

113TH CONGRESS
2D SESSION

H. R. 5332

To promote identification of veterans and their health needs in furnishing of items and services under the Medicare, Medicaid, and other programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 31, 2014

Mr. CROWLEY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To promote identification of veterans and their health needs in furnishing of items and services under the Medicare, Medicaid, and other programs, 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; FINDINGS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Serving America’s Veterans Effectively Act of 2014” or
6 the “SAVE Act of 2014”.

7 (b) **FINDINGS.**—Congress makes the following find-
8 ings:

1 (1) Veterans often have unique health needs
2 that may be related to their service to the American
3 people and may be more at risk for certain condi-
4 tions, including cancer, infectious diseases, musculo-
5 skeletal problems, post-traumatic stress disorder,
6 traumatic brain injury, dermatological problems, re-
7 productive health issues, and other conditions.

8 (2) As part of a detailed patient history, know-
9 ing whether or not a patient is a veteran helps a
10 physician to make accurate treatment recommenda-
11 tions or carry out needed screenings.

12 (3) If a physician is not aware that a patient
13 is a veteran, the physician may not think to perform
14 recommended screenings or be able to diagnose
15 symptoms that at first seemed unconnected. As a re-
16 sult, the patient and the patient's family may suffer
17 as medical problems go undiagnosed or
18 misdiagnosed.

19 (4) Physicians routinely ask about similar types
20 of patient history that can affect current health sta-
21 tus, such as whether a patient has a family history
22 of certain conditions or was exposed to certain envi-
23 ronmental factors. Questions about veteran status
24 give patients the opportunity to voluntarily answer

1 with information that can help their physicians bet-
2 ter establish a course of treatment.

3 (5) Making the question of whether a patient
4 served in the Armed Forces part of consistently used
5 frameworks, such as the “Welcome to Medicare”
6 physical examination and Medicare Electronic
7 Health Record program, ensures that it will become
8 part of clinicians’ routine for new patients.

9 (6) While many physicians, such as those work-
10 ing at Department of Veterans Affairs facilities, may
11 already be aware of their patients’ experiences in the
12 Armed Forces, there are indications that as much as
13 70 percent of veterans seek care from other facili-
14 ties.

15 (7) Many organizations serving both veterans
16 and health care professionals currently work to edu-
17 cate health providers on the health needs of veterans
18 and appropriate medical care that should be pro-
19 vided. Additional Federal support is needed to en-
20 sure that all physicians are properly prepared to di-
21 agnose and treat patients upon learning that they
22 have served in the Armed Forces.

1 **SEC. 2. ACTIVITIES TO PROMOTE IDENTIFICATION AND**
2 **AWARENESS OF VETERANS HEALTH NEEDS**
3 **IN FURNISHING ITEMS AND SERVICES UNDER**
4 **MEDICARE, MEDICAID, AND OTHER PRO-**
5 **GRAMS.**

6 (a) INCLUSION OF VETERAN STATUS IN PATIENT IN-
7 FORMATION FOR MEANINGFUL USE OF ELECTRONIC
8 HEALTH RECORDS UNDER MEDICARE AND MEDICAID.—
9 In establishing regulations regarding what constitutes
10 meaningful use with respect electronic health records in
11 applying sections 1848(o), 1853(m), 1886(b)(3)(B)(ix),
12 and 1886(n)(3) of the Social Security Act (42 U.S.C.
13 1395w-4(o), 1395w-23(m), 1395ww(b)(3)(B)(ix),
14 1395ww(n)(3)) and related provisions of title XIX of such
15 Act, the Secretary of Health and Human Services shall
16 include in the patient information required for meaningful
17 use whether or not the patient served in the Armed
18 Forces.

19 (b) IDENTIFICATION OF VETERANS AS PART OF IN-
20 DIVIDUAL HISTORY IN WELCOME TO MEDICARE VISIT.—
21 In carrying out section 1861(ww) of the Social Security
22 Act (42 U.S.C. 1395x(ww)), the Secretary of Health and
23 Human Services shall include, as a component of review-
24 ing an individual's medical and social history under an ini-
25 tial preventive physical examination under section 410.16
26 of title 42, Code of Federal Regulations, an inquiry as to

1 whether the individual served in the Armed Forces and
2 any relevant circumstances relating to that individual's
3 service that may bear on the medical or social condition
4 of that individual.

5 (c) **ADDITIONAL ACTIVITIES TO IMPROVE AWARE-**
6 **NESS OF VETERANS' HEALTH CARE NEEDS.**—The Sec-
7 retary of Health and Human Services shall take such ad-
8 ditional actions, otherwise authorized under law, as may
9 be appropriate to promote awareness, among non-govern-
10 mental physicians in their furnishing services, of the spe-
11 cial circumstances and health care needs of veterans.

12 **SEC. 3. GRANTS FOR PROVIDER EDUCATION ON HEALTH**
13 **TREATMENT FOR VETERANS.**

14 (a) **IN GENERAL.**—The Secretary of Health and
15 Human Services may make grants to organizations for the
16 purpose of educating health care providers on appropriate
17 health care treatment for patients who have served in the
18 Armed Forces. Such grants shall be awarded under such
19 terms and conditions as the Secretary shall specify.

20 (b) **AUTHORIZATION OF APPROPRIATIONS.**—There
21 are authorized to be appropriated \$10,000,000 to carry
22 out this section, which shall remain available until ex-
23 pended.

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