119TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
119–220

WOMEN VETERANS CANCER CARE COORDINATION ACT

JULY 29, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BOST, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 1860]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1860) to designate Regional Breast and Gynecologic Cancer Care Coordinators to expand the work of the Breast and Gynecologic Oncology System of Excellence at the Department of Veterans Affairs, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Add at the end the following new section:

SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking "November 30, 2031" and inserting "September 30, 2032".

PURPOSE AND SUMMARY

H.R. 1860, the "Women Veterans Cancer Care Coordination Act," was introduced by Representative Sylvia Garcia of Texas on March 5, 2025. This bill would require the Department of Veterans Affairs (VA) to establish Regional Breast and Gynecologic Cancer Care Coordinators within each Veterans Integrated Services Network (VISN). This bill, as amended, would expand the work of the Breast and Gynecologic Oncology System of Excellence at VA. Regional Breast Cancer and Gynecologic Cancer Care Coordinators would serve as dedicated points of contact to help eligible veterans navigate their care.

BACKGROUND AND NEED FOR LEGISLATION

Section 1: Short title

Section 1 would establish the short title as the "Women Veterans Cancer Care Coordination Act."

Section 2: Department of Veterans Affairs Regional Breast Cancer and Gynecologic Cancer Care Coordinators

From fiscal years 2000 to 2023, the women veteran population has increased from 6.3% to 11.3% of the total veteran population. This equals around 2.1 million women veterans. As women veterans age, cancer rates in this population also increase. The average age of women veterans diagnosed with cancer is 58, and the average age for gynecologic cancer is 55. In 2021, VA created the Breast and Gynecologic Oncology System of Excellence to provide specialized care to women veterans. From January 1, 2021, to March 15, 2024, the Breast and Gynecologic Oncology System of Excellence identified a total of 7,187 cases of breast and gynecologic cancers among women veterans enrolled in VA's healthcare system.[1]

VA's Breast and Gynecologic Oncology System of Excellence helps formulate treatment plans for veterans diagnosed with breast and gynecologic malignancies and helps them access cutting-edge cancer care—both from providers within VA's healthcare system and from VA's contracted network of community providers. The Breast and Gynecologic Oncology System of Excellence's multidisciplinary team includes healthcare professionals with expertise in medical oncology, gynecologic oncology, radiation oncology, breast surgery, clinical oncology pharmacy, oncology nursing and care coordination. The team is tasked with developing a system that provides coordinated, integrated, and compassionate patient-centered care, particularly for veterans who need to navigate between VA and other health systems to receive care.

[1] Megan Shepherd-Banigan, Leah L Zullig, Theodore S.Z. Berkowitz, Graham Cummin, et al., "Improving Cancer Care for Women Seeking Services in the Veterans Health Administration Through the Breast and Gynecological Oncology System of Excellence," *Military Medicine*, Volume 190, Issue 5–6, May/June 2025, Pages 150–153, https://doi.org/10.1093/milmed/usae447.

The Committee believes that while the Breast and Gynecologic Oncology System of Excellence is well-positioned to handle the clinical aspects of coordinating veterans' cancer treatment, there are many other aspects of care coordination and administrative burden that veterans may need assistance navigating. These veterans may need assistance covering the expenses that may be associated with traveling to receive care at another VA facility or in the community, obtaining medical records from community providers, ensuring that community providers' claims are paid on time, and accessing mental health services to help cope with the emotional aspects of their diagnoses. The Committee believes that this bill would enhance the program by requiring VA to appoint regional breast and gynecologic cancer care coordinators to assist veterans in navigating all of these aspects of their treatment. Cancer care, especially for breast and gynecological cancers, often times require patients to see multiple specialists, as well as different specialized labs and imaging centers. It would be an important service to have trained professionals who can help ensure that patients can access resources available to them and that their providers are always updated on the patients' latest health updates.

Section 3: Extension of Certain Limits on Payments of Pension

Under current law (38 U.S.C. § 5503(d)), the amount of VA pension paid to veterans having no spouse nor child, veterans' surviving spouses having no child, and veterans' children who are admitted to a VA or Medicaid sponsored nursing facility is capped at $90 a month. This section would cover the costs of the other sections of this bill by extending this pension limitation to September 30, 2032. Because they receive government sponsored care in a nursing home, these pension beneficiaries do not require the full amount of pension to cover their cost of living. The Committee believes this short-term extension of the current limit on pension payments is a reasonable way to cover the costs associated with the other sections of this bill.

HEARINGS

On March 11, 2025, the Subcommittee on Health held a legislative hearing on H.R. 1860 and other bills that were pending before the subcommittee.

The following witnesses testified:

The Honorable Jack Bergman, U.S. House of Representatives, 1st Congressional District, Michigan; The Honorable Greg Murphy, U.S. House of Representatives, 3rd Congressional District, North Carolina; The Honorable Steve Womack, U.S. House of Representatives, 3rd Congressional District, Arkansas; The Honorable Don Bacon, U.S. House of Representatives, 1st Congressional District, Nebraska; The Honorable Sylvia Garcia, U.S. House of Representatives, 29th Congressional District, Texas; The Honorable Lauren Underwood, U.S. House of Representatives, 14th Congressional District, Illinois; The Honorable Chris Deluzio, U.S. House of Representatives, 17th Congressional District, Pennsylvania; Dr. Thomas O'Toole, Deputy Assistant Under Secretary for Health for Clinical Services, Quality and Field Operations, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Antoinette

Shappell, Deputy Assistant Under Secretary for Health for Patient Services, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Thomas Emmendorfer, Executive Director, Pharmacy Benefits Management, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Jeffrey Gold, President, University of Nebraska System; Ms. Sue Morris, President, Veterans Trust; Mr. Brian Dempsey, Director of Government Affairs, Wounded Warrior Project; Mr. Ed Harries, President, National Association of State Veterans Homes; Mr. Jon Retzer, Deputy National Legislative Director, Disabled American Veterans.

Statements for the record were submitted by:

Veterans Healthcare Policy Institute; Paralyzed Veterans of America; American Federation of Government Employees; Representative Murphy; Trajector Medical; and American Association for Marriage and Family Therapy.

SUBCOMMITTEE CONSIDERATION

On March 25, 2025, the Subcommittee on Health met in an open markup session, a quorum being present, and ordered H.R. 1860 to be reported favorably to the full Committee on Veterans' Affairs by voice vote.

COMMITTEE CONSIDERATION

On May 6, 2025, the Full Committee met in an open markup session, a quorum being present, and ordered H.R. 1860, as amended, to be reported favorably to the House of Representatives by voice vote. During consideration of the bill, the following amendment was considered:

An amendment was offered by Chairman Bost of Illinois to provide an offset for the cost of the bill. This amendment would strike "November 30, 2031" of Section 5503(d)(7) of title 38, United States Code, and insert "September 30, 2032." This amendment passed by voice vote.

A motion by Ranking Member Takano of California to report H.R. 1860, as amended, favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, there were no recorded votes taken on amendments or in connection with ordering H.R. 1860, as amended, reported to the House.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and

objectives are to designate Regional Breast and Gynecologic Cancer Care Coordinators to provide better support and improved clinical outcomes to veterans undergoing treatment for breast and gynecologic cancers, as well as to bolster the work of the Breast and Gynecologic Oncology System of Excellence at VA.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1860, as amended, does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 1860, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 1860, as amended, provided by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

At a Glance

H.R. 1860, Women Veterans Cancer Care Coordination Act
As ordered reported by the House Committee on Veterans' Affairs on May 6, 2025

By Fiscal Year, Millions of Dollars	2025	2025-2030	2025-2035
Direct Spending (Outlays)	*	5	-30
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	5	-30
Spending Subject to Appropriation (Outlays)	*	13	28

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2036?	< $2.5 billion	Statutory pay-as-you-go procedures apply?	Yes
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2036?	< $5 billion	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and $500,000.

The bill would:

- Require the Department of Veterans Affairs (VA) to designate care coordinators in each Veterans Integrated Services Network to monitor care that veterans with breast or gynecologic cancer receive
- Require the coordinators to integrate care received from the department directly with care received through the VA-funded Community Care program
- Require VA to report to the Congress on the implementation and outcomes of the care coordination program
- Extend the reduction of pensions that VA pays to veterans and survivors residing in Medicaid nursing homes

Estimated budgetary effects would mainly stem from:

- Hiring and supporting regional care coordinators
- Reducing VA pension payments

Bill summary: H.R. 1860 would require the Department of Veterans Affairs (VA) to designate care coordinators for veterans with breast or gynecologic cancer. The bill also would extend a temporary limitation on certain pension payments through September 2032.

Estimated Federal cost: The estimated budgetary effects of H.R. 1860 are shown in Table 1. The costs of the legislation fall within budget functions 550 (health) and 700 (veterans benefits and services).

TABLE 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 1860

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
INCREASES OR DECREASES (−) IN DIRECT SPENDING													
Estimated Budget Authority	*	1	1	1	1	1	1	−39	1	1	1	5	−30
Estimated Outlays	*	1	1	1	1	1	1	−39	1	1	1	5	−30
INCREASES IN SPENDING SUBJECT TO APPROPRIATION													
Estimated Authorization	*	2	2	3	3	3	3	3	3	3	3	13	28
Estimated Outlays	*	2	2	3	3	3	3	3	3	3	3	13	28

*= between zero and $500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 1860 will be enacted in fiscal year 2025 and that outlays will follow historical spending patterns for similar VA programs.

Provisions that affect spending subject to appropriation and direct spending: Section 2 would require VA to designate or hire a care coordinator for breast and gynecologic cancer in each of the department's 18 Veterans Integrated Services Networks (VISN) within one year of enactment. The coordinators would monitor and integrate care for those cancers that veterans receive from the department directly and through the VA-funded Community Care program. The coordinators also would collect and report information on the outcomes of veterans' cancer treatment.

Under section 2, VA would need one full-time employee in each VISN. CBO estimates that annual compensation and operating expenses would amount to $215,000 per person, on average. Imple-

menting section 2 would therefore cost $38 million over the 2025–2035 period.

CBO expects that some of the costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF) established by Public Law 117–168, the Honoring our PACT Act. The TEF is a mandatory appropriation that VA uses to pay for health care, disability claims processing, medical research, and IT modernization that benefit veterans who were exposed to environmental hazards.

Additional spending from the TEF would occur if legislation increases the costs of similar activities that benefit veterans with such exposure. Thus, in addition to increasing spending subject to appropriation, enacting section 2 would increase amounts paid from the TEF, which are classified as direct spending. CBO projects that the proportion of costs paid by the TEF will grow over time based on the amount of formerly discretionary appropriations that CBO expects will be provided through the mandatory appropriation as specified in the Honoring our PACT Act.[1]

CBO estimates that over the 2025–2035 period, implementing section 2 would increase spending subject to appropriation by $28 million and direct spending by $10 million.

Direct spending: In addition to expanding benefits that would partly be covered by the TEF, enacting H.R. 1860 would affect direct spending by extending a statutory limitation on VA pension payments. In total, enacting the bill would decrease net direct spending by $30 million over the 2025–2035 period (see Table 2).

Under current law, VA reduces pension payments to veterans and survivors who reside in Medicaid nursing homes to $90 per month. That required reduction expires November 30, 2031. Section 3 would extend that reduction for 10 months, through September 30, 2032. CBO estimates that extending that requirement would reduce VA benefits by $10 million per month. (Those benefits are paid from mandatory appropriations and are therefore considered direct spending.) As a result of that reduction in beneficiaries' income, Medicaid would pay more of the cost of their care, increasing spending for that program by $6 million per month. Thus, enacting section 3 would reduce net direct spending by $40 million over the 2025–2035 period.

TABLE 2.—ESTIMATED CHANGES IN DIRECT SPENDING UNDER H.R. 1860

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Cancer Care Coordinators:													
Estimated Budget Authority	*	1	1	1	1	1	1	1	1	1	1	5	10
Estimated Outlays	*	1	1	1	1	1	1	1	1	1	1	5	10
Pensions:													
Estimated Budget Authority	0	0	0	0	0	0	0	−40	0	0	0	0	−40
Estimated Outlays	0	0	0	0	0	0	0	−40	0	0	0	0	−40

[1] For additional information about estimated spending from the TEF, see Congressional Budget Office, "Toxic Exposures Fund—January 2025 Baseline" (January 2025), https://tinyurl.com/465ytckb.

TABLE 2.—ESTIMATED CHANGES IN DIRECT SPENDING UNDER H.R. 1860—Continued

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Total Changes:													
Estimated Budget Authority	*	1	1	1	1	1	1	−39	1	1	1	5	−30
Estimated Outlays	*	1	1	1	1	1	1	−39	1	1	1	5	−30

*= between zero and $500,000.

Spending subject to appropriation: The discussion above in "Provisions That Affect Spending Subject to Appropriation and Direct Spending" describes the costs of implementing the care coordination program for veterans with breast or gynecologic cancer. CBO estimates that establishing the program would increase spending subject to appropriation by $28 million over the 2025–2035 period.

Section 2 also would require VA to submit a report comparing health outcomes of veterans who receive care for breast and gynecologic cancer through VA facilities and community care providers. Based on the costs of similar reporting requirements, CBO estimates that preparing the report would cost less than $500,000 over the 2025–2035 period. Any such spending would be subject to the availability of appropriated funds.

Pay-As-You-Go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 1.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 1860 would not increase net direct spending by more than $2.5 billion in any of the four consecutive 10-year periods beginning in 2036.

CBO estimates that enacting H.R. 1860 would not increase on-budget deficits by more than $5 billion in any of the four consecutive 10-year periods beginning in 2036.

Mandates: The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

Estimate prepared by: Federal costs: Noah Callahan (for veterans' health care); Logan Smith (for veterans' and survivors' pensions); Mandates: Grace Watson.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs, and Veterans' Affairs Cost Estimates Unit; Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Christina Hawley Anthony, Deputy Director of Budget Analysis.

Estimate approved by: Phillip L. Swagel, Director, Congressional Budget Office.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R 1860, as amended, prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 1860, as amended.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1860, as amended, does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 1860, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1: Short title

Section 1 would establish the short title as the "Women Veterans Cancer Care Coordination Act."

Section 2: Department of Veterans Affairs Regional Breast Cancer and Gynecologic Cancer Care Coordinators

Section 2(a) would require the Veterans Affairs Secretary to hire or designate a Regional Breast Cancer and Gynecologic Cancer Care Coordinator at each Veteran Integrated Services Network (VISN).

Section 2(b) would establish criteria for veterans who are eligible to receive care coordination provided by this bill.

Section 2(c) would require the Secretary to establish regions for purposes of care coordination. All department facilities would have to be assigned to an appropriate region, accounting for existing VISN lines and the specific needs of veterans in each region.

Section 2(d) would establish the duties of the care coordinators. These duties would include: ensuring care coordination for eligible veterans; working with the Office of Community Care as necessary; making regular contact with each eligible veteran regarding their needs when they receive care from a community care provider; monitoring the services provided, the health outcomes of eligible veterans receiving care, and demographic data and numbers of eligible veterans receiving care for these cancers; providing information to eligible veterans about how to seek emergency care, and mental health resources; documenting information about contact information and diagnoses of eligible veterans; and carrying out other duties as determined by the Secretary.

Section 2(e) would require that for three years following enactment, the Secretary shall submit a report that includes information related to treatment and types of health outcomes for eligible vet-

erans, the timeliness of cancer care furnished in the community for eligible veterans, patient safety outcomes for eligible veterans, an evaluation of changes needed to improve breast and gynecologic cancer care and coordination, and any other matters the Secretary deems appropriate.

Section 2(f) would provide definitions for the terms in the legislation.

Section 3: Extension of certain limits on payments of pension

Section 3 would extend the termination date of limitations on VA pension payments to institutionalized beneficiaries by amending 38 U.S.C. § 5503(d)(7), changing the expiration from November 30, 2031, to September 30, 2032.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

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PART IV—GENERAL ADMINISTRATIVE PROVISIONS

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CHAPTER 55—MINORS, INCOMPETENTS, AND OTHER WARDS

* * * * * * *

§ 5503. Hospitalized veterans and estates of incompetent institutionalized veterans

(a)(1)(A) Where any veteran having neither spouse nor child is being furnished domiciliary care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month of admission for such care.

(B) Except as provided in subparagraph (D) of this paragraph, where any veteran having neither spouse nor child is being furnished nursing home care by the Department, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the end of the third full calendar month following the month

of admission for such care. Any amount in excess of $90 per month to which the veteran would be entitled but for the application of the preceding sentence shall be deposited in a revolving fund at the Department medical facility which furnished the veteran nursing care, and such amount shall be available for obligation without fiscal year limitation to help defray operating expenses of that facility.

(C) No pension in excess of $90 per month shall be paid to or for a veteran having neither spouse nor child for any period after the month in which such veteran is readmitted for care described in subparagraph (A) or (B) of this paragraph and furnished by the Department if such veteran is readmitted within six months of a period of care in connection with which pension was reduced pursuant to subparagraph (A) or (B) of this paragraph.

(D) In the case of a veteran being furnished nursing home care by the Department and with respect to whom subparagraph (B) of this paragraph requires a reduction in pension, such reduction shall not be made for a period of up to three additional calendar months after the last day of the third month referred to in such subparagraph if the Secretary determines that the primary purpose for the furnishing of such care during such additional period is for the Department to provide such veteran with a prescribed program of rehabilitation services, under chapter 17 of this title, designed to restore such veteran's ability to function within such veteran's family and community. If the Secretary determines that it is necessary, after such period, for the veteran to continue such program of rehabilitation services in order to achieve the purposes of such program and that the primary purpose of furnishing nursing home care to the veteran continues to be the provision of such program to the veteran, the reduction in pension required by subparagraph (B) of this paragraph shall not be made for the number of calendar months that the Secretary determines is necessary for the veteran to achieve the purposes of such program.

(2) The provisions of paragraph (1) shall also apply to a veteran being furnished such care who has a spouse but whose pension is payable under section 1521(b) of this title. In such a case, the Secretary may apportion and pay to the spouse, upon an affirmative showing of hardship, all or any part of the amounts in excess of the amount payable to the veteran while being furnished such care which would be payable to the veteran if pension were payable under section 1521(c) of this title.

(b) Notwithstanding any other provision of this section or any other provision of law, no reduction shall be made in the pension of any veteran for any part of the period during which the veteran is furnished hospital treatment, or institutional or domiciliary care, for Hansen's disease, by the United States or any political subdivision thereof.

(c) Where any veteran in receipt of an aid and attendance allowance described in subsection (r) or (t) of section 1114 of this title is hospitalized at Government expense, such allowance shall be discontinued from the first day of the second calendar month which begins after the date of the veteran's admission for such hospitalization for so long as such hospitalization continues. Any discontinuance required by administrative regulation, during hospitalization of a veteran by the Department, of increased pension

based on need of regular aid and attendance or additional compensation based on need of regular aid and attendance as described in subsection (*l*) or (m) of section 1114 of this title, shall not be effective earlier than the first day of the second calendar month which begins after the date of the veteran's admission for hospitalization. In case a veteran affected by this subsection leaves a hospital against medical advice and is thereafter admitted to hospitalization within six months from the date of such departure, such allowance, increased pension, or additional compensation, as the case may be, shall be discontinued from the date of such readmission for so long as such hospitalization continues.

(d)(1) For the purposes of this subsection—

(A) the term "Medicaid plan" means a State plan for medical assistance referred to in section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)); and

(B) the term "nursing facility" means a nursing facility described in section 1919 of such Act (42 U.S.C. 1396r), other than a facility that is a State home with respect to which the Secretary makes per diem payments for nursing home care pursuant to section 1741(a) of this title.

(2) If a veteran having neither spouse nor child is covered by a Medicaid plan for services furnished such veteran by a nursing facility, no pension in excess of $90 per month shall be paid to or for the veteran for any period after the month of admission to such nursing facility.

(3) Notwithstanding any provision of title XIX of the Social Security Act, the amount of the payment paid a nursing facility pursuant to a Medicaid plan for services furnished a veteran may not be reduced by any amount of pension permitted to be paid such veteran under paragraph (2) of this subsection.

(4) A veteran is not liable to the United States for any payment of pension in excess of the amount permitted under this subsection that is paid to or for the veteran by reason of the inability or failure of the Secretary to reduce the veteran's pension under this subsection unless such inability or failure is the result of a willful concealment by the veteran of information necessary to make a reduction in pension under this subsection.

(5)(A) The provisions of this subsection shall apply with respect to a surviving spouse having no child in the same manner as they apply to a veteran having neither spouse nor child.

(B) The provisions of this subsection shall apply with respect to a child entitled to pension under section 1542 of this title in the same manner as they apply to a veteran having neither spouse nor child.

(6) The costs of administering this subsection shall be paid for from amounts available to the Department of Veterans Affairs for the payment of compensation and pension.

(7) This subsection expires on ❲November 30, 2031❳ *September 30, 2032*.

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