

Calendar No. 149115TH CONGRESS
1ST SESSION**S. 304****[Report No. 115-112]**

To amend the Indian Health Care Improvement Act to allow the Indian Health Service to cover the cost of a copayment of an Indian or Alaska Native veteran receiving medical care or services from the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 3, 2017

Mr. THUNE (for himself and Mr. ROUNDS) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

JUNE 15, 2017

Reported by Mr. HOEVEN, without amendment

A BILL

To amend the Indian Health Care Improvement Act to allow the Indian Health Service to cover the cost of a copayment of an Indian or Alaska Native veteran receiving medical care or services from the Department of Veterans Affairs, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Tribal Veterans Health
3 Care Enhancement Act”.

4 **SEC. 2. LIABILITY FOR PAYMENT.**

5 Section 222 of the Indian Health Care Improvement
6 Act (25 U.S.C. 1621u) is amended by adding at the end
7 the following:

8 “(d) VETERANS AFFAIRS COPAYMENTS.—The Serv-
9 ice may pay, in accordance with section 412, the cost of
10 a copayment assessed by the Department of Veterans Af-
11 fairs to an eligible Indian veteran (as defined in section
12 412) for covered medical care (as defined in such sec-
13 tion).”.

14 **SEC. 3. COPAYMENTS FOR TRIBAL VETERANS RECEIVING**
15 **CERTAIN MEDICAL SERVICES.**

16 Title IV of the Indian Health Care Improvement Act
17 (25 U.S.C. 1641 et seq.) is amended by adding at the end
18 the following:

19 **“SEC. 412. PAYMENTS FOR ELIGIBLE INDIAN VETERANS RE-**
20 **CEIVING COVERED MEDICAL CARE AT VA FA-**
21 **CILITIES.**

22 “(a) DEFINITIONS.—In this section:

23 “(1) APPROPRIATE COMMITTEES OF CON-
24 GRESS.—The term ‘appropriate committees of Con-
25 gress’ means—

26 “(A) in the Senate—

1 “(i) the Committee on Veterans’ Af-
2 fairs; and

3 “(ii) the Committee on Indian Affairs;
4 and

5 “(B) in the House of Representatives—

6 “(i) the Committee on Veterans’ Af-
7 fairs; and

8 “(ii) the Committee on Natural Re-
9 sources.

10 “(2) COVERED MEDICAL CARE.—The term ‘cov-
11 ered medical care’ means any medical care or service
12 that is—

13 “(A) authorized for an eligible Indian vet-
14 eran under the contract health service and re-
15 ferred by the Service; and

16 “(B) administered at a facility of the De-
17 partment of Veterans Affairs, including any
18 services rendered under a contract with a non-
19 Department of Veterans Affairs health care
20 provider.

21 “(3) ELIGIBLE INDIAN VETERAN.—The term
22 ‘eligible Indian veteran’ means an Indian or Alaska
23 Native veteran who is eligible for assistance from the
24 Service.

25 “(b) MEMORANDUM OF UNDERSTANDING.—

1 “(1) IN GENERAL.—Notwithstanding any other
2 provision of law, except as provided in paragraph
3 (3), the Secretary (or a designee, including the di-
4 rector of any area office of the Service), the Sec-
5 retary of Veterans Affairs (or a designee) and any
6 tribal health program, as applicable, shall enter into
7 a memorandum of understanding, in consultation
8 with Indian tribes to be impacted by the memo-
9 randum of understanding (on a national or regional
10 basis), that authorizes the Secretary or tribal health
11 program, as applicable, to pay to the Secretary of
12 Veterans Affairs any copayments owed to the De-
13 partment of Veterans Affairs by eligible Indian vet-
14 erans for covered medical care.

15 “(2) FACTORS FOR CONSIDERATION.—In enter-
16 ing into a memorandum of understanding under
17 paragraph (1), the Secretary, the Secretary of Vet-
18 erans Affairs, and any tribal health program, as ap-
19 plicable, shall take into consideration any findings
20 contained in the report under subsection (e).

21 “(3) EXCEPTION.—The Secretary, the Sec-
22 retary of Veterans Affairs, and any tribal health
23 program, as applicable, shall not be required to
24 enter into a memorandum of understanding under
25 paragraph (1) if the Secretary, the Secretary of Vet-

1 erans Affairs, and any tribal health program, as ap-
2 plicable, jointly certify to the appropriate committees
3 of Congress that such a memorandum of under-
4 standing would—

5 “(A) decrease the quality of health care
6 provided to eligible Indian veterans;

7 “(B) impede the access of those veterans
8 to health care; or

9 “(C) substantially decrease the quality of,
10 or access to, health care by individuals receiving
11 health care from the Department of Veterans
12 Affairs or beneficiaries of the Service.

13 “(c) PAYMENT BY SERVICE.—Notwithstanding any
14 other provision of law and in accordance with the relevant
15 memorandum of understanding described in subsection
16 (b), the Service may cover the cost of any copayment as-
17 sessed by the Department of Veterans Affairs to an eligi-
18 ble Indian veteran receiving covered medical care.

19 “(d) AUTHORIZATION TO ACCEPT FUNDS.—Notwith-
20 standing section 407(c), section 2901(b) of the Patient
21 Protection and Affordable Care Act (25 U.S.C. 1623(b)),
22 or any other provision of law, and in accordance with the
23 relevant memorandum of understanding described in sub-
24 section (b), the Secretary of Veterans Affairs may accept
25 a payment from the Service under subsection (c).

1 “(e) REPORT.—Not later than 90 days after the date
2 of enactment of this section, the Secretary and the Sec-
3 retary of Veterans Affairs shall submit to the appropriate
4 committees of Congress a report that describes—

5 “(1) the number of veterans, disaggregated by
6 State, who—

7 “(A) are eligible for assistance from the
8 Service; and

9 “(B) have received health care at a medical
10 facility of the Department of Veterans Affairs;

11 “(2) the number of veterans, disaggregated by
12 State and calendar year, who—

13 “(A) are eligible for assistance from the
14 Service; and

15 “(B) were referred to a medical facility of
16 the Department of Veterans Affairs from a fa-
17 cility of the Service during the period—

18 “(i) beginning on January 1, 2011;

19 and

20 “(ii) ending on December 31, 2016;

21 and

22 “(3) an update regarding efforts of the Sec-
23 retary and the Secretary of Veterans Affairs to
24 streamline health care for veterans who are eligible
25 for assistance from the Service and have received

1 health care at a medical facility of the Department
2 of Veterans Affairs and at a facility of the Service,
3 including a description of—

4 “(A) any changes to the provision of health
5 care required under this Act; and

6 “(B) any barriers to efficiently streamline
7 the provision of health care to veterans who are
8 eligible for assistance from the Service.”.

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