

115TH CONGRESS
1ST SESSION

S. 304

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

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. LIABILITY FOR PAYMENT.**

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

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

11 **SEC. 3. COPAYMENTS FOR TRIBAL VETERANS RECEIVING**
12 **CERTAIN MEDICAL SERVICES.**

13 Title IV of the Indian Health Care Improvement Act
14 (25 U.S.C. 1641 et seq.) is amended by adding at the end
15 the following:

16 **“SEC. 412. PAYMENTS FOR ELIGIBLE INDIAN VETERANS RE-**
17 **CEIVING COVERED MEDICAL CARE AT VA FA-**
18 **CILITIES.**

19 “(a) DEFINITIONS.—In this section:

20 “(1) APPROPRIATE COMMITTEES OF CON-
21 GRESS.—The term ‘appropriate committees of Con-
22 gress’ means—

23 “(A) in the Senate—

24 “(i) the Committee on Veterans’ Af-
25 fairs; and

1 “(ii) the Committee on Indian Affairs;

2 and

3 “(B) in the House of Representatives—

4 “(i) the Committee on Veterans’ Af-
5 fairs; and

6 “(ii) the Committee on Natural Re-
7 sources.

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

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

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

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

23 “(b) MEMORANDUM OF UNDERSTANDING.—

24 “(1) IN GENERAL.—Notwithstanding any other
25 provision of law, except as provided in paragraph

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

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

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

1 of Congress that such a memorandum of under-
2 standing would—

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

5 “(B) impede the access of those veterans
6 to health care; or

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

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

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

24 “(e) REPORT.—Not later than 90 days after the date
25 of enactment of this section, the Secretary and the Sec-

1 retary of Veterans Affairs shall submit to the appropriate
2 committees of Congress a report that describes—

3 “(1) the number of veterans, disaggregated by
4 State, who—

5 “(A) are eligible for assistance from the
6 Service; and

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

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

11 “(A) are eligible for assistance from the
12 Service; and

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

16 “(i) beginning on January 1, 2011;
17 and

18 “(ii) ending on December 31, 2016;
19 and

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

1 of Veterans Affairs and at a facility of the Service,
2 including a description of—

3 “(A) any changes to the provision of health
4 care required under the Indian Health Care Im-
5 provement Act (25 U.S.C. 1601 et seq.); 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.”.

○