

ENROLLMENT DETERMINATIONS

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook provides information on the policies for administering Public Law (Pub. L.) 104-262, the Veterans' Health Care Eligibility Reform Act of 1996, which required the Department of Veterans Affairs to establish an enrollment system, and title 38 Code of Federal Regulations Section 17.36 which established categories of Veterans who are eligible to be enrolled.
- 2. SUMMARY OF CHANGES.** This VHA Handbook includes provisions based on relevant changes in the explanatory statement accompanying the Pub. L. 110-329, "Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009"; Pub. L. 111-163, "Caregivers and Veterans Omnibus Health Services Act of 2010"; and Pub. L. 112-154, "Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012."
- 3. RELATED ISSUES.** VHA Directive 1610.01, VHA Handbooks 1601A.01 through 1601E.01.
- 4. RESPONSIBLE OFFICE.** The Chief Business Office (10NB) is the responsible for the contents of this VHA Handbook. Questions may be addressed at 202-461-1589.
- 5. RESCISSIONS.** VHA Handbook 1601A.03 dated September 21, 2007 is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of July 2018.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 7/15/2013

CONTENTS

ENROLLMENT DETERMINATIONS

PARAGRAPH	PAGE
1. Purpose	1
2. Background and Authority	1
3. Definitions	1
4. Scope	6
5. Priority Groups	6
6. Notifications of Enrollment Determinations and Appeals	9
7. Issuance of Veteran Identification Cards (VICs)	9
8. Annual Financial Assessment (Means Test Renewals)	10
9. Disenrollment	10
10. References	11

ENROLLMENT DETERMINATIONS

1. PURPOSE

This Veterans Health Administration (VHA) handbook defines the determinations for the enrollment of Veterans for Department of Veterans Affairs (VA) health care benefits. **NOTE:** *Procedures for processing enrollment determinations can be found in VHA Procedure Guide 1601A.03, at can be viewed at: <http://vaww.va.gov/CBO/apps/policyguides/index.asp>. This is an internal VA Web site and is not available to the public.*

2. BACKGROUND AND AUTHORITY

a. Public Law (Pub. L.) 104-262, the Veterans' Health Care Eligibility Reform Act of 1996, required that VA establish an enrollment system to help manage its health care delivery system.

b. Title 38 Code of Federal Regulation (CFR) Section 17.36, provides that the Secretary of Veterans Affairs must establish which categories of Veterans are eligible to be enrolled for VA health care benefits.

c. Explanatory Statement accompanying Pub. L. 110-329, Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009, 154 Cong. Rec. H9427, at H9829 (September 24, 2008), provided the expansion of enrollment for Veterans in the VA Health Care System.

d. Pub. L. 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010, amended statutory provisions affecting the enrollment of Veterans in certain health care priority groups and exempted catastrophically disabled (CD) Veterans from certain copayment requirements.

e. Pub. L. 112-154, Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, amended the statutory provisions affecting the enrollment of Veterans who served on active duty at Camp Lejeune for not fewer than 30 days between January 1, 1957 and December 31, 1987.

3. DEFINITIONS

a. **Aid and Attendance (A&A).** A&A is a standard for determining whether a Veteran, surviving spouse, or parent who is entitled to compensation, pension, or dependency and indemnity compensation is entitled to a higher rate of payment based on the recipient's (or the Veteran's spouse) need for the regular A&A of another person. (see 38 CFR 3.350-3.352.)

b. **Appeal.** An appeal consists of a timely filed Notice of Disagreement in writing and, after a Statement of the Case has been furnished, a timely filed Substantive Appeal. (see 38 CFR 20.200).

c. **Applicant.** An applicant is a person who has submitted a written request for VA health care benefits and/or for enrollment in the VA Health Care System.

d. **Catastrophically Disabled.** Catastrophically disabled is a status identifying a Veteran with a permanent severely disabling injury, disorder, or disease that compromises the ability to carry out the activities of daily living to such a degree that the individual requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to self or others and who meets the criteria established in 38 CFR 17.36(e). *NOTE: For more information on catastrophically disabled, see 38 CFR 17.36(e).*

e. **Combat Veteran.** A combat Veteran is a Veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in 38 United States Code (U.S.C.) 1712A(a)(2)(B)) after November 11, 1998.

f. **Compensable Disability.** Compensable disability is a VA-rated service-connected (SC) disability for which monetary compensation is authorized.

g. **Copayment.** Copayment is a specific monetary charge to the Veteran for hospital care, medical services, extended care services, or medications provided by VA.

h. **Disenrollment.** Disenrollment is the discontinuation of a Veteran's enrollment in the VA Health Care System, which may be initiated either by the Veteran or by VA.

i. **Enrollee.** Enrollee is a Veteran who has applied for VA health care services, who has been accepted for such care, and who has received confirmation of enrollment from an authorized VHA official, generally the Director of the Health Eligibility Center (HEC) in the VA Health Care System. Unless formal steps have been taken to disenroll a Veteran, a Veteran will remain continuously enrolled in VA's health care system. Enrolled Veterans may seek care at any VA facility without being required or requested to reestablish eligibility for VA health care enrollment purposes. *NOTE: For more information on enrollment in the VA health care system, see 38 U.S.C. 1705, and 38 CFR 17.36.*

j. **Enrollment.** Enrollment is acceptance of an eligible Veteran into the VA Health Care System and assignment to an enrollment priority group.

k. **Financial Assessment.** Financial assessment is the process known as a Means Test (MT) used by VA to assess a Veteran's attributable income and assets. The MT determines a Veteran's copayment responsibilities, assists in determining enrollment priority group assignment, and assists in evaluating requirements for determining beneficiary travel benefits.

l. **Geographic Means Test (GMT) Copayment Required.** GMT copayment required is a copayment status assigned to a Veteran whose financial status is above the VHA MT income threshold but below the GMT income threshold.

m. **Geographic Means Test (GMT) Income Threshold.** GMT income threshold is the income threshold used to determine if a Veteran may be enrolled in Priority Group 7. It uses low-income limits for each zip code. *NOTE: The current GMT income thresholds can be viewed at: http://www.va.gov/healthbenefits/cost/income_thresholds.asp.*

n. **Health Eligibility Center (HEC)**. HEC is VHA's authoritative source for the verification of a Veteran's eligibility for VA health care benefits, including enrollment determination, priority group assignment, and income verification (IV).

o. **Means Test (MT) Copayment Exempt**. MT copayment exempt are categories of Veterans who are not required to make a copayment for inpatient hospital care or outpatient medical care due to the fact that the Veteran:

- (1) Has a compensable SC disability;
- (2) Is a former Prisoner of War;
- (3) Was awarded a Purple Heart;
- (4) Was discharged or released from active military service for a disability incurred or aggravated in the line of duty;
- (5) Receives disability compensation under 38 U.S.C. 1151;
- (6) Whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that the Veteran's continuing eligibility for care is provided for in the judgment or settlement described in 38 U.S.C. 1151;
- (7) Whose entitlement to disability compensation is suspended because of the receipt of military retirement pay.
- (8) Is a Veteran of the Mexican border period or of World War I;
- (9) Is a TRICARE-eligible military retiree provided care under an interagency agreement as defined in 38 U.S.C. 8111 Note (Section 113 of Pub. L. 106-117). **NOTE:** *The Veteran may be responsible for cost shares associated with care provided under TRICARE eligibility;*
- (10) Is a Veteran who VA determines to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a); and
- (11) A Veteran who VA determines to be CD.

NOTE: *Although the term "Means Test (MT) Copayment Exempt" includes certain Veterans whose exception is based on reasons other than their financial assessment, it is referenced as such to refer to the status given to these Veterans in the Veterans Health Information Systems and Technology Architecture (VistA).*

p. **Means Test (MT) Copayment Required**. MT copayment required is a copayment status assigned to a Veteran who is required to make medical care copayments for hospital and outpatient care based on established MT thresholds.

q. **Means Test (MT) Threshold.** MT threshold is the national income threshold used to determine if a Veteran may be enrolled in Priority Group 5. VA uses the MT threshold for the current calendar year to determine whether the Veteran is considered unable to defray the expenses of necessary care. *NOTE: The current national income thresholds can be viewed at http://www.va.gov/healthbenefits/cost/income_thresholds.asp.*

r. **Medical Benefits Package.** Medical benefits package is the health care that is available to Veterans enrolled in the VA Health Care System. *NOTE: For information on what is included and not included in the medical benefits package, see 38 CFR 17.38.*

s. **Medication Copayment Exemption.** Medication copayment exemption is a copayment status assigned to a Veteran who is not required to make copayments for medications due to the fact the medication:

(1) Is for Veterans with a service-connected disability rated 50 percent or more based on a service connected disability or unemployability;

(2) Is for a Veteran's service connected disability;

(3) Is for a Veteran whose annual income (as determined under 38 U.S.C. 1503) does not exceed the maximum annual rate of VA pension that would be payable to such Veteran if such Veteran were eligible for pension under 38 U.S.C. 1521;

(4) Is authorized under 38 U.S.C. 1710(e) for Vietnam-era herbicide-exposed Veterans, radiation-exposed Veterans, Persian Gulf War Veterans, post-Persian Gulf War combat Veterans, or certain Camp Lejeune Veterans for the treatment of illnesses or conditions specified in 38 U.S.C. 1710(e)(1)(F);

(5) Is for treatment of sexual trauma as authorized under 38 U.S.C. 1720D;

(6) Is for treatment of cancer of the head or neck authorized under 38 U.S.C. 1720E;

(7) Is provided as part of a VA approved research project authorized by 38 U.S.C. 7303;

(8) Is for Veterans who are determined to be CD, as defined in 38 CFR 17.36(e); and

(9) Is for Veterans who are former Prisoners of War (POWs).

t. **Medication Copayment Required.** Medication copayment required is a copayment status assigned to a Veteran who is required to make copayments for medications based on eligibility and/or whose annual income exceeds the established pension thresholds which include rates for Veterans in receipt of increased pension based on the need for A&A or Housebound (HB) allowances. *NOTE: The current pension thresholds can be viewed at: http://www.va.gov/healthbenefits/cost/income_thresholds.asp.*

u. **Minimum Active Duty Period.** Minimum active duty period is the minimum period of active duty that many Veterans who served after September 7, 1980, must have served in order to receive most VA benefits. The complete definition is found at 38 CFR 3.12a.

v. **National Card Management Directory (NCMD).** NCMD is the directory that stores information about Veteran Identification Card (VIC) requests made by VHA medical facilities. (see <https://vaww.eteach.med.va.gov/VIC/index.asp>.) **NOTE:** *This is an internal VA Web site and is not available to the public.*

w. **Non-compensable Disability.** Non-compensable disability is a service connected disability that VA adjudicates as not severe enough to warrant monetary compensation.

x. **Non-service Connected (NSC) Pension.** NSC pension is a monetary benefit awarded to permanently and totally disabled, low-income Veterans with 90 days or more of active military service, of which, at least 1 day was during wartime.

y. **Non-service Connected (NSC) Veteran.** NSC Veteran is one who does not have a VA adjudicated illness or injury incurred in, or aggravated by, military service.

z. **Priority Groups.** Priority groups are established by 38 U.S.C. 1705 to determine which categories of Veterans are eligible to be enrolled. All enrolled Veterans will be placed in the highest priority group(s) for which they are qualified. **NOTE:** *For more information regarding priority groups, see 38 CFR 17.36.*

aa. **Re-Enrollment.** Re-enrollment is a continuation of enrollment for previously enrolled Veterans and an enrollment of Veterans who were previously disenrolled.

bb. **Service Connected (SC) Veteran.** An SC Veteran is one who has an illness or injury incurred in, or aggravated by, military service as adjudicated by the Veterans Benefits Administration.

cc. **Veteran.** A Veteran is a person who served in the active military, naval, or air service and was discharged or released from service under conditions “other than dishonorable.” **NOTE:** *For more information on the definition of Veteran and for other service that may qualify an individual for Veteran status, see 38 CFR 3.1, 3.6, and 3.7.*

dd. **Veterans Identification Card (VIC).** VIC is an identification card issued to Veterans whose eligibility and enrollment status has been verified. It is for the specific purpose of identifying the Veteran when he or she is seeking VA health care benefits and assisting VHA staff with administrative processing. The VIC is for VA official business only. **NOTE:** *For more information see VHA Directive 1610.01.*

ee. **VA Form 10-10EZ, Application for Health Benefits.** VA Form 10-10EZ is the VA form completed by Veterans to apply for VA health care benefits. The form includes demographic, military, insurance, and financial information.

ff. **VA Form 10-10EZR, Health Benefits Renewal.** VA Form 10-10EZR is the VA form used by Veterans to submit their updated personal, insurance, and financial information to VA.

4. SCOPE

This Handbook provides details on:

- a. Priority Groups 1-8;
- b. Notifications of enrollment decisions and appeals;
- c. Issuance of VICs;
- d. Annual MT Renewals; and
- e. Disenrollments.

5. PRIORITY GROUPS

Priority groups have been established to manage the provision of care to all enrolled Veterans. Upon application, each Veteran will be placed into the highest priority group for which they are eligible based upon verification of the information provided in the VA Form 10-10EZ.

a. **Priority Group 1.** Priority Group 1 consists of Veterans with a singular or combined rating of 50 percent or greater based on one or more service connected disabilities or unemployability.

b. **Priority Group 2.** Priority Group 2 consists of Veterans with a singular or combined rating of 30 percent or 40 percent based on one or more service connected disabilities.

c. **Priority Group 3.** Priority Group 3 consists of:

- (1) Veterans who are former POWs;
- (2) Veterans awarded the Purple Heart or the Medal of Honor;
- (3) Veterans with a singular or combined rating of 10 percent or 20 percent based on one or more service connected disabilities;
- (4) Veterans who were discharged or released from active military service for a disability incurred or aggravated in the line of duty;
- (5) Veterans who receive disability compensation under 38 U.S.C. 1151;

(6) Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that such Veterans' continuing eligibility for that care is provided for in the judgment or settlement described in 38 U.S.C. 1151;

(7) Veterans whose entitlement to disability compensation is suspended because of the receipt of military retired pay; and

(8) Veterans receiving compensation at the 10 percent rating level based on multiple non-compensable service connected disabilities that clearly interfere with normal employability.

d. **Priority Group 4.** Priority Group 4 consists of:

(1) Veterans who receive increased pension based on their need for regular A&A;

(2) Veterans who receive increased pension by reason of being permanently HB; and

(3) Veterans who are determined to be CD, unless the Veteran qualifies for placement in a higher priority group, by the Chief of Staff (or equivalent clinical official) at the VA health care facility where they were examined.

e. **Priority Group 5.** Priority Group 5 consists of Veterans who are determined to be unable to defray the expenses of necessary care under 38 U.S.C. 1722(a). To meet the criteria for Priority Group 5, a Veteran must be eligible based on financial information. As a result of amendments to 38 U.S.C. 1722(f)(1) in section 705 of Pub. L. 112-154, HEC will annually confirm a Veteran's continued financial eligibility status by verifying his or her income with information obtained from the Internal Revenue Service (IRS) and Social Security Administration (SSA).

f. **Priority Group 6.** Priority Group 6 consists of:

(1) Veterans of the Mexican border period or of World War I;

(2) As provided and limited in 38 U.S.C. 1710(e), Veterans solely seeking care for:

(a) A disorder associated with exposure to a toxic substance or radiation;

(b) A disorder associated with service in the Southwest Asia theater of operations during the Gulf War (the period between August 2, 1990, and November 11, 1998); or

(c) Any illness associated with service in combat during a period of war after the Gulf War or during a period of hostility after November 11, 1998 if the Veteran was discharged or released from active service on or after January 28, 2003. ***NOTE: Veterans described in this paragraph who are not eligible for placement in a higher priority group are eligible for 5 years of VA health care beginning on the most recent discharge/separation date. At the end of this 5 year period, these Veterans will be assigned to the highest priority group for which they qualify. Those Veterans who do not enroll within 5 years from their most recent discharge/separation date will not be eligible for enrollment on this basis.***

(3) Veterans who served on active duty at Camp Lejeune in North Carolina for not less than 30 days during the period beginning on January 1, 1957 and ending on December 31, 1987 for any of the 15 medical conditions specified in 38 U.S.C. 1710(e)(1)(F). **NOTE:** *Veterans who would otherwise be enrolled as Priority Group 7 or 8 without the Camp Lejeune eligibility will remain in that priority group. Once changes are made to the VistA system, these Veterans will be placed in Priority Group 6, but may be charged copayments for care not related to the specified Camp Lejeune illnesses and conditions based on their status as a Priority Group 7 or 8 Veteran, as applicable.*

(4) Veterans with zero percent service connected disabilities who are nevertheless compensated, including Veterans receiving compensation for inactive tuberculosis;

g. **Priority Group 7.** Priority Group 7 consists of Veterans who agree to pay to the United States (U.S.) the applicable copayment determined under 38 U.S.C. 1710(f) and 1710(g) if their income (including the income of their spouse and dependents) for the previous year constitutes “low income” under the geographical income limits established by the U.S. Department of Housing and Urban Development for the fiscal year that ended on September 30 of the previous calendar year. To avoid a hardship to a Veteran, VA may use the projected income for the current year of the Veteran, spouse, and dependent children if the projected income is below the “low income” limit referenced in 38 CFR 17.36(b)(7). This group is further prioritized into the following sub-groups:

(1) **Sub-priority Group A.** Sub-priority group A consists of non-compensable zero percent service connected Veterans who are enrolled on a specified date announced in a Federal Register document promulgated under 38 CFR 17.36(c) who subsequently do not disenroll;

(2) **Sub-priority Group B.** Sub-priority group B consists of non-service connected Veterans who are enrolled on a specified date announced in a Federal Register document promulgated under 38 CFR 17.36(c) who subsequently do not disenroll;

(3) **Sub-priority Group C.** Sub-priority group C consists of non-compensable zero percent service connected Veterans not included in sub-priority A; and

(4) **Sub-priority Group D.** Sub-priority group D consists of non-service connected Veterans not included in sub-priority B.

h. **Priority Group 8.** Priority Group 8 consists of Veterans with gross household income above the MT threshold and the GMT income threshold who agree to pay the U.S. the applicable copayments determined under 38 U.S.C. 1710(f) and 1710(g). Effective June 15, 2009 (see 74 FR 22832), VA relaxed income restrictions for Priority Group 8 Veterans by 10 percent to increase income thresholds for health care benefits. This group is further prioritized into the following sub-groups:

(1) **Veterans Eligible for Enrollment**

(a) Sub-priority group A consists of non-compensable zero percent service connected Veterans who were enrolled on January 17, 2003, or who are moved from a higher priority group or sub-group due to no longer being eligible for inclusion in such priority group or sub-group and who subsequently do not request disenrollment;

(b) Sub-priority group B consists of non-compensable zero percent service connected Veterans who were enrolled on or after June 15, 2009, and whose income is not greater than ten percent more than the income that would permit their enrollment in Priority Group 5 or Priority Group 7, whichever is higher;

(c) Sub-priority group C consists of non-service connected Veterans who were enrolled on January 17, 2003, or who are moved from a higher priority group or sub-group due to no longer being eligible for inclusion in such priority group or sub-group and who subsequently do not request disenrollment; and

(d) Sub-priority group D consists of non-service connected Veterans who were enrolled on or after June 15, 2009, and whose income is not greater than 10 percent more than the income that would permit their enrollment in Priority Group 5 or Priority Group 7, whichever is higher.

(2) Veterans Not Currently Eligible for Enrollment who Applied for Enrollment on or after January 17, 2003

(a) Sub-priority group E consists of non-compensable zero percent service connected Veterans who are eligible for care of their service connected condition only who do not meet the criteria above.

(b) Sub-priority group G consists of non-service connected Veterans who do not meet the preceding criteria.

6. NOTIFICATIONS OF ENROLLMENT DETERMINATIONS AND APPEALS

The HEC determines and is responsible for notifying Veterans, by letter, of their enrollment status; the letter must contain the reasons for the determination, an effective date for any changes, and a statement regarding appeal rights. Applicants who are denied enrollment are informed of their rights to appeal and are provided with VA Form 4107VHA, Your Rights to Appeal Our Decision. **NOTE:** *For information on processing appeals, see the Appeals Procedure Guide 1601G, which can be viewed at: http://vawww1.va.gov/CBO/apps/policyguides/contents.asp?address=VHA_PG_1601G. This is an internal VA Web site and is not available to the public.*

7. ISSUANCE OF VETERAN IDENTIFICATION CARDS (VICs)

a. The HEC supports VA's health care delivery system by providing centralized eligibility verification and enrollment processing services. Once a Veteran's eligibility is verified and enrollment processed by the HEC, the local facility is responsible for completing the request for a VIC by taking the Veteran's picture and transmitting all images to the NCMD. The VIC contains a color photograph of the Veteran and does not contain any visible personally

identifiable information or sensitive personal information, with the exception of the Veteran's name on the face of the card.

b. A VIC must be issued to each eligible Veteran whose eligibility and enrollment status has been verified by the HEC and who requests a VIC. **NOTE:** *A VIC is not required to maintain enrollment or to obtain care.*

8. ANNUAL FINANCIAL ASSESSMENT (MEANS TEST RENEWALS)

a. The HEC performs IV for Veterans whose eligibility for VA health care benefits or copayment requirements are based on a financial assessment. For Veterans in Priority Groups 5 and 7, and certain Veterans in Priority Group 8, HEC confirms continued financial eligibility status through annual queries to the IRS and SSA. **NOTE:** *Veterans may continue to voluntarily provide financial information annually.*

b. Updated financial information may result in a change in the Veteran's enrollment priority status to Priority Group 6 or 8 as applicable. The Veteran is considered continuously enrolled.

9. DISENROLLMENT

a. **VA Decision to Limit Enrollment.** Pursuant to 38 CFR 17.36(c), the VA may revise the priority groups and sub-groups of Veterans eligible for enrollment by announcing any such changes in the Federal Register. Such a change may require VA to disenroll Veterans or limit the enrollment of new Veterans.

b. **Disenrollment Due to Fraud or Error.** When a Veterans Integrated Service Network (VISN) Director, facility Director, the Deputy Under Secretary for Health for Operations and Management, the Chief Health Administration Service or equivalent official at a VA medical facility, or the Director of HEC determines that a Veteran is no longer in a priority group eligible to be enrolled, as set forth in 38 CFR 17.36(c)(2), or that an individual applied for enrollment under false pretense and the individual was not eligible to be enrolled in the VA health care system, the individual is immediately disenrolled and provided a copy of VA Form 4107VHA, Your Rights to Appeal Our Decision. **NOTE:** *When there is a compelling medical need, as determined by a VA clinician, to complete a course of VA treatment started when the Veteran was enrolled in the VA Health Care System, a Veteran will receive that treatment.*

c. **Disenrollment Upon Veteran Request.** Veterans who wish to disenroll from VA health care benefits may do so at any time by submitting a written signed and dated notification to the HEC or to a VA health care facility per 38 CFR 17.36(d)(5).

d. **Notification of Disenrollment Determinations.** Notice of a determination by a VA network or health care facility Director, or the Deputy Under Secretary for Health for Operations and Management or Chief, Health Administration Service or equivalent official at a VA health care facility, or Director, HEC, regarding a Veteran's enrollment status must be provided to the affected Veteran by letter and include the reasons for the determination. The letter must include an effective date for any changes and a statement regarding appeal rights.

10. REFERENCES

- a. Pub. L. 104-262, Veterans' Health Care Eligibility Reform Act of 1996.
- b. Pub. L. 106-117, Veterans Millennium Health Care and Benefits Act.
- c. Pub. L. 110-181, National Defense Authorization Act for Fiscal Year 2008.
- d. Explanatory Statement accompanying Pub. L. 110-329, Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009, 154 Cong. Rec. H9427, at H9829 (September 24, 2008).
- e. Pub. L. 111-163, Caregivers and Veterans Omnibus Health Services Act of 2010.
- f. Pub L. 112-154, Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012.
- g. Title 38 CFR 17.36, Enrollment-provision of hospital and outpatient care to Veterans.