

Calendar No. 671114TH CONGRESS
2^D SESSION**S. 2417****[Report No. 114-376]**

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, Mr. ROUNDS, and Mr. HOEVEN) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

NOVEMBER 16, 2016

Reported by Mr. BARRASSO, 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. COPAYMENTS FOR INDIAN VETERANS RECEIVING**
5 **CERTAIN MEDICAL SERVICES.**

6 (a) **LIABILITY FOR PAYMENT.**—Section 222(a) of the
7 Indian Health Care Improvement Act (25 U.S.C.
8 1621u(a)) is amended—

9 (1) by striking “A patient who” and inserting
10 the following:

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

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

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

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

22 (1) by redesignating subsection (d) as sub-
23 section (e); and

24 (2) by inserting after subsection (c) the fol-
25 lowing:

1 “(d) PAYMENTS FOR ELIGIBLE INDIAN VETERANS
2 RECEIVING MEDICAL SERVICES AT VA FACILITIES.—

3 “(1) DEFINITION OF ELIGIBLE INDIAN VET-
4 ERAN.—In this subsection, the term ‘eligible Indian
5 veteran’ means an Indian or Alaska Native veteran
6 who receives any medical care or service that is—

7 “(A) authorized on referral by the Service;
8 and

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

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

17 “(3) AUTHORIZATION TO ACCEPT FUNDS.—
18 Notwithstanding section 407(c) of this Act, section
19 2901(b) of the Patient Protection and Affordable
20 Care Act (25 U.S.C. 1623(b)), or any other provi-
21 sion of law, the Secretary of Veterans Affairs may
22 accept a payment from the Service under paragraph
23 (2).”.

24 “(c) MEMORANDUM OF UNDERSTANDING; REPORT.—

25 (1) DEFINITIONS.—In this subsection:

1 (A) APPROPRIATE COMMITTEES OF CON-
2 GRESS.—The term “appropriate committees of
3 Congress” means—

4 (i) in the Senate—

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

7 (II) the Committee on Indian Af-
8 fairs; and

9 (ii) in the House of Representatives—

10 (I) the Committee on Veterans’
11 Affairs; and

12 (II) the Committee on Natural
13 Resources.

14 (B) BENEFICIARY OF THE SERVICE.—The
15 term “beneficiary of the Service” means an in-
16 dividual who is eligible for assistance from the
17 Service.

18 (C) DIRECTOR.—The term “Director”
19 means the Director of the Service.

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

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

1 (F) SERVICE.—The term “Service” means
2 the Indian Health Service.

3 (2) MEMORANDUM OF UNDERSTANDING.—

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

21 (B) FACTORS FOR CONSIDERATION.—In
22 entering into a memorandum of understanding
23 under subparagraph (A), the Secretary and the
24 Director shall take into consideration any find-

1 ings contained in the report under paragraph
2 (3).

3 (C) EXCEPTION.—The Secretary and the
4 Director shall not be required to enter into a
5 memorandum of understanding under subpara-
6 graph (A) if the Secretary and the Director
7 jointly certify to the appropriate committees of
8 Congress that such a memorandum of under-
9 standing would—

10 (i) decrease the quality of health care
11 provided to veterans who are beneficiaries
12 of the Service;

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

15 (iii) substantially decrease the quality
16 of, or access to, health care by individuals
17 receiving health care from the Department
18 of Veterans Affairs or beneficiaries of the
19 Service.

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

24 (A) the number of veterans, disaggregated
25 by State, who—

1 (i) are beneficiaries of the Service;
2 and

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

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

8 (i) are beneficiaries of the Service;
9 and

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

14 (I) beginning on January 1,
15 2010; and

16 (II) ending on December 31,
17 2015; and

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

1 (i) any changes to the provision of
2 health care required under the Indian
3 Health Care Improvement Act (25 U.S.C.
4 1601 et seq.); and

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

Calendar No. 671

114TH CONGRESS
2^D SESSION

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