

HR 2365

Construction Reform, Authorization, and Choice Improvement Act of 2015

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Armed Forces and National Security

Introduced: May 15, 2015

Current Status: Referred to the House Committee on Veterans' Affairs.

Latest Action: Referred to the House Committee on Veterans' Affairs. (May 15, 2015)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/2365>

Sponsor

Name: Rep. Miller, Jeff [R-FL-1]

Party: Republican • **State:** FL • **Chamber:** House

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	House	Referred To	May 15, 2015

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
114 HR 3106	Related bill	Feb 10, 2016: Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.

Construction Reform, Authorization, and Choice Improvement Act of 2015

This bill requires the Department of Veterans Affairs (VA) to: (1) enter into an agreement with an appropriate non-VA entity to provide full project management services for a super construction project; and (2) use industry standards, standard designs, and best practices in carrying out medical facility construction.

A super construction project is one for the construction, alteration, or acquisition of a medical facility involving a total expenditure of more than \$100 million (but does not include an acquisition by exchange).

The VA is prohibited from:

- obligating or expending funds for advance planning or design for any super construction project until 60 days after congressional notification,
- obligating funds for a major medical facility project or a super construction project by more than 10% of the amount approved by law unless certain congressional committees each approve the obligation, and
- using bid savings amounts or funds for other than their original purpose before 30 days after notifying such committees unless each committee approves the obligation.

The VA must complete a master plan for each VA medical facility meeting specified requirements to inform investment decisions and funding requests over a 10-year period for construction projects at the facility.

The 40-mile distance requirement for a veteran to use a non-VA medical facility under the veterans choice program of the Veterans Access, Choice, and Accountability Act of 2014 means 40 miles calculated on the basis of distance traveled.

The VA may carry out the following major medical facility projects in FY2015 (with each project not to exceed specified amounts):

- construction of a community living center, outpatient clinic, renovated domiciliary, and renovation of existing buildings in Canandaigua, New York;
- seismic corrections to the mental health and community living center in Long Beach, California;
- seismic correction of 12 buildings in West Los Angeles, California; and
- construction of a spinal cord injury building and seismic corrections in San Diego, California.

VA authority to make medical services and hospital care available for eligible veterans through agreements with non-VA entities shall now be permanent.

The sense of Congress regarding the Veterans Choice Fund is revised.

Actions Timeline

- **May 15, 2015:** Introduced in House
- **May 15, 2015:** Referred to the House Committee on Veterans' Affairs.