

§ 7412. Annual determination of staffing shortages; recruitment and appointment for needed occupations

(a) IN GENERAL.—Not later than September 30 of each year, the Inspector General of the Department shall determine, and the Secretary shall publish in the Federal Register, at a minimum, the five clinical occupations and the five nonclinical occupations of personnel of this title of the Department covered under section 7401 of this title for which there are the largest staffing shortages with respect to each medical center of the Department, as calculated over the five-year period preceding the determination.

(b) RECRUITMENT AND APPOINTMENT.—Notwithstanding sections 3304 and 3309 through 3318 of title 5, the Secretary may, upon a determination by the Inspector General under subsection (a) that there is a staffing shortage throughout the Department with respect to a particular occupation, recruit and directly appoint, during the fiscal year after the fiscal year during which such determination is made, qualified personnel to serve in that particular occupation for the Department.

(Added Pub. L. 113-146, title III, §301(a)(1), Aug. 7, 2014, 128 Stat. 1784; amended Pub. L. 114-315, title VIII, §802(4), Dec. 16, 2016, 130 Stat. 1592; Pub. L. 115-46, title II, §201, Aug. 12, 2017, 131 Stat. 959.)

Editorial Notes

AMENDMENTS

2017—Subsec. (a). Pub. L. 115-46 substituted “at a minimum, the five clinical occupations and the five nonclinical occupations” for “the five occupations” and “with respect to each medical center of the Department,” for “throughout the Department”.

2016—Subsec. (b). Pub. L. 114-315 substituted “under subsection (a)” for “under paragraph (1)”.

Statutory Notes and Related Subsidiaries

DEADLINE FOR FIRST DETERMINATION

Pub. L. 113-146, title III, §301(a)(3), Aug. 7, 2014, 128 Stat. 1784, provided that: “Notwithstanding the deadline under section 7412 of title 38, United States Code, as added by paragraph (1), for the annual determination of staffing shortages in the Veterans Health Administration, the Inspector General of the Department of Veterans Affairs shall make the first determination required under such section, and the Secretary of Veterans Affairs shall publish in the Federal Register such determination, by not later than the date that is 180 days after the date of the enactment of this Act [Aug. 7, 2014].”

§ 7413. Treatment of podiatrists; clinical oversight standards

(a) PODIATRISTS.—Except as provided by subsection (b), a doctor of podiatric medicine who is appointed as a podiatrist under section 7401(1) of this title is eligible for any supervisory position in the Veterans Health Administration to the same degree that a physician appointed under such section is eligible for the position.

(b) ESTABLISHMENT OF CLINICAL OVERSIGHT STANDARDS.—The Secretary, in consultation with appropriate stakeholders, shall establish standards to ensure that specialists appointed in the Veterans Health Administration to super-

visory positions do not provide direct clinical oversight for purposes of peer review or practice evaluation for providers of other clinical specialties.

(Added Pub. L. 115-182, title V, §502(a)(1), June 6, 2018, 132 Stat. 1475.)

Editorial Notes

CODIFICATION

Section 502(a)(1) of Pub. L. 115-182, which directed that this section be added at the end of subchapter I of chapter 74, without specifying the Code title to be amended, was executed by adding this section at the end of this subchapter, to reflect the probable intent of Congress.

§ 7414. Compliance with requirements for examining qualifications and clinical abilities of health care professionals

(a) COMPLIANCE WITH CREDENTIALING REQUIREMENTS.—The Secretary shall ensure that each medical center of the Department, in a consistent manner—

(1) compiles, verifies, and reviews documentation for each health care professional of the Department at such medical center regarding, at a minimum—

(A) the professional licensure, certification, or registration of the health care professional;

(B) whether the health care professional holds a Drug Enforcement Administration registration; and

(C) the education, training, experience, malpractice history, and clinical competence of the health care professional; and

(2) continuously monitors any changes to the matters under paragraph (1), including with respect to suspensions, restrictions, limitations, probations, denials, revocations, and other changes, relating to the failure of a health care professional to meet generally accepted standards of clinical practice in a manner that presents reasonable concern for the safety of patients.

(b) REGISTRATION REGARDING CONTROLLED SUBSTANCES.—(1) Except as provided in paragraph (2), the Secretary shall ensure that each covered health care professional holds an active Drug Enforcement Administration registration.

(2) The Secretary shall—

(A) determine the circumstances in which a medical center of the Department must obtain a waiver under section 302(d) of the Controlled Substances Act (21 U.S.C. 822(d)) with respect to covered health care professionals; and

(B) establish a process for medical centers to request such waivers.

(3) In carrying out paragraph (1), the Secretary shall ensure that each medical center of the Department monitors the Drug Enforcement Administration registrations of covered health care professionals at such medical center in a manner that ensures the medical center is made aware of any change in status in the registration by not later than seven days after such change in status.

(4) If a covered health care professional does not hold an active Drug Enforcement Adminis-