merated categories, was repealed by Pub.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


§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.


AMENDMENTS


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.”


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.

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. Contracts for hospital care and medical services in non-Department facilities

(a) When Department facilities are not capable of furnishing economical hospital care or medical services because of geographical inaccessibility or are not capable of furnishing the care or services required, the Secretary, as authorized in section 1710 of this title, may contract with non-Department facilities in order to furnish any of the following:

(1) Hospital care or medical services to a veteran for the treatment of—

(A) a service-connected disability;

(B) a disability for which a veteran was discharged or released from the active military, naval, or air service; or

(C) a disability of a veteran who has a total disability permanent in nature from a service-connected disability.

(2) Medical services for the treatment of any disability of—

(A) a veteran described in section 1710(a)(1)(B) of this title;

(B) a veteran who (i) has been furnished hospital care, nursing home care, domiciliary care, or medical services, and (ii) requires medical services to complete treatment incident to such care or services;

(C) a veteran described in section 1710(a)(2)(E) of this title, or a veteran who is in receipt of increased pension, or additional compensation or allowances based on the need of regular aid and attendance or by reason of being permanently housebound (or who, but for the receipt of retired pay, would be in receipt of such pension, compensation, or allowance), if the Secretary has determined, based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), that the medical condition of such veteran precludes appropriate treatment in Department facilities.

(3) Hospital care or medical services for the treatment of medical emergencies which pose a serious threat to the life or health of a vet-
eran receiving medical services in a Department facility or nursing home care under section 1720 of this title until such time following the furnishing of care in the non-Department facility as the veteran can be safely transferred to a Department facility.

(4) Hospital care for women veterans.

(5) Hospital care, or medical services that will obviate the need for hospital admission, for veterans in a State (other than the Commonwealth of Puerto Rico) not contiguous to the contiguous States, except that the annually determined hospital patient load and incidence of the furnishing of medical services to veterans hospitalized or treated at the expense of the Department in Government and non-Department facilities in each such noncontiguous State shall be consistent with the patient load or incidence of the furnishing of medical services for veterans hospitalized or treated by the Department within the 48 contiguous States and the Commonwealth of Puerto Rico.

(6) Diagnostic services necessary for determination of eligibility for, or of the appropriate course of treatment in connection with, furnishing medical services at independent Department out-patient clinics to obviate the need for hospital admission.

(7) Outpatient dental services and treatment, and related dental appliances, for a veteran described in section 1712(a)(1)(F) of this title.

(8) Diagnostic services (on an inpatient or outpatient basis) for observation or examination of a person to determine eligibility for a benefit or service under laws administered by the Secretary.

(b) In the case of any veteran for whom the Secretary contracts to furnish care or services in a non-Department facility pursuant to a provision of subsection (a) of this section, the Secretary shall periodically review the necessity for continuing such contractual arrangement pursuant to such provision.

(c) The Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the furnishing of medical services to veterans hospitalized or treated at the expense of the Department in Government and non-Department facilities in each such noncontiguous State.

(2) Amounts collected, by setoff or otherwise, as the result of an audit under the program conducted under this subsection shall be available, without fiscal year limitation, for the purposes for which funds are currently available to the Secretary for medical care and for payment to a contractor of a percentage of the amount collected as a result of an audit carried out by the contractor.

(3) The Secretary shall allocate all amounts collected under this subsection with respect to a designated geographic service area of the Veterans Health Administration, net of payments to the contractor, to that region.

(4) The authority of the Secretary under this subsection terminates on September 30, 2020.


Pub. L. 102–83, §4(a)(5), substituted “non-Department” for “non-Veterans Administration” in introductory provisions and in pars. (3) and (5).


Subsec. (a)(8). Pub. L. 102–83, §4(a)(1), substituted “Secretary” for “Administrator” by the Secretary “for administered by the Veterans Administration”.


Pub. L. 102–83, §§4(a)(5), substituted “non-Department” for “non-Veterans Administration”.


1988—Subsec. (a). Pub. L. 100–322, §104(b)(1), substituted “furnish any of the following:” for “furnish”.

Subsec. (a)(1). Pub. L. 100–322, §104(b)(2), substituted “Hospital” for “hospital” and the period for “semiconium”.

Subsec. (a)(2). Pub. L. 100–322, §104(b)(2), substituted “Medical” for “medical” and the period for “semiconium at end.


Pub. L. 100–322, §104(c)(5)(A), substituted “section 612(a)(4) of this title, for a purpose described in section 612(a)(5) of this title” for “section 612(f)(1)(A)(ii) of this title”.

Subsec. (a)(2)(C). Pub. L. 100–322, §104(c)(5)(B), substituted “section 612(a)(3)” (other than a veteran who is a former prisoner of war) for “section 612(g)”.

Subsec. (a)(3). Pub. L. 100–322, §104(a)(1), (b)(2), (3), substituted “Hospital” for “hospital”, inserted “or nursing home care under section 620 of this title”, and substituted the period for semiconium at end.

Subsec. (a)(4). (5). Pub. L. 100–322, §104(b)(2), (3), substituted “Hospital” for “hospital” and the period for semiconium at end.

Subsec. (a)(5). Pub. L. 100–322, §104(b)(2), (4), substituted “‘diagnostic” for “diagnostic” and the period for “or”.

Subsec. (a)(7). Pub. L. 100–322, §104(b)(2), substituted “‘outpatient” for “‘outpatient”.


Subsec. (c). Pub. L. 100–322, §112(a), added subsec. (c).


Pub. L. 100–322, §104(b)(1), as amended by Pub. L. 99–272, §19012(c)(5)(A), inserted “‘other than the Commonwealth of Puerto Rico” after “in a State” and substituted “contiguous States and the Commonwealth of Puerto Rico” for “contiguous States, but the authority of the Administrator under this paragraph with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988, and until such date the Administrator may, if necessary to prevent hardship, waive the applicability to the Commonwealth of Puerto Rico of the restrictions in this paragraph with respect to hospital patient loads and the incidence of the furnishing of medical services”.

**Effective Date of 1988 Amendment**

Pub. L. 100–322, title I, §101(i), May 20, 1988, 102 Stat. 492, provided that: “The amendments made by this section [amending this section and sections 612 and 617 (now 1712 and 1717) of this title] shall apply with respect to the furnishing of medical services to veterans who apply for such services after June 30, 1988.”

**Effective Date of 1985 Amendment**


**Demonstration Projects on Alternatives for Expanding Care for Veterans in Rural Areas**


“(a) IN GENERAL.—The Secretary of Veterans Affairs may, through the Director of the Office of Rural Health, carry out demonstration projects to examine the feasibility and advisability of alternatives for expanding care for veterans in rural areas, which may include the following:

“(1) Establishing a partnership between the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services of the Department of Health and Human Services to coordinate care for veterans in rural areas at critical access hospitals (as designated or certified under section 1820 of the Social Security Act (42 U.S.C. 1395–4)).

“(2) Establishing a partnership between the Department of Veterans Affairs and the Department of Health and Human Services to coordinate care for veterans in rural areas at community health centers.

“(3) Expanding coordination between the Department of Veterans Affairs and the Indian Health Service to expand care for Indian veterans.

“(b) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that the demonstration projects carried out under subsection (a) are located at facilities that are geographically distributed throughout the United States.

“(c) REPORT.—Not later than 2 years after the date of the enactment of this Act [May 5, 2010], the Secretary shall submit a report on the results of the demonstration projects carried out under subsection (a) to:

“(1) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate; and

“(2) the Committee on Veterans’ Affairs and the Committee on Appropriations of the House of Representatives.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for fiscal year 2010 and each fiscal year thereafter.”

**Pilot Program of Enhanced Contract Care Authority for Health Care Needs of Veterans in Highly Rural Areas**


“(a) Pilot Program Required.—

“(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a pilot program under which the Secretary provides covered health services to covered veterans through qualifying non-Veterans Affairs health care providers.

“(2) COMMENCEMENT.—The Secretary shall commence the conduct of the pilot program on the date that is 120 days after the date of the enactment of this Act [Oct. 10, 2008].
“(3) Termination.—A veteran may receive health services under the pilot program only during the period beginning on the date of the commencement of the pilot program under paragraph (2) and ending on the date that is two years after the date of the enactment of the Veterans Access, Choice, and Accountability Act of 2014 [Aug. 7, 2014].

(Please provide the full text of the section as requested.)