

119TH CONGRESS
2D SESSION

H. R. 8737

To amend title 38, United States Code, to expand access to the Veterans Community Care Program of the Department of Veterans Affairs to include certain veterans seeking mental health or substance-use services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 12, 2026

Mr. PATRONIS (for himself, Mrs. LUNA, Mr. WEBSTER of Florida, Mr. DAVIS of North Carolina, Mr. CISCOMANI, Mr. BILIRAKIS, Mr. LAWLER, and Mr. GROTHMAN) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to expand access to the Veterans Community Care Program of the Department of Veterans Affairs to include certain veterans seeking mental health or substance-use services, 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 “Never Fight Alone
5 Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) On June 6, 2018, the John S. McCain III,
4 Daniel K. Akaka, and Samuel R. Johnson VA Main-
5 taining Internal Systems and Strengthening Inte-
6 grated Outside Networks Act of 2018 (Public Law
7 115–182) (in this section referred to as the “VA
8 MISSION Act”) became law.

9 (2) Congressional intent with the VA MISSION
10 Act was to reform and replace the program under
11 section 101 of the Veterans Access, Choice, and Ac-
12 countability Act of 2014 (Public Law 113–146; 38
13 U.S.C. 1701 note) to ensure access of veterans to
14 community health care providers.

15 (3) The eligibility standards established by the
16 VA MISSION Act were not meant to be used to
17 limit health care options for veterans or to be ap-
18 plied to community providers, which would result in
19 reduced health care options.

20 (4) Many veterans do not have access to a med-
21 ical facility of the Department of Veterans Affairs in
22 their community and each medical facility of the De-
23 partment may not be able to adequately address the
24 specific health care needs of a particular veteran.

25 (5) It was the intent of Congress in the VA
26 MISSION Act that all medical services, including

1 mental health treatments and institutional extended
2 care services for mental health, were to be available
3 to veterans in the community.

4 (6) The Department is limiting access of vet-
5 erans to community care for mental health treat-
6 ments.

7 (7) Despite the best efforts of the Department,
8 veteran suicide remains at significant levels through-
9 out the United States.

10 (8) No veteran should have to wait 30 days for
11 mental health services to be approved by the Depart-
12 ment.

13 (9) Telehealth appointments represent a valu-
14 able complementary health care option for under-
15 served veterans, but do not offer the same quality of
16 care as in-person visits to facilities of the Depart-
17 ment or in the community for veterans in crisis.

18 **SEC. 3. EXPANSION OF VETERANS COMMUNITY CARE PRO-**
19 **GRAM TO INCLUDE ACCESS TO MENTAL**
20 **HEALTH OR SUBSTANCE-USE SERVICES FOR**
21 **VETERANS UNABLE TO TIMELY ACCESS MEN-**
22 **TAL HEALTH RESIDENTIAL TREATMENT PRO-**
23 **GRAMS.**

24 (a) IN GENERAL.—Section 1703 of title 38, United
25 States Code, is amended—

1 (1) in subsection (d)—

2 (A) in paragraph (1)—

3 (i) in subparagraph (D), by striking
4 “; or” and inserting a semicolon;

5 (ii) in subparagraph (E), by striking
6 the period at the end and inserting “; or”;
7 and

8 (iii) by adding at the end the fol-
9 lowing new subparagraph:

10 “(F) in the case of residential mental health or
11 substance-use services, the covered veteran—

12 “(i) meets the criteria of the Department
13 for priority admission to a Mental Health Resi-
14 dential Rehabilitation Treatment Program of
15 the Department and the Department is unable
16 to accommodate such priority admission; or

17 “(ii) has contacted the Department to re-
18 quest such services from a Mental Health Resi-
19 dential Rehabilitation Treatment Program of
20 the Department and the Department is not able
21 to furnish such services in a manner than com-
22 plies with the access standards of the Depart-
23 ment for specialty care provided under this sec-
24 tion by a health care provider specified in sub-
25 section (c).”; and

1 (B) by adding at the end the following new
2 paragraph (5):

3 “(5) In the case of a covered veteran entitled to men-
4 tal health or substance-use services under paragraph
5 (1)(F), the Secretary shall ensure that referral of a vet-
6 eran to an alternate Mental Health Residential Rehabilita-
7 tion Treatment Program of the Department does not take
8 precedence over timely access to such services under this
9 section pursuant to such paragraph unless such referral
10 is requested by the covered veteran.”;

11 (2) by redesignating subsection (q) as sub-
12 section (r); and

13 (3) by inserting after subsection (p) the fol-
14 lowing new subsection (q):

15 “(q) MINIMUM STANDARDS FOR RESIDENTIAL MEN-
16 TAL HEALTH OR SUBSTANCE-USE SERVICES.—(1) Sub-
17 ject to paragraph (2), in furnishing residential mental
18 health or substance-use services to covered veterans pursu-
19 ant to subsection (d)(1)(F), the Secretary shall ensure
20 that programs or facilities providing such services under
21 this section meet the following standards:

22 “(A) A treatment program or facility must be
23 licensed and accredited by a State for the provision
24 of the services provided.

1 “(B) A treatment program must be accredited
2 under either the Joint Commission Behavioral
3 Health Standards or the Behavioral Health Stand-
4 ards manual (residential treatment) of the Commis-
5 sion on Accreditation of Rehabilitation Facilities, or
6 any successor standards or manual.

7 “(2) If a program or facility to which a covered vet-
8 eran is to be referred pursuant to subsection (d)(1)(F)
9 does not meet the standards specified under paragraph
10 (1), the Secretary, acting through the director of the facil-
11 ity of the Department carrying out the referral—

12 “(A) shall consider an alternate program or fa-
13 cility; and

14 “(B) may waive such standards on an indi-
15 vidual basis if no other alternate program or facility
16 is available or such waiver is in the best interest of
17 the veteran.”.

18 (b) MODIFICATION OF ACCESS STANDARDS.—Not
19 later than 90 days after the date of the enactment of this
20 Act, the Secretary of Veterans Affairs shall develop or
21 amend existing access standards of the Department of
22 Veterans Affairs to ensure that access to mental health
23 care under the Veterans Community Care Program under
24 section 1703 of title 38, United States Code, as amended

1 by subsection (a), is not more restrictive than the access
2 standards for specialty care under such section.

3 **SEC. 4. PROHIBITION ON CERTAIN LIMITATIONS ON AC-**
4 **CESS OF VETERANS TO CARE.**

5 Section 1703(n) of title 38, United States Code, is
6 amended by adding at the end the following new para-
7 graphs:

8 “(3) In applying wait times or access standards
9 under this section for purposes of determining eligibility
10 of a covered veteran for care or services under this section,
11 the Secretary may not determine that the veteran is ineli-
12 gible for such care or services due solely to the fact that
13 health care providers specified in subsection (c) are unable
14 to provide such care or services in compliance with such
15 wait times or access standards.

16 “(4) If multiple options are available to a covered vet-
17 eran for care or services under this section, the Secretary
18 shall permit the veteran to elect the option that the vet-
19 eran prefers.”.

20 **SEC. 5. DEVELOPMENT OF COMMUNITY CARE METRICS.**

21 (a) IN GENERAL.—Section 1703(m)(1) of title 38,
22 United States Code, is amended by adding at the end the
23 following new subparagraph:

1 “(C) The review submitted under subparagraph (A)
2 shall include, for the year covered by the review, the fol-
3 lowing:

4 “(i) The number of instances of care or services
5 requested.

6 “(ii) The number of such requests that were ap-
7 proved.

8 “(iii) The number of such requests that were
9 denied.

10 “(iv) The number of appeals under subsection
11 (f) of such requests that were denied, including the
12 final decision of such appeal.

13 “(v) The eligibility criteria under which each el-
14 igible veteran has qualified for care or services under
15 this section.

16 “(vi) Data with respect to the following:

17 “(I) Requests for care or services relating
18 to mental health.

19 “(II) Authorizations for emergency care,
20 including whether transportation for such care
21 was required or whether further care or a hos-
22 pital stay was required.”.

23 (b) APPLICATION.—The amendment made by sub-
24 section (a) shall apply to each review conducted under sub-

1 paragraph (A) of such section after the date of the enact-
2 ment of this Act.

3 **SEC. 6. LIMITATION ON MODIFICATION OF COMMUNITY**
4 **CARE ACCESS STANDARDS.**

5 Except as provided in section 3(b), any modification
6 on or after the date of the enactment of this Act by the
7 Secretary of Veterans Affairs of the conditions under
8 which care is required to be provided under section
9 1703(d) of title 38, United States Code, either through
10 a modification of the designated access standards under
11 paragraph (1)(D) of such section, a modification of the
12 criteria developed by the Secretary under paragraph
13 (1)(E) of such section, or otherwise through regulation,
14 shall not take effect until a joint resolution is enacted ap-
15 proving such modification to the conditions under which
16 care is required to be provided under such section.

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