

goes all the way through, but we have overlooked those in the past. We don't need to necessarily overlook them in the future going through there.

But I appreciate what the gentlemen are doing with this process. It is a positive thing, and I urge all of the Members who are here or who are not here to pass this one in the affirmative because it is something that needs to be done. I applaud those who have worked so hard to get unity within the delegation from North Carolina and move forward with it.

Mr. Speaker, I yield back the balance of my time.

Mr. HUFFMAN. Mr. Speaker, I request an "aye" vote, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HUFFMAN) that the House suspend the rules and pass the bill, H.R. 1964, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### PROPER AND REIMBURSED CARE FOR NATIVE VETERANS ACT

Mr. HUFFMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6237) to amend the Indian Health Care Improvement Act to clarify the requirement of the Department of Veterans Affairs and the Department of Defense to reimburse the Indian Health Service for certain health care services, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6237

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Proper and Reimbursed Care for Native Veterans Act" or the "PRC for Native Veterans Act".

#### SEC. 2. CLARIFICATION OF REQUIREMENT OF DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE TO REIMBURSE INDIAN HEALTH SERVICE FOR CERTAIN HEALTH CARE SERVICES.

Section 405(c) of the Indian Health Care Improvement Act (25 U.S.C. 1645) is amended by inserting before the period at the end the following: " , regardless of whether such services are provided directly by the Service, an Indian tribe, or tribal organization, through purchased/referred care, or through a contract for travel described in section 213(b)".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. HUFFMAN) and the gentleman from Utah (Mr. BISHOP) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. HUFFMAN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to re-

visé and extend their remarks and to include any extraneous material on the measure under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. HUFFMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the bill before us, H.R. 6237, is the PRC for Native Veterans Act, introduced by our colleague from Arizona, Representative GALLEG0. This bill will ensure that Native veterans can access high-quality healthcare regardless of the system where they choose to seek it.

Providing for the healthcare of our veterans should be one of our top priorities, including the care of approximately 150,000 Native veterans who have served our country.

By law, a Native veteran is eligible to receive services under both the VA and Indian Health Service. They can choose which one of those to use at any given time.

In instances where a Native veteran is eligible for a particular healthcare service from both the VA and IHS, the VA is considered the primary payer. As such, the VA reimburses IHS and Tribal facilities for any direct care they provide.

Here is the problem that sometimes arises: It is with the Purchased/Referred Care Program, known as PRC. IHS and Tribal facilities are not always able to directly provide all of the necessary health services a Tribal member may need, and in order to bridge that gap, the PRC program was created. It authorizes the purchase of services from a network of private providers when care is not available at IHS or Tribal facilities.

During the permanent reauthorization of the Indian Health Care Improvement Act, Congress amended section 405(c) of that law to require the VA to reimburse IHS and Tribes for health services provided under that PRC program.

But the VA now claims that this language does not statutorily require them to reimburse specialty and referral services through IHS or Tribal facilities. The VA, instead, insists that the referral must come from them.

That creates problems. It means that the Native veterans who arrive at IHS or Tribal facilities needing specialty care are often forced to travel extreme distances to the nearest VA just to get a redundant primary care visit and a referral.

These extra steps cause significant hardship for many Native veterans and can delay critical care. The result is that many IHS and Tribal facilities are referring Native veterans out for specialty care and then just paying for it themselves with their already meager PRC fund so that the patient can be treated in a timely and competent manner.

This bill clarifies that the VA is responsible for reimbursing IHS and

Tribes for any specialty care provided through a referral by an IHS or Tribal facility.

I think we can all agree our Native veterans should have timely access to the quality of care they need no matter where they choose to access it.

I want to thank Representative GALLEG0 for championing this bipartisan legislation on behalf of all Native veterans, and I urge its quick adoption.

Mr. Speaker, I reserve the balance of my time.

Mr. BISHOP of Utah. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I, too, wish to support H.R. 6237, which is officially the Proper and Reimbursed Care for Native Americans Act. Over the last century, Native Americans have served in the U.S. armed services at a higher per capita rate than any other ethnicity, and with Veterans Day occurring last week at the same time as the opening of the Native American Veterans Memorial, I thank those who have served and continue to serve in this capacity.

Under current law, the Department of Veterans Affairs or the Department of Defense reimburses the Indian Health Services for any health-related services provided to Native Americans.

Unfortunately, not all Indian Health Services or Tribally operated facilities can provide every level of care, and some patients must be referred. For these situations, the VA or the DOD cannot reimburse the Indian Health Service or Tribal facility for certain services.

H.R. 6237 would amend the Indian Health Care Improvement Act to fix this problem and ensure that the Veterans Administration or the Department of Defense has authority to pay for the care Native veterans receive regardless of where those services are provided.

So I have to thank subcommittee Chairman GALLEG0, who is, himself, a marine veteran, for his service and ensuring that Native Americans receive proper care.

I urge adoption of this measure, and I yield back the balance of my time.

Mr. HUFFMAN. Mr. Speaker, I request an "aye" vote, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HUFFMAN) that the House suspend the rules and pass the bill, H.R. 6237, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### WOUNDED VETERANS RECREATION ACT

Mr. HUFFMAN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 327) to amend the Federal Lands