

115TH CONGRESS
1ST SESSION

H. R. 2037

To amend the Veterans Access, Choice, and Accountability Act of 2014 to expand and make permanent the Veterans Choice Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 6, 2017

Mr. LANCE introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend the Veterans Access, Choice, and Accountability Act of 2014 to expand and make permanent the Veterans Choice 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 Health Care
5 Freedom Act”.

6 **SEC. 2. MODIFICATION TO VETERANS CHOICE PROGRAM.**

7 (a) EXPANSION.—

8 (1) IN GENERAL.—Subsection (b) of section
9 101 of the Veterans Access, Choice, and Account-

1 ability Act of 2014 (38 U.S.C. 1701 note) is amend-
2 ed to read as follows:

3 “(b) ELIGIBLE VETERANS.—A veteran is an eligible
4 veteran for purposes of this section if the veteran is en-
5 rolled in the patient enrollment system of the Department
6 of Veterans Affairs established and operated under section
7 1705 of title 38, United States Code, including any such
8 veteran who has not received hospital care or medical serv-
9 ices from the Department and has contacted the Depart-
10 ment seeking an initial appointment from the Department
11 for the receipt of such care or services.”.

12 (2) CHOICE OF PROVIDER.—Such section is
13 amended—

14 (A) in subsection (a)—

15 (i) by striking paragraph (2); and

16 (ii) by redesignating paragraph (3) as
17 paragraph (2); and

18 (B) by striking subsection (c) and insert-
19 ing the following new subsection (c):

20 “(c) CHOICE OF PROVIDER.—An eligible veteran who
21 receives hospital care or medical services under this sec-
22 tion may select a provider of such care or services from
23 among the entities specified in paragraph (1)(B) that are
24 accessible to the veteran.”.

1 (3) CONFORMING AMENDMENTS.—Such section
2 is further amended—

3 (A) in subsection (f)(1), by striking “sub-
4 section (b)(1)” and inserting “subsection (b)”;

5 (B) in subsection (g)(3), by striking
6 “under subparagraph (B), (C), or (D) of sub-
7 section (b)(2)”;

8 (C) in subsection (q)(2)(A)—

9 (i) by striking “, disaggregated by—”
10 and inserting a period; and

11 (ii) by striking clauses (i) through
12 (iv).

13 (b) PERMANENT PROGRAM.—

14 (1) REMOVAL OF SUNSET.—Subsection (p) of
15 such section is amended to read as follows:

16 “(p) AUTHORITY TO FURNISH CARE AND SERV-
17 ICES.—The Secretary may furnish care and services under
18 this section subject to the availability of funds in the Vet-
19 erans Choice Fund established by section 802 or otherwise
20 appropriated to carry out this section.”.

21 (2) CONFORMING AMENDMENTS.—Section 101
22 of such Act is further amended—

23 (A) in subsection (i)(2), by striking “is au-
24 thorized to carry out this section pursuant to

1 subsection (p)” and inserting “carries out this
2 section”; and

3 (B) in subsection (q)(2), as amended by
4 subsection (a)(2)(D) of this section, by striking
5 subparagraph (F).

6 (c) ANNUAL REPORTS.—Not later than one year
7 after the date of the enactment of this Act, and annually
8 thereafter, the Secretary of Veterans Affairs shall submit
9 to Congress a report that includes the following:

10 (1) With respect to each medical facility of the
11 Department of Veterans Affairs, any increase or de-
12 crease in the number of veterans seeking hospital
13 care or medical services at such facility during the
14 one-year period covered by the report.

15 (2) In light of the increase or decrease of vet-
16 erans seeking hospital care or medical services at
17 each medical facility of the Department as identified
18 under paragraph (1), recommendations by the Sec-
19 retary with respect to the proposed budget for such
20 facility for the fiscal year following the date of the
21 report.

22 (3) How the Secretary is ensuring compliance
23 with all requirements of chapter 39 of title 31,
24 United States Code (commonly referred to as the

1 “Prompt Payment Act”), including, for the one-year
2 period covered by the report—

3 (A) the average amount of time taken by
4 the Secretary to pay a non-Department health
5 care provider after receiving an invoice; and

6 (B) a description of each instance in which
7 the Secretary paid interest to such a non-De-
8 partment health care provider pursuant to such
9 chapter 39.

○