

(3) For purposes of paragraph (1)(B), an appropriate transfer to a medical facility is a transfer—

(A) in which the transferring hospital provides the medical treatment within its capacity that minimizes the risks to the health of the individual and, in the case of a woman in labor, the health of the unborn child;

(B) in which the receiving facility—

(i) has available space and qualified personnel for the treatment of the individual; and

(ii) has agreed to accept transfer of the individual and to provide appropriate medical treatment;

(C) in which the transferring hospital sends to the receiving facility all medical records (or copies thereof) available at the time of the transfer relating to the emergency medical condition for which the individual has presented, including—

(i) observations of signs or symptoms;

(ii) preliminary diagnosis;

(iii) treatment provided;

(iv) the results of any tests; and

(v) the informed written request or certification (or copy thereof) provided under paragraph (1)(A);

(D) in which the transfer is effected through qualified personnel and transportation equipment, including the use of necessary and medically appropriate life support measures during the transfer; and

(E) that meets such other requirements as the Secretary considers necessary in the interest of the health and safety of the individual or individuals transferred.

(d) PAYMENT TO THE DEPARTMENT.—The Secretary shall charge for any care or services provided under this section in accordance with billing and reimbursement authorities available to the Secretary under other provisions of law.

(e) DEFINITIONS.—In this section:

(1) The term “campus” means, with respect to a hospital of the Department—

(A) the physical area immediately adjacent to the main buildings of the hospital;

(B) other areas and structures that are not strictly contiguous to the main buildings but are located not more than 250 yards from the main buildings; and

(C) any other areas determined by the Secretary to be part of the campus of the hospital.

(2) The term “emergency medical condition” means—

(A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

(i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

(ii) serious impairment to bodily functions; or

(iii) serious dysfunction of any bodily organ or part; or

(B) in the case of a pregnant woman, a stage of labor that a medical provider determines indicates—

(i) that there is inadequate time to effect a safe transfer to another hospital before delivery; or

(ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

(3)(A) The term “to stabilize” means—

(i) with respect to an emergency medical condition described in paragraph (2)(A), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility; or

(ii) with respect to an emergency medical condition described in paragraph (2)(B), to deliver (including the placenta).

(B) The term “stabilized” means—

(i) with respect to an emergency medical condition described in paragraph (2)(A), that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility; or

(ii) with respect to an emergency medical condition described in paragraph (2)(B), that the woman has delivered (including the placenta).

(4) The term “transfer” means the movement (including the discharge) of an individual outside the facilities of a hospital of the Department at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who—

(A) has been declared dead; or

(B) leaves the facility without the permission of any such person.

(Added Pub. L. 114-315, title VI, §606(a), Dec. 16, 2016, 130 Stat. 1572.)

§ 1785. Care and services during certain disasters and emergencies

(a) AUTHORITY TO PROVIDE HOSPITAL CARE AND MEDICAL SERVICES.—During and immediately following a disaster or emergency referred to in subsection (b), the Secretary may furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by that disaster or emergency.

(b) COVERED DISASTERS AND EMERGENCIES.—A disaster or emergency referred to in this subsection is any disaster or emergency as follows:

(1) A major disaster or emergency declared by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

(2) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2812 of the Public Health Service Act (42 U.S.C. 300hh)¹ is activated by the Secretary of Health and Human Services

¹ See References in Text note below.

under that section or as otherwise authorized by law.

(c) **APPLICABILITY TO ELIGIBLE INDIVIDUALS WHO ARE VETERANS.**—The Secretary may furnish care and services under this section to an individual described in subsection (a) who is a veteran without regard to whether that individual is enrolled in the system of patient enrollment under section 1705 of this title.

(d) **REIMBURSEMENT FROM OTHER FEDERAL DEPARTMENTS AND AGENCIES.**—(1) The cost of any care or services furnished under this section to an officer or employee of a department or agency of the United States other than the Department or to a member of the Armed Forces shall be reimbursed at such rates as may be agreed upon by the Secretary and the head of such department or agency or the Secretary concerned, in the case of a member of the Armed Forces, based on the cost of the care or service furnished.

(2) Amounts received by the Department under this subsection shall be credited to the Medical Care Collections Fund under section 1729A of this title.

(e) **REPORT TO CONGRESSIONAL COMMITTEES.**—Within 60 days of the commencement of a disaster or emergency referred to in subsection (b) in which the Secretary furnishes care and services under this section (or as soon thereafter as is practicable), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the Secretary's allocation of facilities and personnel in order to furnish such care and services.

(f) **REGULATIONS.**—The Secretary shall prescribe regulations governing the exercise of the authority of the Secretary under this section.

(Added Pub. L. 107-287, §4(a)(1), Nov. 7, 2002, 116 Stat. 2028; amended Pub. L. 109-444, §8(a)(2), Dec. 21, 2006, 120 Stat. 3313; Pub. L. 109-461, title X, §§1004(a)(2), 1006(b), Dec. 22, 2006, 120 Stat. 3465, 3468; Pub. L. 111-275, title X, §1001(c)(2), Oct. 13, 2010, 124 Stat. 2896.)

Editorial Notes

REFERENCES IN TEXT

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, referred to in subsec. (b)(1), is Pub. L. 93-288, May 22, 1974, 88 Stat. 143, which is classified principally to chapter 68 (§5121 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 5121 of Title 42 and Tables.

Section 2812 of the Public Health Service Act, referred to in subsec. (b)(2), is classified to section 300hh-11 of Title 42, The Public Health and Welfare.

PRIOR PROVISIONS

A prior section 1785 was renumbered section 3685 of this title.

AMENDMENTS

2010—Subsec. (b)(2). Pub. L. 111-275 substituted “section 2812 of the Public Health Service Act (42 U.S.C. 300hh)” for “section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh-11(b))” and struck out “paragraph (3)(A) of” before “that section”.

2006—Subsec. (b)(1). Pub. L. 109-461, §1006(b), provided that as of the enactment of Pub. L. 109-461, the amendments made by Pub. L. 109-444 were deemed for all pur-

poses not to have taken effect and that Pub. L. 109-444 ceased to be in effect. See Amendment notes below and section 1006(b) of Pub. L. 109-461, set out as a Coordination of Provisions With Pub. L. 109-444 note under section 101 of this title.

Pub. L. 109-461, §1004(a)(2), substituted “Robert T.” for “Robert B.”.

Pub. L. 109-444, which substituted “Robert T.” for “Robert B.”, was terminated by Pub. L. 109-461, §1006(b). See Amendment notes above.

Statutory Notes and Related Subsidiaries

TRANSFER OF FUNCTIONS

For transfer of functions, personnel, assets, and liabilities of the National Disaster Medical System, including the functions of the Secretary of Homeland Security and the Under Secretary for Emergency Preparedness and Response relating thereto, to the Secretary of Health and Human Services, see title III of Pub. L. 109-295, set out in part as a note under section 300hh-11 of Title 42, The Public Health and Welfare, and section 301(b) of Pub. L. 109-417, set out as a note under section 300hh-11 of Title 42.

For transfer of functions, personnel, assets, and liabilities of the National Disaster Medical System of the Department of Health and Human Services, including the functions of the Secretary of Health and Human Services and the Assistant Secretary for Public Health Emergency Preparedness [now Assistant Secretary for Preparedness and Response] relating thereto, to the Secretary of Homeland Security, and for treatment of related references, see former section 313(5) and sections 551(d), 552(d), and 557 of Title 6, Domestic Security, and the Department of Homeland Security Reorganization Plan of November 25, 2002, as modified, set out as a note under section 542 of Title 6.

§ 1786. Care for newborn children of women veterans receiving maternity care

(a) **IN GENERAL.**—Except as provided in subsection (c), the Secretary may furnish health care services described in subsection (b) and transportation necessary to receive such services to a newborn child of a woman veteran who is receiving maternity care furnished by the Department for not more than seven days after the birth of the child if the veteran delivered the child in—

- (1) a facility of the Department;
- (2) another facility pursuant to a Department contract for services relating to such delivery; or
- (3) another location, including a health care facility, if the veteran delivers the child before arriving at a facility described in paragraph (1) or (2).

(b) **COVERED HEALTH CARE SERVICES.**—Health care services described in this subsection are all post-delivery care services, including routine care services, that a newborn child requires, including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer of the newborn child and responsibility for treatment of the newborn child.

(c) **EXCEPTION BASED ON MEDICAL NECESSITY.**—Pursuant to such regulations as the Secretary shall prescribe to carry out this section, the Secretary may furnish more than seven days of health care services described in subsection (b), and may furnish transportation necessary to receive such services, to a newborn child based on