care Program

(a) IN GENERAL.—(1) There is established a program to furnish hospital care, medical services, and extended care services to covered veterans through health care providers specified in subsection (c).

(2) The Secretary shall coordinate the furnishing of hospital care, medical services, and extended care services under this section to covered veterans, including coordination of, at a minimum, the following:

(A) Ensuring the scheduling of medical appointments in a timely manner and the establishment of a mechanism to receive medical records from non-Department providers.

(B) Ensuring continuity of care and services.

(C) Ensuring coordination among regional networks if the covered veteran accesses care and services in a different network than the regional network in which the covered veteran resides.

(D) Ensuring that covered veterans do not experience a lapse in care resulting from errors or delays by the Department or its contractors or an unusual or excessive burden in accessing hospital care, medical services, or extended care services.

(3) A covered veteran may only receive care or services under this section upon the authorization of such care or services by the Secretary.

(b) COVERED VETERANS.—For purposes of this section, a covered veteran is any veteran who—

(1) is enrolled in the system of annual patient enrollment established and operated under section 1705 of this title; or

(2) is not enrolled in such system but is otherwise entitled to hospital care, medical services, or extended care services under subsection (c)(2) of such section.

(c) HEALTH CARE PROVIDERS SPECIFIED.—Health care providers specified in this subsection are the following:

(1) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including any physician furnishing services under such a program.

(2) The Department of Defense.

(3) The Indian Health Service.

(4) Any Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(5) Any health care provider not otherwise covered under any of paragraphs (1) through (4) that meets criteria established by the Secretary for purposes of this section.

(d) CONDITIONS UNDER WHICH CARE IS REQUIRED TO BE FURNISHED THROUGH NON-DEPARTMENT PROVIDERS.—(1) The Secretary shall, subject to the availability of appropriations, furnish hospital care, medical services, and extended care services to a covered veteran through health care providers specified in subsection (c) if—

(A) the Department does not offer the care or services the veteran requires;

(B) the Department does not operate a full-service medical facility in the State in which the covered veteran resides;

(C)(i) the covered veteran was an eligible veteran under section 101(b)(2)(B) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) as of the day before the date of the enactment of the Caring for Our Veterans Act of 2018;

(ii) continues to reside in a location that would qualify the veteran for eligibility under such section; and

(iii) either—

(I) resides in one of the five States with the lowest population density as determined by data from the 2010 decennial census; or

(II) resides in a State not described in subclause (I) and—

(aa) received care or services under this title in the year preceding the enactment of the Caring for Our Veterans Act of 2018; and

(bb) is seeking care or services within 2 years of the date of the enactment of the Caring for Our Veterans Act of 2018;

(D) the covered veteran has contacted the Department to request care or services and the Department is not able to furnish such care or services in a manner that complies with designated access standards developed by the Secretary under section 1703B of this title; or

(E) the covered veteran and the covered veteran's referring clinician agree that furnishing care and services through a non-Department entity or provider would be in the best medical interest of the covered veteran based upon criteria developed by the Secretary.

(2) The Secretary shall ensure that the criteria developed under paragraph (1)(E) include consideration of the following:

(A) The distance between the covered veteran and the facility that provides the hospital care, medical services, or extended care services the veteran needs.