(2) The Secretary shall provide hospital care and medical services under section 1710(a)(1) of this title, and under subparagraph (B) of section 1710(a)(2) of this title, for the 12-month period following such veteran's discharge or release from service, to any veteran referred to in such sections for a disability specified in the applicable subparagraph of such section, notwithstanding the failure of the veteran to enroll in the system of patient enrollment referred to in subsection (a) of this section.

(Added Pub. L. 104–262, title I, § 104(a)(1), Oct. 9, 1996, 110 Stat. 3182; amended Pub. L. 106–117, title I, § 112(2), Nov. 30, 1999, 113 Stat. 1556; Pub. L. 107–135, title II, § 202(a), Jan. 23, 2002, 115 Stat. 2457; Pub. L. 107–330, title III, § 308(g)(4), Dec. 6, 2002, 116 Stat. 2828.)

AMENDMENTS

2002—Subsec. (a)(7), (8). Pub. L. 107–135 added pars. (7) and (8) and struck out former par. (7) which read as follows: ''Veterans described in section 1710(a)(3) of this title.''

Subsec. (c)(1). Pub. L. 107–330 substituted ''The Secretary'' for ''Effective on October 1, 1998, the Secretary''.

1999—Subsec. (a)(3). Pub. L. 106–117 inserted ''or who were awarded the Purple Heart'' after ''former prisoners of war''.

EFFECTIVE DATE OF 2002 AMENDMENT

Pub. L. 107–135, title II, § 202(c), Jan. 23, 2002, 115 Stat. 2457, provided that: ''The amendments made by this section [amending this section and section 1710 of this title] shall take effect on October 1, 2002.''

ASSESSMENT OF IMPLEMENTATION AND OPERATION OF AMENDMENTS BY PUB. L. 104–262

Section 106 of title I of Pub. L. 104–262 provided that:

''(a) ASSESSMENT SYSTEMS.—The Secretary of Veterans Affairs shall establish information systems to assess the experience of the Department of Veterans Affairs in implementing sections 101, 103, and 104 [enacting this section and section 1706 of this title, amending sections 1525, 1701, 1703, 1710, 1712, 1712A, 1717, 1718, 1720, 1722, 1729, 2104, 5317, 8110, and 8111A of this title, and enacting provisions set out as a note under section 1701 of this title], including the amendments made by those sections, during fiscal year 1997. The Secretary shall establish those information systems in time to include assessments under such systems in the report required under subsection (b).

''(b) REPORT.—Not later than March 1, 1998, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report reflecting the experience of the Department during fiscal year 1997 on—

''(1) the effect of implementation of, and provision and management of care under, sections 101, 103, and 104 (including the amendments made by those sections) on demand for health care services from the Department of Veterans Affairs by veterans described in paragraphs (1), (2), and (3) of section 1710(a) of title 38, United States Code, as amended by section 101;

''(2) any differing patterns of demand on the part of such veterans relating to such factors as relative distance from Department facilities and prior experience, or lack of experience, as recipients of care from the Department;

''(3) the extent to which the Department has met such demand for care; and

''(4) changes in health-care delivery patterns in Department facilities and the fiscal impact of such changes.

''(c) MATTERS TO BE INCLUDED.—The report under subsection (b) shall include detailed information with respect to fiscal year 1997 regarding the following:

''(1) The number of veterans enrolled for care at each Department medical facility and, of such veterans, the number enrolled at each such facility who had not received care from the Department during the preceding three fiscal years.

''(2) With respect to the veterans who had not received care from the Department during the three preceding fiscal years, the total cost of providing care to such veterans, shown in total and separately (A) by level of care, and (B) by reference to whether care was furnished in Department facilities or under contract arrangements.

''(3) With respect to the number of veterans described in paragraphs (1), (2), and (3) of section 1710(a) of title 38, United States Code, as amended by section 101, who applied for health care from the Department during fiscal year 1997—

''(A) the number who applied for care (shown in total and separately by facility);

''(B) the number who were denied enrollment (shown in total and separately by facility); and

''(C) the number who were denied care which was considered to be medically necessary but not of an emergency nature (shown in total and separately by facility).

''(4) The numbers and characteristics of, and the type and extent of health care furnished to, veterans enrolled for care (shown in total and separately by facility).

''(5) The numbers and characteristics of, and the type and extent of health care furnished to, veterans not enrolled for care (shown separately by reference to each class of eligibility, both in total and separately by facility).

''(6) The specific fiscal impact (shown in total and by geographic health-care delivery areas) of changes in delivery patterns instituted under the amendments made by this title [enacting this section and section 1706 of this title and amending sections 1525, 1701, 1703, 1710, 1712, 1712A, 1717, 1718, 1720, 1722, 1729, 2104, 5317, 8110, and 8111A of this title].''

§ 1706. Management of health care: other requirements

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall, to the extent feasible, design, establish and manage health care programs in such a manner as to promote cost-effective delivery of health care services in the most clinically appropriate setting.

(b)(1) In managing the provision of hospital care and medical services under such section, the Secretary shall ensure that the Department (and each geographic service area of the Veterans Health Administration) maintains its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities of the Department that are dedicated to the specialized needs of those veterans in a manner that (A) affords those veterans reasonable access to care and services for those specialized needs, and (B) ensures that overall capacity of the Department (and each geographic service area of the Veterans Health Administration) to provide such services is not reduced below the capacity of the Department, nationwide, to provide those services, as of October 9, 1996. The Secretary shall carry out this paragraph in consultation with the Advisory Committee on Prosthetics and Special Disabilities Programs and the Committee on Care of Severely Chronically Mentally Ill Veterans.

(2) 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 (including veterans with spinal cord dysfunction, traumatic brain injury, blindness, prosthetics and sensory aids, and mental illness) within distinct programs or facilities shall be measured for seriously mentally ill veterans as follows (with all such data to be provided by geographic service area and totaled nationally):

(A) For mental health intensive community-based care, the number of discrete intensive care teams constituted to provide such intensive services to seriously mentally ill veterans and the number of veterans provided such care.

(B) For opioid substitution programs, the number of patients treated annually and the amounts expended.

(C) For dual-diagnosis patients, the number treated annually and the amounts expended.

(D) For substance-use disorder programs—

(i) the number of beds (whether hospital, nursing home, or other designated beds) employed and the average bed occupancy of such beds;

(ii) the percentage of unique patients admitted directly to outpatient care during the fiscal year who had two or more additional visits to specialized outpatient care within 30 days of their first visit, with a comparison from 1996 until the date of the report;

(iii) the percentage of unique inpatients with substance-use disorder diagnoses treated during the fiscal year who had one or more specialized clinic visits within three days of their index discharge, with a comparison from 1996 until the date of the report;

(iv) the percentage of unique outpatients seen in a facility or geographic service area during the fiscal year who had one or more specialized clinic visits, with a comparison from 1996 until the date of the report; and

(v) the rate of recidivism of patients at each specialized clinic in each geographic service area of the Veterans Health Administration.

(E) For mental health programs, the number and type of staff that are available at each facility to provide specialized mental health treatment, including satellite clinics, outpatient programs, and community-based outpatient clinics, with a comparison from 1996 to the date of the report.

(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 through 2008, 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.)

AMENDMENTS

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).

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.''

§ 1707. Limitations

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

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.

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.

(d) The Secretary may establish charges for providing lodging under this section. The proceeds from such charges shall be credited to the medical care account and shall be available until expended for the purposes of providing such lodging.

(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

(1) limiting the duration of lodging provided under this section;

(2) establishing standards and criteria under which charges are established for such lodging under subsection (d);

(3) establishing criteria for persons considered to be accompanying a veteran under subsection (b)(2);

(4) establishing criteria for the use of the premises of temporary lodging facilities under this section; and

(5) establishing any other limitations, conditions, and priorities that the Secretary considers appropriate with respect to lodging under this section.

(Added Pub. L. 106–419, title II, § 221(a), Nov. 1, 2000, 114 Stat. 1844.)

SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

AMENDMENTS

1976—Pub. L. 94–581, title II, § 202(c), Oct. 21, 1976, 90 Stat. 2855, inserted '', NURSING HOME,'' in subchapter heading.