

AMENDMENT TO H.R. 5620
OFFERED BY MR. KILMER OF WASHINGTON

Page 54, after line 2, insert the following:

1 SEC. 11. VETERANS' BILL OF RIGHTS.

2 (a) **DISPLAY.**—The Secretary of Veterans Affairs
3 shall ensure that the Veterans' Bill of Rights described
4 in subsection (e) is printed on signage in accessible for-
5 mats and displayed prominently and conspicuously in each
6 medical facility of the Department of Veterans Affairs in
7 accordance with subsection (e).

8 (b) **EDUCATION OF DEPARTMENT EMPLOYEES.**—
9 The Secretary shall ensure that employees of the Depart-
10 ment receive training on the Veterans' Bill of Rights de-
11 scribed in subsection (e).

12 (c) **OUTREACH.**—The Secretary shall conduct out-
13 reach to inform veterans about the Veterans' Bill of
14 Rights described in subsection (e) by—

15 (1) ensuring that such Bill of Rights is avail-
16 able on the Internet website of the Department and
17 prominently displayed (using posters printed in a
18 large type that allows for individuals with 20/20 vi-
19 sion to read the print from 10 feet away) in public

1 spaces, lobbies, visitor centers, clinic waiting rooms,
2 and patient sitting rooms of the Department;

3 (2) briefing patients about such Bill of Rights
4 when the patient enrolls in the system of patient en-
5 rollment system under section 1705 of title 38,
6 United States Code; and

7 (3) conducting other types of outreach targeted
8 at specific groups of veterans, which may include, at
9 a minimum, outreach conducted on other Internet
10 websites or through veterans service organizations,
11 health fairs, and the Veterans Health Administra-
12 tion Veterans Center outreach program.

13 (d) IMPLEMENTATION.—The Secretary shall ensure
14 that the Veterans Health Administration honors the rights
15 described in subsection (e).

16 (e) VETERANS' BILL OF RIGHTS.—The Veterans'
17 Bill of Rights described in this subsection is a statement
18 that veterans who receive health care provided under the
19 laws administered by the Secretary of Veterans Affairs
20 should have, at a minimum, the following rights (to the
21 extent of the eligibility and enrollment of the veteran for
22 such health care):

23 (1) The right to access the highest quality care,
24 including the right to the most appropriate tech-
25 nology and qualified practitioners.

1 (2) The right to know what rules and regula-
2 tions apply to patients.

3 (3) The right to continuity of care in the transi-
4 tion from the health program of the Department of
5 Defense to the health care system of the Depart-
6 ment of Veterans Affairs.

7 (4) The right to receive careful explanation of
8 proposed diagnostic or therapeutic procedures or
9 courses of treatment by the responsible medical per-
10 sonnel, including with respect to risks, complica-
11 tions, alternative health practices, results, informa-
12 tion and reasoning for prescribed pain management
13 plans, and a daily review of the medical chart of the
14 patient.

15 (5) The right for the patient to ask questions
16 and be involved in all decisions regarding the care
17 received by the patient.

18 (6) The right to a second opinion or change of
19 provider, if available.

20 (7) The right to know the reason for any
21 change in medical practitioners responsible for the
22 care of the patient.

23 (8) The right to know the identity and profes-
24 sional status of individuals providing service and to

1 know who is primarily responsible for the care of the
2 patient.

3 (9) The right to not be transferred to another
4 facility, organization, or department unless the pa-
5 tient receives a complete explanation for the need,
6 was notified of alternatives, and the receiving orga-
7 nization, facility, or department is ready to accept
8 the transfer.

9 (10) The right to receive considerate, respectful
10 care at all times and under all circumstances with
11 recognition of personal dignity, diversity, and reli-
12 gious, or other spiritual and cultural preferences.

13 (11) The right, in accordance with relevant pro-
14 visions of law, to personal and informational con-
15 fidentiality and privacy in the discussion of the care
16 and management of records of patients.

17 (12) The right to visitors within the policies of
18 the facility and to be informed of the visitation
19 rights, including any clinically necessary restrictions.

20 (13) The right to be free from all forms of
21 abuse or harassment.

22 (14) The right to access protective and advo-
23 cacy services, when available, and file grievances.

24 (15) The right to remain free of chemical and
25 physical restraints unless safety requires otherwise.

- 1 (16) The right to care provided in a safe and
- 2 clean setting, free from excessive noise and with suf-
- 3 ficient lighting for comfort and safety.

