

114TH CONGRESS
1ST SESSION

H. R. 3980

To eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, to expand eligibility for such program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 5, 2015

Mr. NORCROSS (for himself and Mr. MACARTHUR) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, to expand eligibility for such program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans Freedom of
5 Healthcare Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) All veterans who have signed up to put their
9 life on the line for the lives and liberty of the people

1 of the United States deserve the opportunity to seek
2 health care at a facility of their choice, regardless of
3 arbitrary distance and wait-time thresholds.

4 (2) Logistical impediments to veterans receiving
5 health care at medical facilities of the Veterans
6 Health Administration of the Department of Vet-
7 erans Affairs, including with respect to travel, wait
8 times, and enrollment difficulty, have been found to
9 exist across all demographics of veterans and are
10 widely cited among the most common barriers to re-
11 ceiving the health care the veterans earned.

12 (3) As a result of widespread reporting on such
13 impediments, including regarding the death of 40
14 veterans who died while waiting for health care at
15 the Phoenix Veterans' Hospital, in 2014 Congress
16 investigated the matter and confirmed that such im-
17 pediments were pervasive and systemic.

18 (4) As of September 30, 2014, there were ap-
19 proximately 867,000 applications by veterans to en-
20 roll in the health care system of the Department,
21 and the Inspector General of the Department could
22 not determine how long more than half of the appli-
23 cations had been pending.

24 (5) The Secretary of Veterans Affairs has been
25 unable to meet the modest goal of employing one

1 psychiatrist per 1,000 individual mental health pa-
2 tients of the Department.

3 (6) The Inspector General found that approxi-
4 mately 70 percent of the hospitals of the Depart-
5 ment in 2014 did not have enough psychiatrists to
6 meet demand.

7 (7) The Inspector General found that a signifi-
8 cant proportion of the psychiatrists of the Depart-
9 ment saw in excess of 800 to 900 veterans per year
10 and some veterans were only seen once per year be-
11 cause of the demand.

12 (8) A study by the National Institutes of
13 Health identified the lack of available female-specific
14 medical services and wait times as key barriers to fe-
15 male veterans seeking health care at medical facili-
16 ties of the Department.

17 (9) The Veterans Access, Choice, and Account-
18 ability Act of 2014 (Public Law 113–146) made
19 great strides toward providing veterans with more
20 flexibility to seek health care in the setting of choice
21 by the veteran, however, the metrics established by
22 the Act to determine which veterans were eligible for
23 such flexibility are insufficient.

24 (10) Other impediments to veterans receiving
25 health care at medical facilities of the Department

1 can include long commutes on group transport, or
2 having to cross bridges or State lines to receive care.

3 (11) Many veterans like the health care pro-
4 vided by the Department and the hospitals of the
5 Department hold particular expertise in treating ail-
6 ments of veterans.

7 (12) Veterans should have the option to stay
8 with the Department if the veteran likes the health
9 care system of the Department.

10 **SEC. 3. EXPANSION OF CHOICE PROGRAM OF DEPARTMENT**
11 **OF VETERANS AFFAIRS.**

12 (a) **ELIMINATION OF SUNSET.**—

13 (1) **IN GENERAL.**—Section 101 of the Veterans
14 Access, Choice, and Accountability Act of 2014
15 (Public Law 113–146; 38 U.S.C. 1701 note) is
16 amended—

17 (A) by striking subsection (p); and

18 (B) by redesignating subsections (q), (r),
19 (s), and (t) as subsections (p), (q), (r), and (s),
20 respectively.

21 (2) **CONFORMING AMENDMENTS.**—Such section
22 is amended—

23 (A) in subsection (i)(2), by striking “dur-
24 ing the period in which the Secretary is author-

1 ized to carry out this section pursuant to sub-
2 section (p)”; and

3 (B) in subsection (p)(2), as redesignated
4 by paragraph (1)(B), by striking subparagraph
5 (F).

6 (b) EXPANSION OF ELIGIBILITY.—

7 (1) IN GENERAL.—Subsection (b) of such sec-
8 tion is amended to read as follows:

9 “(b) ELIGIBLE VETERANS.—A veteran is an eligible
10 veteran for purposes of this section if the veteran is en-
11 rolled in the patient enrollment system of the Department
12 of Veterans Affairs established and operated under section
13 1705 of title 38, United States Code, including any such
14 veteran who has not received hospital care or medical serv-
15 ices from the Department and has contacted the Depart-
16 ment seeking an initial appointment from the Department
17 for the receipt of such care or services.”.

18 (2) CONFORMING AMENDMENTS.—Such section
19 is amended—

20 (A) in subsection (c)(1)—

21 (i) in the matter preceding subpara-
22 graph (A), by striking “In the case of an
23 eligible veteran described in subsection
24 (b)(2)(A), the Secretary shall, at the elec-
25 tion of the eligible veteran” and inserting

1 “The Secretary shall, at the election of an
2 eligible veteran”; and

3 (ii) in subparagraph (A), by striking
4 “described in such subsection” and insert-
5 ing “of the Veterans Health Administra-
6 tion”;

7 (B) in subsection (f)(1), by striking “sub-
8 section (b)(1)” and inserting “subsection (b)”;

9 (C) in subsection (g), by striking para-
10 graph (3); and

11 (D) in subsection (p)(2)(A), as redesign-
12 nated by subsection (a)(1)(B), by striking “,
13 disaggregated by—” and all that follows
14 through “subsection (b)(2)(D)”.

15 (c) PROVISION OF CARE BY THE DEPARTMENT.—In
16 carrying out chapter 17 of title 38, United States Code,
17 the Secretary of Veterans Affairs shall ensure that vet-
18 erans enrolled in the health care system established under
19 section 1705(a) of such title, particularly such veterans
20 with service-connected disabilities rated 50 percent or
21 greater described in paragraph (1) of such section, are
22 able to receive—

23 (1) health care at medical facilities of the De-
24 partment within the wait-time goals described in sec-
25 tion 101(c)(1) of the Veterans Access, Choice, and

1 Accountability Act of 2014 (Public Law 113–146;
2 38 U.S.C. 1701 note); and

3 (2) the highest degree of quality care possible,
4 with an emphasis on maintaining the highest degree
5 of quality in treating ailments that are unique to or
6 prevalent among the veteran population, including
7 with respect to mental health services.

8 (d) REPORT.—Not later than one year after the date
9 of the enactment of this Act, the Secretary of Veterans
10 Affairs shall submit to Congress a report on the following:

11 (1) The efficacy of the Veterans Choice Pro-
12 gram established by section 101 of the Veterans Ac-
13 cess, Choice, and Accountability Act of 2014 (Public
14 Law 113–146; 38 U.S.C. 1701 note) with respect to
15 veterans being able to access the health care re-
16 quired by the veteran, including any recommenda-
17 tions of the Secretary to improve such access.

18 (2) The efficacy of the Secretary with respect to
19 ensuring that veterans enrolled in the health care
20 system established under section 1705(a) of title 38,
21 United States Code, who need to or elect to receive
22 health care at medical facilities of the Department
23 are able to receive such care.

24 (e) EFFECTIVE DATE.—The amendments made by
25 this section shall apply with respect to hospital care and

1 medical services furnished under such section on and after
2 the date that is 90 days after the date of the enactment
3 of this Act.

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