VETERANS 28 ACT

Consolidated Discussion Draft 1

Proposed by Taner Demirci Lopez

A proposal to guarantee timely access to veterans' health care, strengthen community care, establish a voluntary international treatment option for qualifying procedures, and use international competition to encourage new medical investment and capacity in the United States.

Prepared as a policy and legislative discussion draft

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SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans 28 Act."

SECTION 2. PURPOSE.

The purposes of this Act are to ensure that eligible veterans receive medically appropriate care without excessive delay; make existing access standards meaningful and enforceable; expand timely use of qualified community providers; establish a carefully controlled and entirely voluntary international treatment option for defined procedures when it can provide faster care at substantial net savings; protect veterans from financial and medical risk; and encourage qualified international medical institutions that benefit from the program to invest in additional health care capacity, competition, and employment in the United States.

SECTION 3. CORE GUARANTEE.

(a) Timely access standard.

An eligible veteran who requests covered care through the Department of Veterans Affairs shall be offered a clinically appropriate pathway to receive such care within the applicable access period:

- 28 calendar days for specialty care and other covered care not subject to the 20-day standard.
- 20 calendar days for mental health care, primary care, and other categories designated by the Secretary as requiring the shorter access standard.

(b) Start of the clock.

The applicable period shall begin on the earliest documented date on which the veteran, an authorized representative, or a VA clinician initiates or records the need for the covered care. The Department may not restart, reset, or administratively postpone the access clock because of an internal referral, transfer between VA facilities, scheduling action, cancellation attributable to the Department, or other administrative step.

(c) Veteran-requested delay.

A later appointment requested voluntarily by the veteran shall not constitute a violation of this section, provided that the Department documents that the later date was the veteran's informed preference and not the result of unavailable timely care.

SECTION 4. EARLY ACCESS TRIGGER AND COMMUNITY CARE.

(a) Early identification.

The Department shall use available scheduling and capacity information to identify, as early as practicable, cases in which VA is unlikely to furnish covered care within the applicable 20-day or 28-day period.

(b) No requirement to wait for expiration.

A veteran shall not be required to wait until day 20 or day 28 before community-care arrangements begin. When the Department reasonably anticipates that the applicable access standard will not be met, it shall begin offering and arranging qualified community-care options promptly.

(c) Pre-reservation and network capacity.

The Secretary shall develop procedures permitting appropriate advance coordination and reservation of capacity with community providers for specialties and geographic areas in which VA demand is reasonably expected to exceed timely internal capacity.

(d) Choice.

Nothing in this Act shall require a veteran to leave VA care. A veteran may elect to remain with a VA provider even when community care is available, after being informed of available options and anticipated wait times.

SECTION 5. CONTINUITY, ACCOUNTABILITY, AND NO ADMINISTRATIVE RESET.

The Department shall maintain a single auditable record of the veteran's access timeline from the initial request for care through the furnishing of the covered service. Transfers, repeat referrals, requests for additional internal review, and scheduling-system changes shall not erase prior waiting time.

The Secretary shall establish an expedited review process for veterans who believe that eligibility for timely community care was improperly denied or delayed.

SECTION 6. VOLUNTARY INTERNATIONAL TREATMENT OPTION.

(a) Secondary option; never mandatory.

For defined surgeries, procedures, and treatments approved under this section, the Department may offer an eligible veteran treatment at a qualified international medical institution. Participation shall be entirely voluntary. A veteran's refusal of international treatment shall not reduce, delay, or otherwise prejudice the veteran's entitlement to VA or domestic community care.

(b) Appropriate use.

The international option may be offered when the Department determines that it is clinically appropriate, can provide materially faster access or another substantial veteran benefit, satisfies the quality and continuity safeguards of this Act, and meets the net-savings requirement established under subsection (d). It may be offered before expiration of the domestic access period when VA can reasonably foresee that timely domestic treatment will not be available.

(c) Defined treatments.

The Secretary shall establish and periodically update a list of surgeries and defined treatments eligible for the international option. Routine care that is not appropriate for international delivery shall not be included solely for cost reduction.

(d) Net-savings requirement.

International treatment shall be authorized only when the projected total cost to the Federal Government is at least $20,000 less than the reasonably comparable domestic cost, after including all covered travel, lodging, meals, companion expenses, care coordination, required follow-up, and other program costs. The Secretary may establish a higher savings threshold for categories of care where appropriate, but may not reduce the statutory $20,000 minimum without further Act of Congress.

(e) No medical-plan contradiction.

The international provider shall receive the relevant clinical records and approved treatment objective before travel. The international provider may not substitute a materially different treatment merely to satisfy the program's cost requirement. If the provider determines that the approved treatment is unsafe, contraindicated, or clinically inappropriate, treatment shall pause and the case shall be returned for coordinated clinical review. Nothing in this subsection shall require a physician to provide treatment that the physician reasonably determines would violate professional or patient-safety obligations.

SECTION 7. INTERNATIONAL PROVIDER QUALIFICATION AND PATIENT SAFETY.

The Secretary shall establish a selective Veterans 28 International Care Network. Participation shall not be open automatically to every foreign provider eligible under any other VA program.

- Providers must satisfy rigorous accreditation, licensing, clinical-outcome, infection-control, patient-safety, data-security, medical-record, fraud-prevention, and financial-integrity standards established by the Secretary.
- Providers must demonstrate capacity to communicate necessary records to VA and domestic follow-up providers in a timely manner.
- The Department shall verify credentials and conduct periodic audits and outcome reviews.
- The Secretary shall establish suspension and termination procedures for fraud, unsafe care, material misrepresentation, repeated adverse outcomes, or failure to comply with program requirements.
- Veterans shall receive understandable information concerning the proposed provider, treatment, material risks, domestic alternatives, anticipated timing, and follow-up plan before consenting.

SECTION 8. TRAVEL, COMPANION, AND CONTINUITY OF CARE.

For an approved international treatment episode, the Department shall cover reasonable and necessary transportation, lodging, and meals for the veteran and, when clinically appropriate or otherwise authorized by program rules, one accompanying person.

The authorization shall include a pre-travel clinical plan, transfer of relevant medical records, emergency contingency arrangements, and a post-treatment continuity plan identifying the VA or domestic community provider responsible for follow-up care.

A veteran shall not be required to personally finance substantial program-authorized travel or medical expenses and seek reimbursement later when the Department can reasonably arrange direct payment or prepaid travel.

SECTION 9. SEVEN-YEAR UNITED STATES MEDICAL INVESTMENT COMMITMENT.

(a) Long-term participation requirement.

An international hospital system or medical institution seeking sustained participation in the Veterans 28 International Care Network shall enter into a United States Medical Investment Commitment designed to create genuine additional medical capacity, competition, research, education, or employment in the United States.

(b) Seven-year period.

A participating institution shall have not more than seven years, measured from the date specified by the Secretary under implementing regulations, to substantially complete a qualifying United States medical investment, subject to enforceable interim milestones.

(c) Qualifying investments.

A qualifying investment may include:

- Construction or establishment of a hospital or substantial specialty medical center in the United States.
- A surgical, outpatient, diagnostic, rehabilitation, or other substantial treatment facility.
- A medical education or teaching facility, including a substantial partnership with an accredited U.S. medical school, university, or teaching hospital.
- A medical research, clinical research, or professional training center.
- A substantial joint venture with an existing American health system that creates demonstrable new U.S. treatment capacity.
- Another investment approved by the Secretary that creates substantial health care capacity, clinical competition, research capability, or medical employment in the United States.

(d) Genuine investment requirement.

A nominal office, shell entity, marketing operation, or other investment lacking substantial medical, educational, research, employment, or treatment capacity shall not satisfy this section. The Secretary

shall establish objective measures that may include committed capital, clinical capacity, U.S. employment, patient volume, research activity, and other measurable indicators.

(e) Milestones.

Implementing regulations shall require meaningful interim progress. The framework should include an early binding investment plan, documented capital or partnership commitments, required regulatory and development progress, and substantial establishment of the qualifying U.S. operation by the end of the seven-year period.

(f) Failure to perform.

An institution that materially fails to satisfy required milestones without good cause may be suspended from accepting new Veterans 28 international referrals or removed from the network. The Secretary shall protect veterans already receiving authorized treatment and shall provide reasonable exceptions for delays genuinely beyond the institution's control.

SECTION 10. UNITED STATES MEDICAL INVESTMENT FAST TRACK.

(a) Purpose.

The Secretary, in coordination with other appropriate Federal agencies, shall establish a coordinated federal pathway to encourage qualifying international medical institutions to make investments under section 9.

(b) Streamlining, not reduced safety.

The program shall seek to reduce unnecessary duplication, administrative delay, and avoidable federal regulatory expense while maintaining applicable patient-safety, clinical-quality, professional-qualification, facility-safety, national-security, labor, and other substantive protections required by law.

(c) Federal coordination.

To the extent authorized by law, participating institutions making qualifying investments may receive a designated federal point of contact, coordinated review among relevant federal agencies, expedited consideration of complete applications, and reductions or waivers of specifically authorized federal administrative fees where Congress or existing law permits.

(d) Federalism.

Nothing in this section shall be construed to waive a State's authority over professional licensure, hospital or facility licensure, land use, construction, or other matters reserved to State or local government, except to the extent otherwise provided by valid Federal law.

SECTION 11. DOMESTIC COMPETITION AND ANTI-FAVORITISM SAFEGUARDS.

Nothing in this Act shall guarantee an international provider a monopoly, minimum patient volume, exclusive geographic territory, or protection from competition.

Eligibility for the international network and federal investment fast track shall be based on transparent, objective criteria. The Secretary shall take reasonable measures to prevent favoritism, conflicts of interest, corruption, improper steering of veterans, and concentration of program referrals without clinical or economic justification.

SECTION 12. MEASUREMENT OF RESULTS.

(a) Five-year and ten-year reviews.

The Comptroller General of the United States, in coordination with appropriate inspectors general and using data supplied by the Department, shall report to Congress on the program approximately five years and ten years after implementation.

(b) Measures.

The reviews shall examine, at minimum:

- Average veteran wait times and the number of veterans receiving care through each pathway.
- Clinical outcomes, complications, readmissions, and veteran satisfaction.
- Gross and net Federal savings attributable to international treatment, including all travel and administrative costs.
- The amount of private capital committed and actually invested in U.S. health care by participating international institutions.
- New U.S. medical capacity and employment attributable to qualifying investments.
- Evidence concerning changes in prices, capacity, and competition for comparable procedures in U.S. markets receiving new investment.
- Fraud, waste, abuse, patient-safety events, and enforcement actions.
- Whether continued international treatment remains necessary in markets where domestic access and price competition have materially improved.

SECTION 13. RELATIONSHIP TO EXISTING VA PROGRAMS.

The Secretary shall coordinate this Act with existing VA community-care authorities and the Foreign Medical Program while maintaining the distinct eligibility, provider-qualification, veteran-choice, savings, and U.S.-investment requirements established by this Act.

Nothing in this Act shall reduce a veteran's existing eligibility for benefits under another provision of law.

SECTION 14. RULE OF CONSTRUCTION: VETERAN CHOICE.

No officer, employee, contractor, or agent of the United States may coerce, penalize, disadvantage, or improperly pressure a veteran to accept international treatment because it would reduce government expenditures. Clinical suitability and the veteran's informed voluntary choice shall control.

SECTION 15. IMPLEMENTATION AND REPORTING.

The Secretary shall issue implementing regulations, establish auditable performance metrics, and report regularly to Congress on access-standard compliance, community-care utilization, international-network utilization, net savings, safety outcomes, provider suspensions, and progress toward qualifying U.S. medical investments.

SECTION 16. SEVERABILITY.

If any provision of this Act, or the application of such provision to any person or circumstance, is held invalid, the remainder of this Act and the application of its provisions to other persons or circumstances shall not be affected.

Draft attribution: Taner Demirci Lopez, proposer and policy author.

POLICY NOTES FOR FURTHER LEGISLATIVE COUNSEL REVIEW

This discussion draft intentionally states the policy architecture in legislative form but should receive formal review by congressional legislative counsel, VA subject-matter experts, budget analysts, health-law counsel, and constitutional counsel before introduction.

- Confirm interaction with existing statutory community-care access standards and determine which provisions amend, supersede, or codify current regulations.
- Define the precise domestic cost comparator and methodology used for the $20,000 net-savings test.
- Determine eligible international treatment categories and accreditation equivalency standards.
- Specify appropriations, budget scoring, contracting authority, travel authority, and payment mechanisms.

- Define enforceable seven-year investment milestones and the appropriate federal agency or interagency office responsible for the investment fast track.
- Review trade-agreement, procurement, immigration, tax, antitrust, state-licensing, and international health-law implications.
- Establish data privacy, cybersecurity, malpractice, dispute-resolution, and cross-border medical-record requirements.
- Develop anti-fraud protections informed by existing VA experience with overseas medical reimbursement.

CURRENT-LAW REFERENCE NOTES

As of August 2026, VA states that its designated community-care access standards include a 20-day wait standard for primary care, mental health, and extended outpatient care and a 28-day wait standard for specialty care. This draft seeks to make those timeframes central to a clearer access guarantee, including early action when VA can foresee that the standard will not be met.

VA also currently operates a Foreign Medical Program for certain medically necessary care outside the United States, principally involving service-connected conditions and specified related eligibility. The Veterans 28 international option in this discussion draft is conceived as a separate, more selective pathway with additional quality, savings, travel, continuity, veteran-choice, and U.S.-investment requirements.

Official reference sources reviewed for this draft

- U.S. Department of Veterans Affairs, 'Eligibility For Community Care Outside VA,' updated September 11, 2025.
- U.S. Department of Veterans Affairs, 'Foreign Medical Program (FMP),' updated August 6, 2026.
- U.S. Department of Veterans Affairs, 'How To Get Community Care Referrals And Schedule Appointments,' current VA guidance.
- U.S. Department of Veterans Affairs, Access to Care Frequently Asked Questions, current VA wait-time methodology guidance.