

114TH CONGRESS
1ST SESSION

S. 2417

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

DECEMBER 17, 2015

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

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Tribal Veterans Health
5 Care Enhancement Act”.

1 **SEC. 2. COPAYMENTS FOR INDIAN VETERANS RECEIVING**
2 **CERTAIN MEDICAL SERVICES.**

3 (a) **LIABILITY FOR PAYMENT.**—Section 222(a) of the
4 Indian Health Care Improvement Act (25 U.S.C.
5 1621u(a)) is amended—

6 (1) by striking “A patient who” and inserting
7 the following:

8 “(1) **IN GENERAL.**—Subject to paragraph (2), a
9 patient who”; and

10 (2) by adding at the end the following:

11 “(2) **VETERANS AFFAIRS COPAYMENTS.**—The
12 Service may pay, in accordance with section 405(d),
13 the cost of a copayment assessed by the Department
14 of Veterans Affairs to an eligible Indian veteran (as
15 defined in section 405(d)(1)).”.

16 (b) **SHARING ARRANGEMENTS WITH FEDERAL**
17 **AGENCIES.**—Section 405 of the Indian Health Care Im-
18 provement Act (25 U.S.C. 1645) is amended—

19 (1) by redesignating subsection (d) as sub-
20 section (e); and

21 (2) by inserting after subsection (c) the fol-
22 lowing:

23 “(d) **PAYMENTS FOR ELIGIBLE INDIAN VETERANS**
24 **RECEIVING MEDICAL SERVICES AT VA FACILITIES.**—

25 “(1) **DEFINITION OF ELIGIBLE INDIAN VET-**
26 **ERAN.**—In this subsection, the term ‘eligible Indian

1 veteran’ means an Indian or Alaska Native veteran
2 who receives any medical care or service that is—

3 “(A) authorized on referral by the Service;

4 and

5 “(B) administered at a facility of the De-
6 partment of Veterans Affairs.

7 “(2) PAYMENT BY SERVICE.—Notwithstanding
8 any other provision of law, the Service may cover the
9 cost of any copayment assessed by the Department
10 of Veterans Affairs to an eligible Indian veteran re-
11 ceiving services authorized under the Purchased/Re-
12 ferred Care program.

13 “(3) AUTHORIZATION TO ACCEPT FUNDS.—
14 Notwithstanding section 407(c) of this Act, section
15 2901(b) of the Patient Protection and Affordable
16 Care Act (25 U.S.C. 1623(b)), or any other provi-
17 sion of law, the Secretary of Veterans Affairs may
18 accept a payment from the Service under paragraph
19 (2).”.

20 (c) MEMORANDUM OF UNDERSTANDING; REPORT.—

21 (1) DEFINITIONS.—In this subsection:

22 (A) APPROPRIATE COMMITTEES OF CON-
23 GRESS.—The term “appropriate committees of
24 Congress” means—

25 (i) in the Senate—

1 (I) the Committee on Veterans’
2 Affairs; and

3 (II) the Committee on Indian Af-
4 fairs; and

5 (ii) in the House of Representatives—

6 (I) the Committee on Veterans’
7 Affairs; and

8 (II) the Committee on Natural
9 Resources.

10 (B) BENEFICIARY OF THE SERVICE.—The
11 term “beneficiary of the Service” means an in-
12 dividual who is eligible for assistance from the
13 Service.

14 (C) DIRECTOR.—The term “Director”
15 means the Director of the Service.

16 (D) INDIAN TRIBE.—The term “Indian
17 tribe” has the meaning given that term in sec-
18 tion 4 of the Indian Self-Determination and
19 Education Assistance Act (25 U.S.C. 450b).

20 (E) SECRETARY.—The term “Secretary”
21 means the Secretary of Veterans Affairs.

22 (F) SERVICE.—The term “Service” means
23 the Indian Health Service.

24 (2) MEMORANDUM OF UNDERSTANDING.—

1 (A) IN GENERAL.—Notwithstanding any
2 other provision of law, except as provided in
3 subparagraph (C), the Secretary and the Direc-
4 tor shall enter into a memorandum of under-
5 standing, in consultation with Indian tribes to
6 be impacted by the memorandum of under-
7 standing (on a national or regional basis), that
8 authorizes the Director to pay to the Secretary
9 any copayments owed to the Department of
10 Veterans Affairs by veterans who are bene-
11 ficiaries of the Service for services rendered by
12 the Department of Veterans Affairs (including
13 any services rendered under a contract with a
14 non-Department health care provider) to those
15 veterans pursuant to a referral from a facility
16 of the Service under the Purchased/Referred
17 Care program of the Service.

18 (B) FACTORS FOR CONSIDERATION.—In
19 entering into a memorandum of understanding
20 under subparagraph (A), the Secretary and the
21 Director shall take into consideration any find-
22 ings contained in the report under paragraph
23 (3).

24 (C) EXCEPTION.—The Secretary and the
25 Director shall not be required to enter into a

1 memorandum of understanding under subpara-
2 graph (A) if the Secretary and the Director
3 jointly certify to the appropriate committees of
4 Congress that such a memorandum of under-
5 standing would—

6 (i) decrease the quality of health care
7 provided to veterans who are beneficiaries
8 of the Service;

9 (ii) impede the access of those vet-
10 erans to health care; or

11 (iii) substantially decrease the quality
12 of, or access to, health care by individuals
13 receiving health care from the Department
14 of Veterans Affairs or beneficiaries of the
15 Service.

16 (3) REPORT.—Not later than 45 days after the
17 date of enactment of this Act, the Secretary and the
18 Director shall submit to the appropriate committees
19 of Congress a report that describes—

20 (A) the number of veterans, disaggregated
21 by State, who—

22 (i) are beneficiaries of the Service;

23 and

1 (ii) have received health care at a
2 medical facility of the Department of Vet-
3 erans Affairs;

4 (B) the number of veterans, disaggregated
5 by State and calendar year, who—

6 (i) are beneficiaries of the Service;

7 and

8 (ii) were referred to a medical facility
9 of the Department of Veterans Affairs
10 from a facility of the Service during the
11 period—

12 (I) beginning on January 1,
13 2010; and

14 (II) ending on December 31,
15 2015; and

16 (C) an update regarding efforts of the Sec-
17 retary and the Director to streamline health
18 care for veterans who are beneficiaries of the
19 Service and have received health care at a med-
20 ical facility of the Department of Veterans Af-
21 fairs and at a facility of the Service, including
22 a description of—

23 (i) any changes to the provision of
24 health care required under the Indian

1 Health Care Improvement Act (25 U.S.C.
2 1601 et seq.); and

3 (ii) any barriers to efficiently stream-
4 line the provision of health care to veterans
5 who are beneficiaries of the Service.

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