

care for women veterans provided through the community pursuant to this title and to provide recommendations to the appropriate office to address and remedy any deficiencies.

(5) To oversee distribution of resources and information related to health programming for women veterans under this title.

(6) To promote the expansion and improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to the health care of women veterans.

(7) To provide, as part of the annual budgeting process, recommendations with respect to the amounts to be requested for furnishing hospital care and medical services to women veterans pursuant to chapter 17 of this title, including, at a minimum, recommendations that ensure that such amounts either reflect or exceed the proportion of veterans enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) of this title who are women.

(8) To provide recommendations to the Under Secretary for Health with respect to modifying the Veterans Equitable Resource Allocation system, or successor system, to ensure that resource allocations under such system, or successor system, reflect the health care needs of women veterans.

(9) To carry out such other duties as the Under Secretary for Health may require.

(c) **RECOMMENDATIONS.**—(1) If the Under Secretary for Health determines not to implement any recommendation made by the Chief Officer with respect to the allocation of resources to address the health care needs of women veterans, the Secretary shall notify the appropriate congressional committees of such determination by not later than 30 days after the date on which the Under Secretary for Health receives the recommendation.

(2) Each notification under paragraph (1) relating to a determination with respect to a recommendation shall include the following:

(A) The reasoning of the Under Secretary for Health in making the determination.

(B) An alternative, if one is selected, to the recommendation that the Under Secretary for Health will carry out to fulfill the health care needs of women veterans.

(d) **STANDARDS OF CARE.**—For purposes of carrying out the functions of the Office under this section, the standards of care for the provision of health care for women veterans from the Department shall include, at a minimum, the following:

(1) A requirement for—

(A) at least one designated women's health primary care provider at each medical center of the Department whose duties include, to the extent practicable, providing training to other health care providers of the Department with respect to the needs of women veterans; and

(B) at least one designated women's health primary care provider at each community-based outpatient clinic of the Department who may serve women patients as a percentage of the total duties of the provider.

(2) Other requirements as determined by the Under Secretary for Health.

(e) **OUTREACH.**—The Chief Officer shall ensure that—

(1) not less frequently than biannually, each medical facility of the Department holds a public forum for women veterans that occurs outside of regular business hours; and

(2) not less frequently than quarterly, each medical facility of the Department convenes a focus group of women veterans that includes a discussion of harassment occurring at such facility.

(f) **DEFINITIONS.**—In this section:

(1) The term “appropriate congressional committees” has the meaning given that term in section 7310A(h) of this title.

(2) The term “facility of the Department” has the meaning given the term “facilities of the Department” in section 1701(3) of this title.

(3) The term “Veterans Equitable Resource Allocation system” means the resource allocation system established pursuant to section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (Public Law 104-204; 110 Stat. 2929).

(Added Pub. L. 116-315, title V, §5101(b)(1), Jan. 5, 2021, 134 Stat. 5022.)

Editorial Notes

REFERENCES IN TEXT

The date of the enactment of this section, referred to in subsec. (a)(5), is the date of enactment of Pub. L. 116-315, which was approved Jan. 5, 2021.

Section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997, referred to in subsec. (f)(3), is section 429 of title IV of Pub. L. 104-204, Sept. 26, 1996, 110 Stat. 2929, which is not classified to the Code.

Statutory Notes and Related Subsidiaries

REFERENCES TO HEALTH CARE AND SERVICES

Pub. L. 116-315, title V, §5101(b)(2), Jan. 5, 2021, 134 Stat. 5026, provided that: “The references to health care and the references to services in sections 7310 and 7310A of title 38, United States Code, as added by paragraph (1), are references to the health care and services included in the medical benefits package provided by the Department as in effect on the day before the date of the enactment of this Act [Jan. 5, 2021].”

§ 7310A. Annual reports on Women's Health

(a) **ANNUAL REPORTS.**—Not later than December 1 of each year, the Chief Officer of Women's Health shall submit to the appropriate congressional committees a report containing the matters under subsections (b) through (g).

(b) **OFFICE OF WOMEN'S HEALTH.**—Each report under subsection (a) shall include a description of—

(1) actions taken by the Office of Women's Health established under section 7310 of this title in the preceding fiscal year to improve the provision of health care by the Department to women veterans;

(2) any identified deficiencies related to the provision of health care by the Department to

women veterans and the standards of care established in such section and the plan of the Department to address such deficiencies;

(3) the funding and personnel provided to the Office and whether additional funding or personnel are needed to meet the requirements of such section; and

(4) other information that would be of interest to the appropriate congressional committees with respect to oversight of the provision of health care by the Department to women veterans.

(c) ACCESS TO GENDER-SPECIFIC SERVICES.—(1) Each report under subsection (a) shall include an analysis of the access of women veterans to gender-specific services under contracts, agreements, or other arrangements with non-Department medical providers entered into by the Secretary for the provision of hospital care or medical services to veterans.

(2) The analysis under paragraph (1) shall include data and performance measures for the availability of gender-specific services described in such paragraph, including—

(A) the average wait time between the preferred appointment date of the veteran and the date on which the appointment is completed;

(B) the average driving time required for veterans to attend appointments; and

(C) reasons why appointments could not be scheduled with non-Department medical providers.

(d) MODELS OF CARE.—(1) Each report under subsection (a) shall include an analysis of the use by the Department of general primary care clinics, separate but shared spaces, and women's health centers as delivery of care models for women veterans.

(2) The analysis under paragraph (1) shall include the following:

(A) The number of facilities of the Department that fall into each delivery of care model described in such paragraph, disaggregated by Veterans Integrated Service Network and State.

(B) A description of the criteria used by the Department to determine which such model is most appropriate for each facility of the Department.

(C) An assessment of how the Department decides to make investments to modify facilities to a different model.

(D) A description of what, if any, plans the Department has to modify facilities from general primary care clinics to another model.

(E) An assessment of whether any facilities could be modified to a separate but shared space for a women's health center within planned investments under the strategic capital investment planning process of the Department.

(F) An assessment of whether any facilities could be modified to a separate or shared space or a women's health center with minor modifications to existing plans under the strategic capital investment planning process of the Department.

(G) An assessment of whether the Department has a goal for how many facilities should fall into each such model.

(e) STAFFING.—Each report under subsection (a) shall include an analysis of the staffing of the Department relating to the treatment of women, including the following, disaggregated by Veterans Integrated Service Network and State (except with respect to paragraph (4)):

(1) The number of women's health centers.

(2) The number of patient aligned care teams of the Department relating to women's health.

(3) The number of full- and part-time gynecologists of the Department.

(4) The number of designated women's health care providers of the Department, disaggregated by facility of the Department.

(5) The number of health care providers of the Department who have completed a mini-residency for women's health care through the Women Veterans Health Care Mini-Residency Program of the Department during the one-year period preceding the submittal of the report and the number of mini-residency training slots for such program that are available during the one-year period following such date.

(6) The number of designated women's health care providers of the Department who have sufficient women patient loads or case complexities to retain their competencies and proficiencies.

(f) ACCESSIBILITY AND TREATMENT OPTIONS.—Each report under subsection (a) shall include an analysis of the accessibility and treatment options for women veterans, including the following:

(1) An assessment of wheelchair accessibility of women's health centers of the Department, including, with respect to each such center, an assessment of accessibility for each kind of treatment provided at the center, including with respect to radiology and mammography, that addresses all relevant factors, including door sizes, hoists, and equipment.

(2) The options for women veterans to access mental health providers and primary care providers who are women.

(3) The options for women veterans at medical facilities of the Department with respect to clothing sizes, including for gowns, drawstring pants, and pajamas.

(g) DEFINITIONS.—In this section:

(1) The term "appropriate congressional committees" means—

(A) the Committee on Appropriations and the Committee on Veterans' Affairs of the Senate; and

(B) the Committee on Appropriations and the Committee on Veterans' Affairs of the House of Representatives.

(2) The term "gender-specific services" means mammography, obstetric care, gynecological care, and such other services as the Secretary determines appropriate.

(Added Pub. L. 116-315, title V, §5101(b)(1), Jan. 5, 2021, 134 Stat. 5024.)

Statutory Notes and Related Subsidiaries

REFERENCES TO HEALTH CARE AND SERVICES

For references to health care and services in this section as references to health care and services included

in medical benefits package provided by the Department as in effect on the day before Jan. 5, 2021, see Pub. L. 116-315, title V, §5101(b)(2), Jan. 5, 2021, 134 Stat. 5026, set out as a note under section 7310 of this title.

INITIAL REPORT

Pub. L. 116-315, title V, §5101(c), Jan. 5, 2021, 134 Stat. 5026, provided that: "The Chief Officer of Women's Health of the Department of Veterans Affairs shall submit the initial report under section 7310A of title 38, United States Code, as added by subsection (b), by not later than one year after the date of the enactment of this Act [Jan. 5, 2021]."

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

Editorial Notes

PRIOR PROVISIONS

A prior subchapter II of this chapter consisting of sections 4121 to 4124, related to Regional Medical Education Centers, prior to repeal by Pub. L. 102-40, title IV, §401(a)(3), May 7, 1991, 105 Stat. 210. See Prior Provisions notes set out under section 4114 of this title.

§ 7311. Quality assurance

(a) The Secretary shall—

(1) establish and conduct a comprehensive program to monitor and evaluate the quality of health care furnished by the Veterans Health Administration (hereinafter in this section referred to as the "quality-assurance program"); and

(2) delineate the responsibilities of the Under Secretary for Health with respect to the quality-assurance program, including the duties prescribed in this section.

(b)(1) As part of the quality-assurance program, the Under Secretary for Health shall periodically evaluate—

(A) whether there are significant deviations in mortality and morbidity rates for surgical procedures performed by the Administration from prevailing national mortality and morbidity standards for similar procedures; and

(B) if there are such deviations, whether they indicate deficiencies in the quality of health care provided by the Administration.

(2) The evaluation under paragraph (1)(A) shall be made using the information compiled under subsection (c)(1). The evaluation under paragraph (1)(B) shall be made taking into account the factors described in subsection (c)(2)(B).

(3) If, based upon an evaluation under paragraph (1)(A), the Under Secretary for Health determines that there is a deviation referred to in that paragraph, the Under Secretary for Health shall explain the deviation in the report submitted under subsection (f).¹

(4) As part of the quality-assurance program, the Under Secretary for Health shall establish mechanisms through which employees of Veterans Health Administration facilities may submit reports, on a confidential basis, on matters relating to quality of care in Veterans Health Administration facilities to the quality management officers of such facilities under section 7311A(c) of this title. The mechanisms shall provide for the prompt and thorough review of any reports so submitted by the receiving officials.

¹ See References in Text note below.

(c)(1) The Under Secretary for Health shall—

(A) determine the prevailing national mortality and morbidity standards for each type of surgical procedure performed by the Administration; and

(B) collect data and other information on mortality and morbidity rates in the Administration for each type of surgical procedure performed by the Administration and (with respect to each such procedure) compile the data and other information so collected—

(i) for each medical facility of the Department, in the case of cardiac surgery, heart transplant, and renal transplant programs; and

(ii) in the aggregate, for each other type of surgical procedure.

(2) The Under Secretary for Health shall—

(A) compare the mortality and morbidity rates compiled under paragraph (1)(B) with the national mortality and morbidity standards determined under paragraph (1)(A); and

(B) analyze any deviation between such rates and such standards in terms of the following:

(i) The characteristics of the respective patient populations.

(ii) The level of risk for the procedure involved, based on—

(I) patient age;

(II) the type and severity of the disease;

(III) the effect of any complicating diseases; and

(IV) the degree of difficulty of the procedure.

(iii) Any other factor that the Under Secretary for Health considers appropriate.

(d) Based on the information compiled and the comparisons, analyses, evaluations, and explanations made under subsections (b) and (c), the Under Secretary for Health, in the report under subsection (f),¹ shall make such recommendations with respect to quality assurance as the Under Secretary for Health considers appropriate.

(e)(1) The Secretary shall allocate sufficient resources (including sufficient personnel with the necessary skills and qualifications) to enable the Administration to carry out its responsibilities under this section.

(2) The Inspector General of the Department shall allocate sufficient resources (including sufficient personnel with the necessary skills and qualifications) to enable the Inspector General to monitor the quality-assurance program.

(Added Pub. L. 102-40, title IV, §401(a)(3), May 7, 1991, 105 Stat. 214; amended Pub. L. 102-405, title III, §302(c)(1), Oct. 9, 1992, 106 Stat. 1984; Pub. L. 103-446, title XII, §1201(g)(5), Nov. 2, 1994, 108 Stat. 4687; Pub. L. 111-163, title V, §505(b), May 5, 2010, 124 Stat. 1159.)

Editorial Notes

REFERENCES IN TEXT

Subsection (f), referred to in subsecs. (b)(3) and (d), was repealed by Pub. L. 103-446, title XII, §1201(g)(5), Nov. 2, 1994, 108 Stat. 4687.

AMENDMENTS

2010—Subsec. (b)(4). Pub. L. 111-163 added par. (4).