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HOUSE OF REPRESENTATIVES
REPORT
119–96

AUTOMOTIVE SUPPORT SERVICES TO IMPROVE SAFE TRANSPORTATION ACT OF 2025

MAY 15, 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. 1364]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 1364) to amend title 38, United States Code, to provide clarification regarding the inclusion of medically necessary automobile adaptations in Department of Veterans Affairs definition of "medical services", having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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59–006

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Automotive Support Services to Improve Safe Transportation Act of 2025" or the "ASSIST Act of 2025".

SEC. 2. CLARIFICATION REGARDING INCLUSION OF MEDICALLY NECESSARY AUTOMOBILE ADAPTATIONS IN DEPARTMENT OF VETERANS AFFAIRS DEFINITION OF "MEDICAL SERVICES".

Section 1701(6)(I) of title 38, United States Code, is amended to read as follows:

"(I) The provision of any medically necessary automobile adaptations for driver or passenger use, including—

"(i) ramp and kneeling systems;
"(ii) raised doors or lowered floors;
"(iii) raised roofs;
"(iv) air conditioning;
"(v) occupied and unoccupied mobility lifts;
"(vi) ingress or egress accessibility modifications;
"(vii) wheelchair tiedowns; and
"(viii) adapted seating.".

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. 1364, the "Automotive Support Services to Improve Safe Transportation Act of 2025" or the "ASSIST Act of 2025" was introduced by Rep. Tom Barrett of Michigan on February 14, 2025. H.R. 1364, as amended, would amend current law to address language that inadvertently omitted coverage for some of the adaptive equipment needed for disabled veterans to safely adapt their motor vehicles through the Department of Veterans Affairs (VA) Automobile Adaptive Equipment (AAE) Program. Additionally, this bill would codify the adaptations that are allowed for both drivers and passengers.

Finally, the bill would also provide an offset for the cost of these programs by recovery of pension payments.

BACKGROUND AND NEED FOR LEGISLATION

Section 1: Short Title

This Act may be cited as the "Automotive Support Services to Improve Safe Transportation Act of 2025" or the "ASSIST Act of 2025".

Section 2: Clarification Regarding Inclusion of Medically Necessary Automobile Adaptations in Department of Veterans Affairs Definition of "Medical Services"

During a hearing held on November 2, 2023, during the 118th Congress by the House Veterans' Affairs Committee Subcommittee on Economic Opportunity, the Department of Veterans Affairs (VA) witness mentioned in their testimony [1] additional changes and allowances to adaptive automobile equipment that should be made. VA recommended that Congress make technical corrections to the amendments of Section 22 of the *Veterans Auto and Education Improvement Act of 2022* [P.L. 117–333].[2] This section amended the

[1] HHRG-118-VR10-Wstate-GarciaJ-20231102.pdf.
[2] PUBL333.PS.

definition of medical services under 38 U.S.C. § 1701(6) to include the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use.[3] It was intended to codify VA's existing practice of furnishing certain adaptive items for automobiles; however, this language specified the types of modifications permissible and inadvertently excluded all other adaptive items veterans may need. Consequently, VA recommended technical amendments to authorize lower floors, ramps and kneeling systems, mobility device lifts, and ingress and egress accessibility modifications. Additionally, VA recommended to Congress that wheelchair tie downs should not be limited to passenger use.

This section would amend 38 U.S.C. § 1701(6)(I) and would allow for the additions that VA requested in their testimony to adequately meet disabled veterans' needs. Additionally, this section would ensure that these changes reflect Congressional intent and expand the definition of items by adding "including" to allow VA to cover other items that may be deemed necessary. The Committee believes that non-articulating trailers are also included in the items eligible for adaptation.

This section would expand the definition of eligible items and allow for adaptations for passenger and driver use. By enacting this section, disabled veterans and their caretakers would have access to the assistance needed to modify vehicles for use by disabled veterans. This section would allow for disabled veterans to connect with community organizations and provide greater opportunities to find employment. The Committee believes this would help to improve the overall wellbeing and economic opportunities for disabled veterans.

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 from November 30, 2031, until 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 Economic Opportunity held a legislative hearing on H.R. 1364 and other bills that were pending before the subcommittee.

The following witnesses testified:

Mr. John Bell, Executive Director of Loan Guaranty Service, U.S. Department of Veterans Affairs; Mr. Nick Pamperin, Executive Director, Veterans Readiness and Employment, U.S. Department of Veterans Affairs; Mr. Thomas J. Alphonso, As-

[3] 38 USC 1701: Definitions.

sistant Director, Policy and Implementation, Veterans Benefits Administration, U.S. Department of Veterans Affairs; Ms. Jill Albanese, Director of Clinical Operations, U.S. Department of Veterans Affairs; Ms. Kristina Keenan, Deputy Director, National Legislative Service, Veterans of Foreign Wars; Ms. Julie Howell, Associate Legislative Director for Governmental Relations, Paralyzed Veterans of America; Ms. Elizabeth Balce, Executive Vice President of Servicing at Carrington Mortgage, Mortgage Bankers Association; Mr. Tobias Peter, Co-Director of the Housing Center, Senior Fellow, American Enterprise Institute; and Mr. Will Hubbard, Vice President for Veterans and Military Policy, Veterans Education Success.

The following individuals and organizations submitted statements for the record:

Freedom Mortgage, Student Veterans of America, the Veterans Education Project, National Association of Veterans Program Administrators, National Consumer Law Center, BraunAbility, National Mobility Equipment Dealers Association, and the National Alliance to End Homelessness.

SUBCOMMITTEE CONSIDERATION

On April 9, 2025, the Subcommittee on Economic Opportunity held a markup on H.R. 1364.

An amendment in the nature of a substitute to H.R. 1364 was offered by Representative Barrett. The amendment in the nature of a substitute would remove duplicative language within the bill, codify adaptations VA is using agency discretion to pay for currently, and allow the cost of these adaptations for drivers and passengers to be covered by VA. The amendment in the nature of a substitute was approved by voice vote.

A motion was made by Subcommittee Ranking Member Pappas to favorably forward H.R. 1364, as amended, to the full Committee was agreed to 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. 1364, as amended, to be reported favorably to the House of Representatives by voice vote.

An amendment in the nature of a substitute to H.R. 1364 was offered by Representative Barrett to add an offset using the pension payments in order to pay for this legislation. The amendment in the nature of a substitute was approved by voice vote.

A motion by Ranking Member Takano to report the amendment in the nature of a substitute to H.R. 1364, 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, no recorded votes were taken on amendments or in connection with ordering H.R. 1364, as amended, favorably 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 of H.R. 1364, as amended, are to eliminate the discrepancy within the law that inadvertently omitted coverage by VA of the cost of some of the adaptive equipment needed for disabled veterans.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1364, 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 Congressional Budget Office cost estimate on this measure.

BUDGET AUTHORITY AND CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

At a Glance

H.R. 1364, Automotive Support Services to Improve Safe Transportation Act of 2025

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	-29
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	5	-29
Spending Subject to Appropriation (Outlays)	1	11	26

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:

- Expand the types of adaptative equipment that the Department of Veterans Affairs (VA) can purchase for vehicles belonging to veterans who receive medical care from the department

- Extend the reduction of pensions VA pays to veterans and survivors residing in Medicaid nursing homes

Estimated budgetary effects would mainly stem from:

- Purchasing additional adaptative equipment
- Reducing pension payments

Bill summary: H.R. 1364 would expand the types of adaptative equipment that the Department of Veterans Affairs (VA) can purchase for vehicles belonging to veterans who have received medical care from the department. The bill also would extend the reduction of pension payments for veterans and survivors who reside in Medicaid nursing homes.

Estimated Federal cost: The estimated budgetary effects of H.R. 1364 are shown in Table 1. The bill would decrease net direct spending by $29 million and increase spending subject to appropriation by $26 million over the 2025–2035 period. 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. 1364

	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	2	5	−29
Estimated Outlays	*	1	1	1	1	1	1	−39	1	1	2	5	−29
INCREASES IN SPENDING SUBJECT TO APPROPRIATION													
Estimated Authorization	1	2	2	2	2	2	3	3	3	3	3	11	26
Estimated Outlays	1	2	2	2	2	2	3	3	3	3	3	11	26

*= between zero and $500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 1364 will be enacted in fiscal year 2025 and that provisions will take effect upon enactment. CBO also estimates that outlays will follow historical spending patterns for affected programs.

Provisions that affect spending subject to appropriation and direct spending: Section 2 would expand the types of adaptative equipment that VA can purchase for the vehicles of eligible veterans who receive medical care at VA facilities. In addition to equipment that VA provides under its current policy, section 2 would authorize VA to provide kneeling systems. Those systems lower the side or rear of a vehicle to reduce the incline of a ramp, making it easier for people using wheelchairs or other mobility devices to access the vehicle. Using information from VA, CBO estimates that the department would purchase kneeling systems for roughly 55 veterans each year at a cost of about $63,000 on average, for a total of $37 million over the 2025–2035 period.

Some of the veterans who would acquire kneeling systems under section 2 would be veterans who have been exposed to environmental hazards; thus, 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 information technology modernization that benefit veterans who were exposed to environmental hazards. Additional spending from

the TEF occurs 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 $26 million and direct spending by $11 million.

Direct spending: In addition to expanding benefits that would partly be covered by the TEF, CBO estimates that enacting the bill would affect direct spending by reducing pension payments to veterans and survivors who reside in Medicaid nursing homes. In total, the bill would decrease net direct spending by $29 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 ten 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 INCREASES IN DIRECT SPENDING UNDER H.R. 1364

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Adaptive Equipment:													
Estimated Budget Authority	*	1	1	1	1	1	1	1	1	1	2	5	11
Estimated Outlays	*	1	1	1	1	1	1	1	1	1	2	5	11
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
Total Changes:													
Estimated Budget Authority	*	1	1	1	1	1	1	−39	1	1	2	5	−29
Estimated Outlays	*	1	1	1	1	1	1	−39	1	1	2	5	−29

* = 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 expansion of vehicle adaptations VA can purchase for eligible veterans after receiving medical care from the

[1] For additional information about estimated spending from the TEF, see CBO's most recent table with details about baseline projections: https://www.cbo.gov/system/files/2025-01/60044-2025-01-tef.pdf.

department. That expansion would increase spending subject to appropriation by $26 million over the 2025–2035 period (see Table 3).

TABLE 3.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 1364

	By fiscal year, millions of dollars—												
	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2025–2030	2025–2035
Adaptive Equipment:													
Estimated Authorization	1	2	2	2	2	2	3	3	3	3	3	11	26
Estimated Outlays	1	2	2	2	2	2	3	3	3	3	3	11	26

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 2.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 1364 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. 1364 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: Paul B.A. Holland; Mandates: Brandon Lever.

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

Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4) is inapplicable to H.R. 1364, as amended.

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. 1364, as amended.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 1364, 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.

1364, as amended, would establish or reauthorize 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

This section would establish the short title of the bill as the "Automotive Support Services to Improve Safe Transportation Act of 2025" or the "ASSIST Act of 2025."

Section 2. Clarification regarding inclusion of medically necessary automobile adaptations in Department of Veterans Affairs definition of "Medical Services."

This section would amend 38 U.S.C. § 1701(6)(I) to include ramp and kneeling systems, raised doors or lowered floors, raised roofs, air conditioning, occupied and unoccupied mobility lifts, ingress and egress accessibility modifications, wheelchair tiedowns, and adaptive seating in the additional medically necessary automobile adaptations.

Section 3. Extension of certain limits on payments of pension

Section 3 would extend the limitation of pension payable to certain veterans, their surviving spouses, and their children as established in section 5503(d)(7) of title 38, United States Code, 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

* * * * * * *

PART II—GENERAL BENEFITS

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

SUBCHAPTER I—GENERAL

* * * * * * *

§ 1701. Definitions

For the purposes of this chapter—

(1) The term "disability" means a disease, injury, or other physical or mental defect.

(2) The term "veteran of any war" includes any veteran awarded the Medal of Honor.

(3) The term "facilities of the Department" means—

(A) facilities over which the Secretary has direct jurisdiction;

(B) Government facilities for which the Secretary contracts; and

(C) public or private facilities at which the Secretary provides recreational activities for patients receiving care under section 1710 of this title.

(4) The term "non-Department facilities" means facilities other than Department facilities.

(5) The term "hospital care" includes—

(A)(i) medical services rendered in the course of the hospitalization of any veteran, and (ii) travel and incidental expenses pursuant to the provisions of section 111 of this title;

(B) such mental health services, consultation, professional counseling, marriage and family counseling, and training for the members of the immediate family or legal guardian of a veteran, or the individual in whose household such veteran certifies an intention to live, as the Secretary considers appropriate for the effective treatment and rehabilitation of a veteran or dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title; and

(C)(i) medical services rendered in the course of the hospitalization of a dependent or survivor of a veteran receiving care under the last sentence of section 1781(b) of this title, and (ii) travel and incidental expenses for such dependent or survivor under the terms and conditions set forth in section 111 of this title.

(6) The term "medical services" includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

(B) Dental services and appliances as described in sections 1710 and 1712 of this title.

(C) Optometric and podiatric services.

(D) Preventive health services.

(E) Noninstitutional extended care services, including alternatives to institutional extended care that the Secretary may furnish directly, by contract, or through provision of case management by another provider or payer.

(F) In the case of a person otherwise receiving care or services under this chapter—

(i) wheelchairs, artificial limbs, trusses, and similar appliances;

(ii) special clothing made necessary by the wearing of prosthetic appliances; and

(iii) such other supplies or services as the Secretary determines to be reasonable and necessary.

(G) Travel and incidental expenses pursuant to section 111 of this title.

(H) Chiropractic services.

[(I) The provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use.]

(I) The provision of any medically necessary automobile adaptations for driver or passenger use, including—

(i) ramp and kneeling systems;

(ii) raised doors or lowered floors;

(iii) raised roofs;

(iv) air conditioning;

(v) occupied and unoccupied mobility lifts;

(vi) ingress or egress accessibility modifications;

(vii) wheelchair tiedowns; and

(viii) adapted seating.

(7) The term "domiciliary care" includes necessary medical services and travel and incidental expenses pursuant to the provisions of section 111 of this title.

(8) The term "rehabilitative services" means such professional, counseling, chiropractic, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term "preventive health services" means—

(A) periodic medical and dental examinations;

(B) patient health education (including nutrition education);

(C) maintenance of drug use profiles, patient drug monitoring, and drug utilization education;

(D) mental health preventive services;

(E) substance abuse prevention measures;

(F) chiropractic examinations and services;

(G) immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule;

(H) prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

(I) genetic counseling concerning inheritance of genetically determined diseases;

(J) routine vision testing and eye care services;

(K) periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

(L) such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

(10) The term "recommended adult immunization schedule" means the schedule established (and periodically reviewed and, as

appropriate, revised) by the Advisory Committee on Immunization Practices established by the Secretary of Health and Human Services and delegated to the Centers for Disease Control and Prevention.

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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 pursu-

ant 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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