Title 38 – Veteran's Benefits

Part II – General Benefits

Chapter 17 – Hospital, Nursing Home, Domiciliary, and Medical Care

Subchapter 1 - General

38 USC §1701

§1701. Definitions

For the purposes of this chapter-

(1) The term "disability" means a disease, injury, or other physical or mental defect.

(2) The term "veteran of any war" includes any veteran awarded the Medal of Honor.

(3) The term "facilities of the Department" means-

(A) facilities over which the Secretary has direct jurisdiction;

(B) Government facilities for which the Secretary contracts; and

(C) public or private facilities at which the Secretary provides recreational activities for patients receiving care under section 1710 of this title.

(4) The term "non-Department facilities" means facilities other than Department facilities.

(5) The term "hospital care" includes-

(A)(i) medical services rendered in the course of the hospitalization of any veteran, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title;

(B) such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title; and

(C)(i) medical services rendered in the course of the hospitalization of a dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title, and (ii) travel and incidental expenses for such dependent or survivor under the terms and conditions set forth in section 111 of this title.

(6) The term "medical services" includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

(C) Optometric and podiatric services.

(D) Preventive health services.

(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.

(F) In the case of a person otherwise receiving care or services under this chapter-

(i) wheelchairs, artificial limbs, trusses, and similar appliances;

(ii) special clothing made necessary by the wearing of prosthetic appliances; and

(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

(G) Travel and incidental expenses pursuant to section 111 of this title.

(7) The term "domiciliary care" includes necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title.

(8) The term "rehabilitative services" means such professional, counseling, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term "preventive health services" means-

(A) periodic medical and dental examinations;

(B) patient health education (including nutrition education);

(C) maintenance of drug use profiles, patient drug monitoring, and drug utilization education;

(D) mental health preventive services;

(E) substance abuse prevention measures;

(F) immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule;

(G) prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

(H) genetic counseling concerning inheritance of genetically determined diseases;

(I) routine vision testing and eye care services;

(J) periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

(K) such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

(10) The term "recommended adult immunization schedule" means the schedule established (and periodically reviewed and, as appropriate, revised) by the Advisory Committee on Immunization

Practices established by the Secretary of Health and Human Services and delegated to the Centers for Disease Control and Prevention.

(Pub. L. 85–857, Sept. 2, 1958, 72 Stat. 1141 , §601; Pub. L. 86–598, July 7, 1960, 74 Stat. 335 ; Pub. L. 86–639, §2, July 12, 1960, 74 Stat. 472 ; Pub. L. 88–481, Aug. 22, 1964, 78 Stat. 593 ; Pub. L. 90–612, §2, Oct. 21, 1968, 82 Stat. 1202 ; Pub. L. 93–82, title I, §101, Aug. 2, 1973, 87 Stat. 179 ; Pub. L. 94–581, title I, §102, title II, §202(b), Oct. 21, 1976, 90 Stat. 2843 , 2855; Pub. L. 95–520, §5, Oct. 26, 1978, 92 Stat. 1820 ; Pub. L. 96–22, title I, §102(c), title II, §201(a), June 13, 1979, 93 Stat. 48 , 54; Pub. L. 96–151, title II, §§201(b), 202, Dec. 20, 1979, 93 Stat. 1093 , 1094; Pub. L. 97–72, title I, §101, Nov. 3, 1981, 95 Stat. 1047 ; Pub. L. 97–251, §4, Sept. 8, 1982, 96 Stat. 716 ; Pub. L. 98–105, Sept. 30, 1983, 97 Stat. 730 ; Pub. L. 98–160, title I, §106(a), Nov. 21, 1983, 97 Stat. 998 ; Pub. L. 98–528, title I, §103(a), Oct. 19, 1984, 98 Stat. 2688 ; Pub. L. 99–108, §2, Sept. 30, 1985, 99 Stat. 481; Pub. L. 99–166, title I, §102(a), Dec. 3, 1985, 99 Stat. 943 ; Pub. L. 99–272, title XIX, §§19011(d)(2), 19012(a), Apr. 7, 1986, 100 Stat. 378 , 380; Pub. L. 99–576, title II, §203, Oct. 28, 1986, 100 Stat. 3255 ; Pub. L. 100–322, title I, §131, May 20, 1988, 102 Stat. 506 ; Pub. L. 102–54, §14(b)(8), June 13, 1991, 105 Stat. 283 ; renumbered §1701 and amended Pub. L. 102–83, §§4(a)(2)(E), (3)–(5), (b)(1), (2)(E), 5(a), (c)(1), Aug. 6, 1991, 105 Stat. 404–406 ; Pub. L. 102–585, title V, §513, Nov. 4, 1992, 106 Stat. 4958 ; Pub. L. 103–446, title XII, §1202(b)(1), Nov. 2, 1994, 108 Stat. 4689 ; Pub. L. 104–262, title I, §§101(d)(1), 103(a), Oct. 9, 1996, 110 Stat. 3179 , 3182; Pub. L. 106–117, title I, §101(b), Nov. 30, 1999, 113 Stat. 1548 ; Pub. L. 107–135, title II, §208(a)(1), (e)(2), Jan. 23, 2002, 115 Stat. 2461 , 2463; Pub. L. 107–330, title III, §308(g)(3), Dec. 6, 2002, 116 Stat. 2828 ; Pub. L. 108–170, title I, §§104(a), 106(a), Dec. 6, 2003, 117 Stat. 2044 , 2045; Pub. L. 110–387, title III, §301(a)(1), title VIII, §801, Oct. 10, 2008, 122 Stat. 4120 , 4140; Pub. L. 114–315, title VI, §602(a), Dec. 16, 2016, 130 Stat. 1569.)

Codification

The text of section 1762 of this title, which was transferred to the end of this section, redesignated as par. (9), and amended by Pub. L. 102–585, was based on Pub. L. 96–22, title I, §105(a), June 13, 1979, 93 Stat. 52 , §662; renumbered §1762 and amended Pub. L. 102–83, §§4(b)(1), (2)(E), 5(a), Aug. 6, 1991, 105 Stat. 404–406 .

Prior Provisions

Prior sections 1700 and 1701 were renumbered sections 3500 and 3501 of this title, respectively.

Amendments

2016-Par. (9)(F). Pub. L. 114–315, §602(a)(1), amended subpar. (F) generally. Prior to amendment, subpar. (F) read as follows: "immunizations against infectious disease;".

Par. (10). Pub. L. 114–315, §602(a)(2), added par. (10).

2008-Par. (5)(B). Pub. L. 110–387, §301(a)(1), inserted "marriage and family counseling," after "professional counseling," and substituted "as the Secretary considers appropriate for" for "as may be essential to".

Par. (6)(E) to (G). Pub. L. 110–387, §801(2), added subpar. (E) and redesignated former subpars. (E) and (F) as (F) and (G), respectively.

Par. (10). Pub. L. 110–387, §801(1), struck out par. (10) which read as follows:

"(10)(A) During the period beginning on November 30, 1999, and ending on December 31, 2008, the term 'medical services' includes noninstitutional extended care services.

"(B) For the purposes of subparagraph (A), the term 'noninstitutional extended care services' means such alternatives to institutional extended care which the Secretary may furnish (i) directly, (ii) by contract, or (iii) (through provision of case management) by another provider or payor."

2003-Par. (8). Pub. L. 108–170, §104(a), struck out "(other than those types of vocational rehabilitation services provided under chapter 31 of this title)" after "programs".

Par. (10)(A). Pub. L. 108–170, §106(a), substituted "November 30, 1999, and ending on December 31, 2008," for "the date of the enactment of the Veterans Millennium Health Care and Benefits Act and ending on December 31, 2003,".

2002-Par. (5). Pub. L. 107–135, §208(e)(2), substituted "1781(b)" for "1713(b)" in subpars. (B) and (C)(i).

Par. (6). Pub. L. 107–135, §208(a)(1)(A), (B), substituted "services, the following:" for "services-" in introductory provisions and struck out concluding provisions which read as follows: "For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 1713(b) of this title shall be eligible for the same medical services as a veteran."

Par. (6)(A). Pub. L. 107–135, §208(a)(1)(C), added subpar. (A) and struck out former subpar. (A) which read as follows: "(i) surgical services, dental services and appliances as described in sections 1710 and 1712 of this title, optometric and podiatric services, preventive health services, and (in the case of a person otherwise receiving care or services under this chapter) wheelchairs, artificial limbs, trusses, and similar appliances, special clothing made necessary by the wearing of prosthetic appliances, and such other supplies or services as the Secretary determines to be reasonable and necessary, except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title; and".

Par. (6)(B) to (F). Pub. L. 107–135, §208(a)(1)(A), (C), added subpars. (B) to (F) and struck out former subpar. (B) which included in the definition of "medical services" certain necessary consultation, professional counseling, training, and mental health services.

Par. (10)(A). Pub. L. 107–330, which directed the substitution of "November 30, 1999," for "the date of the enactment of the Veterans' Millennium Health Care and Benefits Act", could not be executed because the word "Veterans' " did not appear in text.

1999-Par. (10). Pub. L. 106–117 added par. (10).

1996-Par. (6)(A)(i). Pub. L. 104–262, §103(a), struck out "(in the case of a person otherwise receiving care or services under this chapter)" before "preventive health services,", substituted "(in the case of a person otherwise receiving care or services under this chapter)" for "(except under the conditions described in section 1712(a)(5)(A) of this title),", and inserted "except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe," after "reasonable and necessary,".

Par. (6)(B)(i)(I). Pub. L. 104–262, §101(d)(1)(A), substituted "paragraph (1) or (2) of section 1710(a)" for "section 1712(a)".

Par. (6)(B)(i)(II). Pub. L. 104–262, §101(d)(1)(B), substituted "paragraph (1), (2) or (3) of section 1710(a)" for "section 1712(a)(5)(B)".

1994-Par. (3). Pub. L. 103–446 made technical correction to directory language of Pub. L. 102–83, §4(a)(2)(E). See 1991 Amendment note below.

1992-Par. (6)(A)(i). Pub. L. 102–585, §513(b), substituted "preventive health services," for "preventive health-care services as defined in section 1762 of this title,".

Par. (9). Pub. L. 102–585, §513(a), transferred the text of section 1762 of this title to the end of this section and redesignated it as par. (9), substituted "The term 'preventive health service' means" for "For the purposes of this subchapter, the term 'preventive health-care services' means", and redesignated pars. (1) to (11) as subpars. (A) to (K), respectively. See Codification note above.

1991-Pub. L. 102–83, §5(a), renumbered section 601 of this title as this section.

Par. (2). Pub. L. 102–54, §14(b)(8)(A), struck out "any veteran of the Indian Wars, or" after "includes".

Par. (3). Pub. L. 102–83, §5(c)(1), substituted "1710" for "610" in subpar. (C).

Pub. L. 102–83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" in subpars. (A) to (C).

Pub. L. 102–83, §4(a)(2)(E), as amended by Pub. L. 103–446, substituted "facilities of the Department" for "Veterans' Administration facilities".

Pub. L. 102–54, §14(b)(8)(B), (C), redesignated par. (4) as (3) and struck out former par. (3) which read as follows: "The term 'period of war' includes each of the Indian Wars."

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

Pub. L. 102–83, §4(a)(3), (4), substituted "Department" for "Veterans' Administration".

Pub. L. 102–54, §14(b)(8)(E), redesignated par. (9) as (4).

Par. (5). Pub. L. 102–83, §5(c)(1), substituted "1713(b)" for "613(b)" in subpars. (B) and (C)(i).

Par. (6). Pub. L. 102–83, §5(c)(1), in subpar. (A) substituted "1710 and 1712" for "610 and 612", "1762" for "662", and "1712(a)(5)(A)" for "612(a)(5)(A)", in subpar. (B) substituted "1712(a)" for "612(a)", "1712(a)(5)(B)" for "612(a)(5)(B)", and "1713(b)" for "613(b)", and in last sentence substituted "1713(b)" for "613(b)".

Pub. L. 102–83, §4(b)(1), (2)(E), substituted "Secretary" for "Administrator" wherever appearing.

Pub. L. 102–54, §14(b)(8)(D), substituted "612(a)(5)(A)" for "612(f)(1)(A)(i)" in subpar. (A)(i) and "612(a)(5)(B)" for "612(f)(1)(A)(ii)" in subpar. (B)(i)(II).

Par. (9). Pub. L. 102–54, §14(b)(8)(E), redesignated par. (9) as (4).

1988-Par. (4)(C). Pub. L. 100–322 added subpar. (C).

1986-Par. (4). Pub. L. 99–272, §19012(a)(1), struck out cl. (C) and provision following such clause, both relating to private facilities under contract as Veterans' Administration facilities.

Par. (6)(A)(i). Pub. L. 99–272, §19011(d)(2)(A), substituted "section 612(f)(1)(A)(i)" for "section 612(f)(1)(A)".

Par. (6)(B). Pub. L. 99–576 amended subpar. (B) generally. Prior to amendment, subpar. (B) read as follows: "such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment-

"(i) of the service-connected disability of a veteran pursuant to section 612(a) of this title, and

"(ii) in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(A)(ii) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital,

for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran (including, under the terms and conditions set forth in section 111 of this title, travel and incidental expenses of such family member or individual in the case of a veteran who is receiving care for a service-connected disability, or in the case of dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title). For the purposes of this paragraph, a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title shall be eligible for the same medical services as a veteran."

Par. (6)(B)(ii). Pub. L. 99–272, §19011(d)(2)(B), substituted "section 612(f)(1)(A)(ii)" for "section 612(f)(1)(B)".

Par. (9). Pub. L. 99–272, §19012(a)(2), added par. (9).

1985-Par. (4)(C)(v). Pub. L. 99–166, §102(a), substituted "with respect to the Commonwealth of Puerto Rico shall expire on September 30, 1988" for "(except with respect to Alaska and Hawaii) shall expire on October 31, 1985" and struck out "and to the Virgin Islands" before "of the restrictions in this subclause".

Pub. L. 99–108 substituted "October 31, 1985" for "September 30, 1985".

1984-Par. (4)(C)(v). Pub. L. 98–528 substituted "September 30, 1985" for "September 30, 1984".

1983-Par. (4)(C)(v). Pub. L. 98–105 substituted "September 30, 1984" for "September 30, 1983".

Par. (6)(a)(i). Pub. L. 98–160 inserted "(in the case of a person otherwise receiving care or services under this chapter) preventive health-care services as defined in section 662 of this title,".

1982-Par. (4)(C)(v). Pub. L. 97–251 substituted "September 30, 1983" for "September 30, 1982".

1981-Par. (4)(C)(v). Pub. L. 97–72 substituted "September 30, 1982" for "December 31, 1981".

1979-Par. (4). Pub. L. 96–22, §§102(c)(1), 201(a), substituted "medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of the first sentence, or the third sentence,

of section 612(f) of this title or of a veteran described in section 612(g) of this title if the Administrator has determined, based on an examination by a physician employed by the Veterans' Administration (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 facilities described in clauses (A) and (B) of this paragraph" for "medical services for the treatment of any disability of a veteran described in clause (1)(B) or (2) of section 612(f) of this title" in subcl. (ii) of cl. (C), and added subcl. (vi) of cl. (C) and the provisions following cl. (C) relating to the periodic review of the necessity for continuing contractual arrangements in the case of veterans receiving contract care.

Par. (4)(C)(iii). Pub. L. 96–151, §202, inserted provisions respecting safe transfer of the veteran, and substituted "medical services in" for "hospital care in".

Par. (5)(A). Pub. L. 96–151, §201(b)(1), substituted "travel" for "transportation".

Par. (5)(C). Pub. L. 96–151, §201(b)(2), substituted provisions relating to travel and incidental expenses for provisions relating to transportation and incidental expenses.

Par. (6)(A)(i). Pub. L. 96–22, §102(c)(2), substituted "described in sections 610 and 612 of this title" for "authorized in sections 612 (b), (c), (d), and (e) of this title".

Par. (6)(B). Pub. L. 96–151, §201(b)(3), substituted "travel and incidental expenses" for "necessary expenses of travel and subsistence".

1978-Par. (4)(C)(v). Pub. L. 95–520 defined "Veterans' Administration facilities" to include certain private facilities to provide medical services to obviate the need for hospital admission, deleted reference to hospital care for veterans in a territory, Commonwealth, or possession of the United States not contiguous to the forty-eight contiguous States, substituted provision requiring the annually determined hospital patient load and incidence of the provision of medical services to veterans hospitalized or treated at expense of Veterans' Administration in Government and private facilities in each noncontiguous State to be consistent with patient load or incidence of the provision of medical services for veterans hospitalized or treated by the Veterans' Administration within the forty-eight contiguous States for prior requirement that the annually determined average hospital patient load per thousand veteran population hospitalized at Veterans' Administration expense in Government and private facilities in each noncontiguous State not exceed the average patient load per thousand veteran population hospitalized by the Veterans' Administration within the forty-eight contiguous States; extended termination date for exercise of subcl. (v) authority to Dec. 31, 1981, from Dec. 31, 1978, except as to Alaska and Hawaii, and authorized waiver by the Administrator, to prevent hardship, of applicability to Puerto Rico and Virgin Islands of subcl. (v) restrictions with respect to hospital patient loads and incidence of provision of medical services.

1976-Par. (4)(A). Pub. L. 94–581, §202(b)(1), substituted "direct jurisdiction" for "direct and exclusive jurisdiction".

Par. (4)(C). Pub. L. 94–581, §202(b)(2), inserted "when facilities described in clause (A) or (B) of this paragraph are not capable of furnishing economical care because of geographical inaccessibility or of furnishing the care or services required" after "contracts" in provisions preceding subcl. (i), substituted "to a veteran for the treatment of a service-connected disability or a disability for which a veteran was discharged" for "for persons suffering from service-connected disabilities or from disabilities for which

such persons were discharged" in subcl. (i), added subcls. (ii) and (iii), redesignated former subcls. (ii) and (iii) as (iv) and (v), respectively, and in subcl. (v) as so redesignated, substituted "subclause (v)" for "clause (iii)".

Par. (5)(A)(ii). Pub. L. 94–581, §202(b)(3), substituted "pursuant to the provisions of section 111 of this title" for "for any veteran who is in need of treatment for a service-connected disability or who is unable to defray the expense of transportation".

Par. (5)(B). Pub. L. 94–581, §102(1), substituted "for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title; and" for "(including (i) necessary expenses for transportation if unable to defray such expenses; or (ii) necessary expenses of transportation and subsistence in the case of a veteran who is receiving care for a service-connected disability, or in the case of a dependent or survivor of a veteran receiving care under the last sentence of section 613(b) of this title, under the terms and conditions set forth in section 111 of this title) of the members of the immediate family (including legal guardians) of a veteran or such a dependent or survivor of a veteran, or in the case of a veteran or such dependent or survivor of a veteran who has no immediate family members (or legal guardian), the person in whose household such veteran, or such a dependent or survivor certifies his intention to live, as may be necessary or appropriate to the effective treatment and rehabilitation of a veteran or such a dependent or a survivor of a veteran; and".

Par. (6). Pub. L. 94–581, §102(2), expanded definition of "medical services" to include rehabilitation services, podiatric services, and travel and incidental expenses pursuant to the provisions of section 111 of this title, and, for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as may be essential to the effective treatment and rehabilitation of the veteran, such consultation, professional counseling, training, and mental health services as are necessary in connection with the treatment of the service-connected disability of a veteran pursuant to section 612(a) of this title, and, in the discretion of the Administrator, of the non-service-connected disability of a veteran eligible for treatment under section 612(f)(1)(B) of this title where such services were initiated during the veteran's hospitalization and the provision of such services on an outpatient basis is essential to permit the discharge of the veteran from the hospital.

Par. (7). Pub. L. 94–581, §102(3), substituted "necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title" for "transportation and incidental expenses for veterans who are unable to defray the expenses of transportation".

Par. (8). Pub. L. 94–581, §102(4), added par. (8).

1973-Par. (4)(C). Pub. L. 93–82, §101(a), extended the Administrator's contract authority for providing hospital care and medical services to persons suffering from service-connected disabilities or from disabilities for which such persons were discharged or released from the active military, naval, or air service and removed the limitation on such authority that such care be rendered in emergency cases only.

Par. (5). Pub. L. 93–82, §101(b), incorporated existing provisions in subpar. (A) and added subpars. (B) and (C).

Par. (6). Pub. L. 93–82, §101(c), expanded definition of "medical services" to include home health services determined by the Secretary to be necessary or appropriate for the effective and economical treatment of a disability of a veteran or a dependent or survivor of a veteran receiving care under section 613(b) of this title.

1968-Par. (4)(C)(iii). Pub. L. 90–612 expanded category of veterans of wars in the Territories, Commonwealths, or possessions of the United States to include, until December 31, 1978, veterans of such wars in States not contiguous to the forty-eight contiguous States, with the annually determined average hospital patient load per thousand of hospitalized veteran population in each such noncontiguous States not to exceed the average within the forty-eight contiguous States.

1964-Par. (2). Pub. L. 88–481 included any veteran awarded the Medal of Honor.

1960-Par. (6). Pub. L. 86–639 inserted "(except under the conditions described in section 612(f)(1))".

Pub. L. 86–598 inserted "optometrists' services" after "medical examination and treatment".

Effective Date of 1994 Amendment

Pub. L. 103–446, title XII, §1202(b), Nov. 2, 1994, 108 Stat. 4689 , provided that the amendment made by that section is effective Aug. 6, 1991, and as if included in the enactment of Pub. L. 102–83.

Effective Date of 1986 Amendment

Amendment by section 19011(d)(2) of Pub. L. 99–272 applicable to hospital care, nursing home care, and medical services furnished on or after July 1, 1986, see section 19011(f) of Pub. L. 99–272, set out as a note under section 1710 of this title.

Effective Date of 1979 Amendment

Amendment by Pub. L. 96–151 effective Jan. 1, 1980, see section 206 of Pub. L. 96–151, set out as a note under section 111 of this title.

Pub. L. 96–22, title I, §107, June 13, 1979, 93 Stat. 53 , provided that: "The amendments made to title 38, United States Code, by sections 102, 103, 104, 105, and 106 of this Act [see Tables for classification] shall be effective on October 1, 1979."

Effective Date of 1976 Amendment

Amendment by Pub. L. 94–581 effective Oct. 21, 1976, see section 211 of Pub. L. 94–581, set out as a note under section 111 of this title.

Effective Date of 1973 Amendment

Pub. L. 93–82, title V, §501, Aug. 2, 1973, 87 Stat. 196 , provided that: "The provisions of this Act [see Tables for classification] shall become effective the first day of the first calendar month following the date of enactment [Aug. 2, 1973], except that sections 105 and 106 [amending section 626 [now 1726] of this title and enacting section 628 [now 1728] of this title] shall be effective on January 1, 1971;

section 107 [enacting sections 631 and 632 [now 1731 and 1732] of this title and provisions set out as note under section 1732 of this title] shall be effective July 1, 1973; and section 203 [amending former section 4107 of this title] shall become effective beginning the first pay period following thirty days after the date of enactment of this Act [Aug. 2, 1973]."

Construction of 2016 Amendment

Pub. L. 114–315, title VI, §602(d), Dec. 16, 2016, 130 Stat. 1570, provided that: "Nothing in this section or the amendments made by this section [amending this section and section 1704 of this title] may be construed to require a veteran to receive an immunization that the veteran does not want to receive."

Faster Care for Veterans

Pub. L. 114–286, Dec. 16, 2016, 130 Stat. 1459, provided that:

"SECTION 1. SHORT TITLE.

"This Act may be cited as the 'Faster Care for Veterans Act of 2016'.

"SEC. 2. PILOT PROGRAM ESTABLISHING A PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

"(a) Pilot Program.-Not later than 120 days after the date of the enactment of this Act [Dec. 16, 2016], the Secretary of Veterans Affairs shall commence a pilot program under which veterans use an Internet website or mobile application to schedule and confirm medical appointments at medical facilities of the Department of Veterans Affairs.

"(b) Selection of Locations.-The Secretary shall select not less than three Veterans Integrated Services Networks in which to carry out the pilot program under subsection (a).

"(c) Contracts.-

"(1) Authority.-The Secretary shall seek to enter into a contract using competitive procedures with one or more contractors to provide the scheduling capability described in subsection (a).

"(2) Notice of competition.-Not later than 60 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals for the contract described in paragraph (1). Such request shall be full and open to any contractor that has an existing commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in section 3(a).

"(3) Selection.-Not later than 120 days after the date of the enactment of this Act, the Secretary shall award a contract to one or more contractors pursuant to the request for proposals under paragraph (2).

"(d) Duration of Pilot Program.-

"(1) In general.-Except as provided by paragraph (2), the Secretary shall carry out the pilot program under subsection (a) for an 18-month period.

"(2) Extension.-The Secretary may extend the duration of the pilot program under subsection (a), and may expand the selection of Veterans Integrated Services Networks under subsection (b), if the Secretary determines that the pilot program is reducing the wait times of veterans seeking medical care and ensuring that more available appointment times are filled.

"(e) Mobile Application Defined.-In this section, the term 'mobile application' means a software program that runs on the operating system of a cellular telephone, tablet computer, or similar portable computing device that transmits data over a wireless connection.

"SEC. 3. CAPABILITIES OF PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

"(a) Minimum Capabilities.-The Secretary of Veterans Affairs shall ensure that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes, at a minimum, the following capabilities:

"(1) Capability to schedule, modify, and cancel appointments for primary care, specialty care, and mental health.

"(2) Capability to support appointments for the provision of health care regardless of whether such care is provided in person or through telehealth services.

"(3) Capability to view appointment availability in real time.

"(4) Capability to make available, in real time, appointments that were previously filled but later cancelled by other patients.

"(5) Capability to provide prompts or reminders to veterans to schedule follow-up appointments.

"(6) Capability to be used 24 hours per day, 7 days per week.

"(7) Capability to integrate with the Veterans Health Information Systems and Technology Architecture of the Department, or such successor information technology system.

"(b) Independent Validation and Verification.-

"(1) Independent entity.-

"(A) The Secretary shall seek to enter into an agreement with an appropriate non-governmental, not-for-profit entity with expertise in health information technology to independently validate and verify that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, includes the capabilities specified in subsection (a).

"(B) Each independent validation and verification conducted under subparagraph (A) shall be completed as follows:

"(i) With respect to the validation and verification of the patient self-scheduling appointment system used in the pilot program under section 2, by not later than 60 days after the date on which such pilot program commences.

"(ii) With respect to any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs, by not later than 60 days after the date on which such system is deployed, regardless of whether such deployment is on a limited basis, but not including any deployments for testing purposes.

"(2) GAO evaluation.-

"(A) The Comptroller General of the United States shall evaluate each validation and verification conducted under paragraph (1).

"(B) Not later than 30 days after the date on which the Comptroller General completes an evaluation under paragraph (1), the Comptroller General shall submit to the appropriate congressional committees a report on such evaluation.

"(C) In this paragraph, the term 'appropriate congressional committees' means-

"(i) the Committees on Veterans' Affairs of the House of Representatives and the Senate; and

"(ii) the Committees on Appropriations of the House of Representatives and the Senate.

"(c) Certification.-

"(1) Capabilities included.-Not later than December 31, 2017, the Secretary shall certify to the Committees on Veterans' Affairs of the House of Representatives and the Senate that the patient self-scheduling appointment system used in the pilot program under section 2, and any other patient self-scheduling appointment system developed or used by the Department of Veterans Affairs as of the date of the certification, includes the capabilities specified in subsection (a).

"(2) New systems.-If the Secretary develops or begins using a new patient self-scheduling appointment system that is not covered by a certification made under paragraph (1), the Secretary shall certify to such committees that such new system includes the capabilities specified in subsection (a) by not later than 30 days after the date on which the Secretary determines to replace the previous patient self-scheduling appointment system.

"(3) Effect of capabilities not included.-If the Secretary does not make a timely certification under paragraph (1) or paragraph (2), the Secretary shall replace any patient self-scheduling appointment system developed by the Secretary that is in use with a commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in subsection (a).

"SEC. 4. PROHIBITION ON NEW APPROPRIATIONS.

"No additional funds are authorized to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized."

Inspection Program for Kitchens and Food Service Areas at Department of Veterans Affairs Medical Facilities

Pub. L. 114–223, div. A, title II, §251, Sept. 29, 2016, 130 Stat. 893 , provided that:

"(a) In General.-Not later than 90 days after the date of the enactment of this Act [Sept. 29, 2016], the Secretary of Veterans Affairs shall establish a program to conduct inspections of kitchens and food service areas at each medical facility of the Department of Veterans Affairs. Such inspections shall occur not less frequently than annually. The program's goal is to ensure that the same standards for kitchens and food service areas at hospitals in the private sector are being met at kitchens and food service areas at medical facilities of the Department.

"(b) Agreement.-

"(1) In general.-The Secretary shall seek to enter into an agreement with the Joint Commission on Accreditation of Hospital Organizations under which the Joint Commission on Accreditation of Hospital Organizations conducts the inspections required under subsection (a).

"(2) Alternate organization.-If the Secretary is unable to enter into an agreement described in paragraph (1) with the Joint Commission on Accreditation of Hospital Organizations on terms acceptable to the Secretary, the Secretary shall seek to enter into such an agreement with another appropriate organization that-

"(A) is not part of the Federal Government;

"(B) operates as a not-for-profit entity; and

"(C) has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations.

"(c) Remediation Plan.-

"(1) Initial failure.-If a kitchen or food service area of a medical facility of the Department is determined pursuant to an inspection conducted under subsection (a) not to meet the standards for kitchens and food service areas in hospitals in the private sector, that medical facility fails the inspection and the Secretary shall-

"(A) implement a remediation plan for that medical facility within 72 hours; and

"(B) Conduct [sic] a second inspection under subsection (a) at that medical facility within 14 days of the failed inspection.

"(2) Second failure.-If a medical facility of the Department fails the second inspection conducted under paragraph (1)(B), the Secretary shall close the kitchen or food service area at that medical facility that did not meet the standards for kitchens and food service areas in hospitals in the private sector until full remediation is completed and all kitchens and food service areas at that medical facility meet such standards.

"(3) Provision of food.-If a kitchen or food service area is closed at a medical facility of the Department pursuant to paragraph (2), the Director of the Veterans Integrated Service Network in which the medical

facility is located shall enter into a contract with a vendor approved by the General Services Administration to provide food at the medical facility.

"(d) Quarterly Reports.-Not less frequently than quarterly, the Under Secretary of Health shall submit to Congress a report on inspections conducted under this section, and their detailed findings and actions taken, during the preceding quarter at medical facilities of the Department."

Mold Inspection Program for Department of Veterans Affairs Medical Facilities

Pub. L. 114–223, div. A, title II, §252, Sept. 29, 2016, 130 Stat. 894 , provided that:

"(a) In General.-Not later than 90 days after the date of the enactment of this Act [Sept. 29, 2016], the Secretary of Veterans Affairs shall establish a program to conduct risk-based inspections for mold and mold issues at each medical facility of the Department of Veterans Affairs. Such facilities will be rated high, medium, or low risk for mold. Such inspections at facilities rated high risk shall occur not less frequently than annually, and such inspections at facilities rated medium or low risk shall occur not less frequently than biennially.

"(b) Agreement.-

"(1) In general.-The Secretary shall seek to enter into an agreement with the Joint Commission on Accreditation of Hospital Organizations under which the Joint Commission on Accreditation of Hospital Organizations conducts the inspections required under subsection (a).

"(2) Alternate organization.-If the Secretary is unable to enter into an agreement described in paragraph (1) with the Joint Commission on Accreditation of Hospital Organizations on terms acceptable to the Secretary, the Secretary shall seek to enter into such an agreement with another appropriate organization that-

"(A) is not part of the Federal Government;

"(B) operates as a not-for-profit entity; and

"(C) has expertise and objectivity comparable to that of the Joint Commission on Accreditation of Hospital Organizations.

"(c) Remediation Plan.-If a medical facility of the Department is determined pursuant to an inspection conducted under subsection (a) to have a mold issue, the Secretary shall-

"(1) implement a remediation plan for that medical facility within 7 days; and

"(2) Conduct a second inspection under subsection (a) at that medical facility within 90 days of the initial inspection.

"(d) Quarterly Reports.-Not less frequently than quarterly, the Under Secretary for Health shall submit to Congress a report on inspections conducted under this section, and their detailed findings and actions taken, during the preceding quarter at medical facilities of the Department."

Improvement of Health Care Relating to Use of Opioids, Patient Advocacy, Complementary and Integrative Health, and Fitness of Providers

Pub. L. 114–198, title IX, July 22, 2016, 130 Stat. 755 , provided that:

"SEC. 901. SHORT TITLE.

"This title may be cited as the 'Jason Simcakoski Memorial and Promise Act'.

"SEC. 902. DEFINITIONS.

"In this title:

"(1) The term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

"(2) The term 'State' means each of the several States, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

"(3) The term 'complementary and integrative health' has the meaning given that term, or any successor term, by the National Institutes of Health.

"(4) The term 'opioid receptor antagonist' means a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) for emergency treatment of known or suspected opioid overdose.

"Subtitle A-Opioid Therapy and Pain Management

"SEC. 911. IMPROVEMENT OF OPIOID SAFETY MEASURES BY DEPARTMENT OF VETERANS AFFAIRS.

"(a) Expansion of Opioid Safety Initiative.-

"(1) Inclusion of all medical facilities.-Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs shall expand the Opioid Safety Initiative of the Department of Veterans Affairs to include all medical facilities of the Department.

"(2) Guidance.-The Secretary shall establish guidance that each health care provider of the Department of Veterans Affairs, before initiating opioid therapy to treat a patient as part of the comprehensive assessment conducted by the health care provider, use the Opioid Therapy Risk Report tool of the Department of Veterans Affairs (or any subsequent tool), which shall include information from the prescription drug monitoring program of each participating State as applicable, that includes the most recent information to date relating to the patient that accessed such program to assess the risk for adverse outcomes of opioid therapy for the patient, including the concurrent use of controlled substances such as benzodiazepines, as part of the comprehensive assessment conducted by the health care provider.

"(3) Enhanced standards.-The Secretary shall establish enhanced standards with respect to the use of routine and random urine drug tests for all patients before and during opioid therapy to help prevent substance abuse, dependence, and diversion, including-

"(A) that such tests occur not less frequently than once each year or as otherwise determined according to treatment protocols; and

"(B) that health care providers appropriately order, interpret and respond to the results from such tests to tailor pain therapy, safeguards, and risk management strategies to each patient.

"(b) Pain Management Education and Training.-

"(1) In general.-In carrying out the Opioid Safety Initiative of the Department, the Secretary shall require all employees of the Department responsible for prescribing opioids to receive education and training described in paragraph (2).

"(2) Education and training.-Education and training described in this paragraph is education and training on pain management and safe opioid prescribing practices for purposes of safely and effectively managing patients with chronic pain, including education and training on the following:

"(A) The implementation of and full compliance with the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any update to such guideline.

"(B) The use of evidence-based pain management therapies and complementary and integrative health services, including cognitive-behavioral therapy, non-opioid alternatives, and non-drug methods and procedures to managing pain and related health conditions including, to the extent practicable, medical devices approved or cleared by the Food and Drug Administration for the treatment of patients with chronic pain and related health conditions.

"(C) Screening and identification of patients with substance use disorder, including drug-seeking behavior, before prescribing opioids, assessment of risk potential for patients developing an addiction, and referral of patients to appropriate addiction treatment professionals if addiction is identified or strongly suspected.

"(D) Communication with patients on the potential harm associated with the use of opioids and other controlled substances, including the need to safely store and dispose of supplies relating to the use of opioids and other controlled substances.

"(E) Such other education and training as the Secretary considers appropriate to ensure that veterans receive safe and high-quality pain management care from the Department.

"(3) Use of existing program.-In providing education and training described in paragraph (2), the Secretary shall use the Interdisciplinary Chronic Pain Management Training Team Program of the Department (or successor program).

"(c) Pain Management Teams.-

"(1) In general.-In carrying out the Opioid Safety Initiative of the Department, the director of each medical facility of the Department shall identify and designate a pain management team of health care professionals, which may include board certified pain medicine specialists, responsible for coordinating and overseeing pain management therapy at such facility for patients experiencing acute and chronic pain that is non-cancer related.

"(2) Establishment of protocols.-

"(A) In general.-In consultation with the Directors of each Veterans Integrated Service Network, the Secretary shall establish standard protocols for the designation of pain management teams at each medical facility within the Department.

"(B) Consultation on prescription of opioids.-Each protocol established under subparagraph (A) shall ensure that any health care provider without expertise in prescribing analgesics or who has not completed the education and training under subsection (b), including a mental health care provider, does not prescribe opioids to a patient unless that health care provider-

"(i) consults with a health care provider with pain management expertise or who is on the pain management team of the medical facility; and

"(ii) refers the patient to the pain management team for any subsequent prescriptions and related therapy.

"(3) Report.-

"(A) In general.-Not later than one year after the date of enactment of this Act [July 22, 2016], the director of each medical facility of the Department shall submit to the Under Secretary for Health and the director of the Veterans Integrated Service Network in which the medical facility is located a report identifying the health care professionals that have been designated as members of the pain management team at the medical facility pursuant to paragraph (1).

"(B) Elements.-Each report submitted under subparagraph (A) with respect to a medical facility of the Department shall include-

"(i) a certification as to whether all members of the pain management team at the medical facility have completed the education and training required under subsection (b);

"(ii) a plan for the management and referral of patients to such pain management team if health care providers without expertise in prescribing analgesics prescribe opioid medications to treat acute and chronic pain that is non-cancer related; and

"(iii) a certification as to whether the medical facility-

"(I) fully complies with the stepped-care model, or successor models, of pain management and other pain management policies of the Department; or

"(II) does not fully comply with such stepped-care model, or successor models, of pain management and other pain management policies but is carrying out a corrective plan of action to ensure such full compliance.

"(d) Tracking and Monitoring of Opioid Use.-

"(1) Prescription drug monitoring programs of states.-In carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool of the Department, the Secretary shall-

"(A) ensure access by health care providers of the Department to information on controlled substances, including opioids and benzodiazepines, prescribed to veterans who receive care outside the Department through the prescription drug monitoring program of each State with such a program, including by

seeking to enter into memoranda of understanding with States to allow shared access of such information between States and the Department;

"(B) include such information in the Opioid Therapy Risk Report tool; and

"(C) require health care providers of the Department to submit to the prescription drug monitoring program of each State with such a program information on prescriptions of controlled substances received by veterans in that State under the laws administered by the Secretary.

"(2) Report on tracking of data on opioid use.-Not later than 18 months after the date of the enactment of this Act [July 22, 2016], the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of improving the Opioid Therapy Risk Report tool of the Department to allow for more advanced real-time tracking of and access to data on-

"(A) the key clinical indicators with respect to the totality of opioid use by veterans;

"(B) concurrent prescribing by health care providers of the Department of opioids in different health care settings, including data on concurrent prescribing of opioids to treat mental health disorders other than opioid use disorder; and

"(C) mail-order prescriptions of opioids prescribed to veterans under the laws administered by the Secretary.

"(e) Availability of Opioid Receptor Antagonists.-

"(1) Increased availability and use.-

"(A) In general.-The Secretary shall maximize the availability of opioid receptor antagonists, including naloxone, to veterans.

"(B) Availability, training, and distributing.-In carrying out subparagraph (A), not later than 90 days after the date of the enactment of this Act [July 22, 2016], the Secretary shall-

"(i) equip each pharmacy of the Department with opioid receptor antagonists to be dispensed to outpatients as needed; and

"(ii) expand the Overdose Education and Naloxone Distribution program of the Department to ensure that all veterans in receipt of health care under laws administered by the Secretary who are at risk of opioid overdose may access such opioid receptor antagonists and training on the proper administration of such opioid receptor antagonists.

"(C) Veterans who are at risk.-For purposes of subparagraph (B), veterans who are at risk of opioid overdose include-

"(i) veterans receiving long-term opioid therapy;

"(ii) veterans receiving opioid therapy who have a history of substance use disorder or prior instances of overdose; and

"(iii) veterans who are at risk as determined by a health care provider who is treating the veteran.

"(2) Report.-Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on carrying out paragraph (1), including an assessment of any remaining steps to be carried out by the Secretary to carry out such paragraph.

"(f) Inclusion of Certain Information and Capabilities in Opioid Therapy Risk Report Tool of the Department.-

"(1) Information.-The Secretary shall include in the Opioid Therapy Risk Report tool of the Department-

"(A) information on the most recent time the tool was accessed by a health care provider of the Department with respect to each veteran; and

"(B) information on the results of the most recent urine drug test for each veteran.

"(2) Capabilities.-The Secretary shall include in the Opioid Therapy Risk Report tool the ability of the health care providers of the Department to determine whether a health care provider of the Department prescribed opioids to a veteran without checking the information in the tool with respect to the veteran.

"(g) Notifications of Risk in Computerized Health Record.-The Secretary shall modify the computerized patient record system of the Department to ensure that any health care provider that accesses the record of a veteran, regardless of the reason the veteran seeks care from the health care provider, will be immediately notified whether the veteran-

"(1) is receiving opioid therapy and has a history of substance use disorder or prior instances of overdose;

"(2) has a history of opioid abuse; or

"(3) is at risk of developing an opioid use disorder, as determined by a health care provider who is treating the veteran.

"SEC. 912. STRENGTHENING OF JOINT WORKING GROUP ON PAIN MANAGEMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

"(a) In General.-Not later than 90 days after the date of enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the Pain Management Working Group of the Health Executive Committee of the Department of Veterans Affairs–Department of Defense Joint Executive Committee (Pain Management Working Group) established under section 320 of title 38, United States Code, includes a focus on the following:

"(1) The opioid prescribing practices of health care providers of each Department.

"(2) The ability of each Department to manage acute and chronic pain among individuals receiving health care from the Department, including training health care providers with respect to pain management.

"(3) The use by each Department of complementary and integrative health in treating such individuals.

"(4) The concurrent use and practice by health care providers of each Department of opioids and prescription drugs to treat mental health disorders, including benzodiazepines.

"(5) The use of care transition plans by health care providers of each Department to address case management issues for patients receiving opioid therapy who transition between inpatient and outpatient care.

"(6) The coordination in coverage of and consistent access to medications prescribed for patients transitioning from receiving health care from the Department of Defense to receiving health care from the Department of Veterans Affairs.

"(7) The ability of each Department to properly screen, identify, refer, and treat patients with substance use disorders who are seeking treatment for acute and chronic pain management conditions.

"(b) Coordination and Consultation.-The Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the working group described in subsection (a)-

"(1) coordinates the activities of the working group with other relevant working groups established under section 320 of title 38, United States Code;

"(2) consults with other relevant Federal agencies, including the Centers for Disease Control and Prevention, with respect to the activities of the working group; and

"(3) consults with the Department of Veterans Affairs and the Department of Defense with respect to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, or any successor guideline, and reviews and provides comments before any update to the guideline is released.

"(c) Clinical Practice Guidelines.-

"(1) In general.-Not later than 180 days after the date of the enactment of this Act [July 22, 2016], the Secretary of Veterans Affairs and the Secretary of Defense shall issue an update to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

"(2) Matters included.-In conducting the update under paragraph (1), the Pain Management Working Group, in coordination with the Clinical Practice Guideline VA/DoD Management of Opioid Therapy for Chronic Pain Working Group, shall work to ensure that the Clinical Practical Guideline includes the following:

"(A) Enhanced guidance with respect to-

"(i) the co-administration of an opioid and other drugs, including benzodiazepines, that may result in life-limiting drug interactions;

"(ii) the treatment of patients with current acute psychiatric instability or substance use disorder or patients at risk of suicide; and

"(iii) the use of opioid therapy to treat mental health disorders other than opioid use disorder.

"(B) Enhanced guidance with respect to the treatment of patients with behaviors or comorbidities, such as post-traumatic stress disorder or other psychiatric disorders, or a history of substance abuse or

addiction, that requires a consultation or co-management of opioid therapy with one or more specialists in pain management, mental health, or addictions.

"(C) Enhanced guidance with respect to health care providers-

"(i) conducting an effective assessment for patients beginning or continuing opioid therapy, including understanding and setting realistic goals with respect to achieving and maintaining an expected level of pain relief, improved function, or a clinically appropriate combination of both; and

"(ii) effectively assessing whether opioid therapy is achieving or maintaining the established treatment goals of the patient or whether the patient and health care provider should discuss adjusting, augmenting, or discontinuing the opioid therapy.

"(D) Guidelines to inform the methodologies used by health care providers of the Department of Veterans Affairs and the Department of Defense to safely taper opioid therapy when adjusting or discontinuing the use of opioid therapy, including-

"(i) prescription of the lowest effective dose based on patient need;

"(ii) use of opioids only for a limited time; and

"(iii) augmentation of opioid therapy with other pain management therapies and modalities.

"(E) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition between inpatient and outpatient health care settings, which may include the use of care transition plans.

"(F) Guidelines with respect to appropriate case management for patients receiving opioid therapy who transition from receiving care during active duty to post-military health care networks.

"(G) Guidelines with respect to providing options, before initiating opioid therapy, for pain management therapies without the use of opioids and options to augment opioid therapy with other clinical and complementary and integrative health services to minimize opioid dependence.

"(H) Guidelines with respect to the provision of evidence-based non-opioid treatments within the Department of Veterans Affairs and the Department of Defense, including medical devices and other therapies approved or cleared by the Food and Drug Administration for the treatment of chronic pain as an alternative to or to augment opioid therapy.

"(I) Guidelines developed by the Centers for Disease Control and Prevention for safely prescribing opioids for the treatment of chronic, non-cancer related pain in outpatient settings.

"(3) Rule of construction.-Nothing in this subsection shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in updating the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, as required under paragraph (1), or from ensuring that the final clinical practice guideline updated under such paragraph remains applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.

"SEC. 913. REVIEW, INVESTIGATION, AND REPORT ON USE OF OPIOIDS IN TREATMENT BY DEPARTMENT OF VETERANS AFFAIRS.

"(a) Comptroller General Report.-

"(1) In general.-Not later than two years after the date of the enactment of this Act [July 22, 2016], the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Opioid Safety Initiative of the Department of Veterans Affairs and the opioid prescribing practices of health care providers of the Department.

"(2) Elements.-The report submitted under paragraph (1) shall include the following:

"(A) An assessment of the implementation and monitoring by the Veterans Health Administration of the Opioid Safety Initiative of the Department, including examining, as appropriate, the following:

"(i) How the Department monitors the key clinical outcomes of such safety initiative (for example, the percentage of unique veterans visiting each medical center of the Department that are prescribed an opioid or an opioid and benzodiazepine concurrently) and how the Department uses that information-

"(I) to improve prescribing practices; and

"(II) to identify high prescribing or otherwise inappropriate prescribing practices by health care providers.

"(ii) How the Department monitors the use of the Opioid Therapy Risk Report tool of the Department (as developed through such safety initiative) and compliance with such tool by medical facilities and health care providers of the Department, including any findings by the Department of prescription rates or prescription practices by medical facilities or health care providers that are inappropriate.

"(iii) The implementation of academic detailing programs within the Veterans Integrated Service Networks of the Department and how such programs are being used to improve opioid prescribing practices.

"(iv) Recommendations on such improvements to the Opioid Safety Initiative of the Department as the Comptroller General considers appropriate.

"(B) Information made available under the Opioid Therapy Risk Report tool with respect to-

"(i) deaths resulting from sentinel events involving veterans prescribed opioids by a health care provider;

"(ii) overall prescription rates and, if applicable, indications used by health care providers for prescribing chronic opioid therapy to treat non-cancer, non-palliative, and non-hospice care patients;

"(iii) the prescription rates and indications used by health care providers for prescribing benzodiazepines and opioids concomitantly;

"(iv) the practice by health care providers of prescribing opioids to treat patients without any pain, including to treat patients with mental health disorders other than opioid use disorder; and

"(v) the effectiveness of opioid therapy for patients receiving such therapy, including the effectiveness of long-term opioid therapy.

"(C) An evaluation of processes of the Department in place to oversee opioid use among veterans, including procedures to identify and remedy potential over-prescribing of opioids by health care providers of the Department.

"(D) An assessment of the implementation by the Secretary of Veterans Affairs of the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including any figures or approaches used by the Department to assess compliance with such guidelines by medical centers of the Department and identify any medical centers of the Department operating action plans to improve compliance with such guidelines.

"(E) An assessment of the data that the Department has developed to review the opioid prescribing practices of health care providers of the Department, as required by this subtitle, including a review of how the Department identifies the practices of individual health care providers that warrant further review based on prescribing levels, health conditions for which the health care provider is prescribing opioids or opioids and benzodiazepines concurrently, or other practices of the health care provider.

"(b) Semi-annual Progress Report on Implementation of Comptroller General Recommendations.-Not later than 180 days after the date of the submittal of the report required under subsection (a), and not less frequently than annually thereafter until the Comptroller General of the United States determines that all recommended actions are closed, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a progress report detailing the actions by the Secretary to address any outstanding findings and recommendations by the Comptroller General of the United States under subsection (a) with respect to the Veterans Health Administration.

"(c) Annual Report on Opioid Therapy and Prescription Rates.-Not later than one year after the date of the enactment of this Act [July 22, 2016], and not less frequently than annually for the following five years, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on opioid therapy and prescription rates for the one-year period preceding the date of the submission of the report. Each such report shall include each of the following:

"(1) The number of patients and the percentage of the patient population of the Department who were prescribed benzodiazepines and opioids concurrently by a health care provider of the Department.

"(2) The number of patients and the percentage of the patient population of the Department without any pain who were prescribed opioids by a health care provider of the Department, including those who were prescribed benzodiazepines and opioids concurrently.

"(3) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were treated with opioids by a health care provider of the Department on an inpatient-basis and who also received prescription opioids by mail from the Department while being treated on an inpatient-basis.

"(4) The number of non-cancer, non-palliative, and non-hospice care patients and the percentage of such patients who were prescribed opioids concurrently by a health care provider of the Department and a health care provider that is not a health care provider of the Department.

"(5) With respect to each medical facility of the Department, the collected and reviewed information on opioids prescribed by health care providers at the facility to treat non-cancer, non-palliative, and non-hospice care patients, including-

"(A) the prescription rate at which each health care provider at the facility prescribed benzodiazepines and opioids concurrently to such patients and the aggregate of such prescription rate for all health care providers at the facility;

"(B) the prescription rate at which each health care provider at the facility prescribed benzodiazepines or opioids to such patients to treat conditions for which benzodiazepines or opioids are not approved treatment and the aggregate of such prescription rate for all health care providers at the facility;

"(C) the prescription rate at which each health care provider at the facility prescribed or dispensed mail-order prescriptions of opioids to such patients while such patients were being treated with opioids on an inpatient-basis and the aggregate of such prescription rate for all health care providers at the facility; and

"(D) the prescription rate at which each health care provider at the facility prescribed opioids to such patients who were also concurrently prescribed opioids by a health care provider that is not a health care provider of the Department and the aggregate of such prescription rates for all health care providers at the facility.

"(6) With respect to each medical facility of the Department, the number of times a pharmacist at the facility overrode a critical drug interaction warning with respect to an interaction between opioids and another medication before dispensing such medication to a veteran.

"(d) Investigation of Prescription Rates.-If the Secretary determines that a prescription rate with respect to a health care provider or medical facility of the Department conflicts with or is otherwise inconsistent with the standards of appropriate and safe care, the Secretary shall-

"(1) immediately notify the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives of such determination, including information relating to such determination, prescription rate, and health care provider or medical facility, as the case may be; and

"(2) through the Office of the Medical Inspector of the Veterans Health Administration, conduct a full investigation of the health care provider or medical facility, as the case may be.

"(e) Prescription Rate Defined.-In this section, the term 'prescription rate' means, with respect to a health care provider or medical facility of the Department, each of the following:

"(1) The number of patients treated with opioids by the health care provider or at the medical facility, as the case may be, divided by the total number of pharmacy users of that health care provider or medical facility.

"(2) The average number of morphine equivalents per day prescribed by the health care provider or at the medical facility, as the case may be, to patients being treated with opioids.

"(3) Of the patients being treated with opioids by the health care provider or at the medical facility, as the case may be, the average number of prescriptions of opioids per patient.

"SEC. 914. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

[Amended section 5701 of this title.]

"SEC. 915. ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS.

"(a) Copayment for Opioid Antagonists.-[Amended section 1722A of this title.]

"(b) Copayment for Education on Use of Opioid Antagonists.-[Amended section 1710 of this title.]