

STOP TROUBLING RETROACTIVE INVOICES FOR VETERAN
EXPENSES ACT OF 2025

NOVEMBER 7, 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. 3812]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3812) to amend title 38, United States Code, to prohibit the collection of a health care copayment by the Secretary of Veterans Affairs from a veteran under certain conditions attributable to a failure of the Department of Veterans Affairs to process certain information within applicable timeliness standards, 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:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stop Troubling Retroactive Invoices for Veteran Expenses Act of 2025” or the “STRIVE Act of 2025”.

SEC. 2. PROHIBITION ON COLLECTION OF HEALTH CARE COPAYMENTS BY THE SECRETARY OF VETERANS AFFAIRS UNDER CERTAIN CONDITIONS; AUTHORITY OF THE SECRETARY TO WAIVE HEALTH CARE COPAYMENTS.

(a) IN GENERAL.—Subchapter III of chapter 17 of title 38, United States Code, is amended by inserting after section 1722C the following new section:

“§ 1722D. Copayments: prohibitions on collection under certain conditions; waiver authority

“(a) IN GENERAL.—Notwithstanding subsections (f) and (g) of section 1710 of this title, section 1722A(a) of this title, section 1725A of this title, or any other provision of law requiring an individual to make a copayment to the Secretary, the Secretary may not require a veteran to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary after the end of the two-year period beginning on the date such veteran received such hospital care or medical services if the Secretary failed to provide the veteran notice—

“(1) of the copayment within applicable timeliness standards established by the Secretary; or

“(2) that the aggregate amount of copayments for such care or services the veteran owes to the Secretary is greater than the dollar amount described in paragraph (1) of subsection (b).

“(b) DOLLAR AMOUNT DESCRIBED.—(1) The dollar amount described in this paragraph is \$2,000.

“(2) On the first day of each fiscal year beginning after the date of the enactment of the STRIVE Act of 2025, the Secretary shall, increase the dollar amount described in paragraph (1) by a percentage equal to the percentage by which the Consumer Price Index (all items, United States city average) increased during the previous fiscal year. In the event that such index does not increase during such period, the Secretary shall maintain the dollar amount in effect under paragraph (1) during the previous fiscal year.

“(c) WAIVER AUTHORITY.—The Secretary may waive the requirement for a veteran to make any copayment for the receipt of such hospital care or medical services in any case in which the Secretary determines such a waiver would be appropriate, without regard to whether the veteran submits to the Secretary a request for such waiver.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1722C the following new item:

“1722D. Copayments: prohibition on collection of under certain conditions; waiver authority; waiver authority.”.

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 “February 29, 2032”.

PURPOSE AND SUMMARY

H.R. 3812, the “Stop Troubling Retroactive Invoices for Veteran Expenses Act of 2025” or the “STRIVE Act of 2025,” was introduced by Representative Adam Gray of California on June 6, 2025. This bill would prohibit the Department of Veterans Affairs (VA) from collecting copayments after two years of a veteran receiving care or services, if VA failed to provide timely notices to the veteran of the copayment within applicable timeliness standards established by the VA Secretary. This bill would also give the VA Secretary the authority to waive any copayment, even if the veteran did not request a waiver.

BACKGROUND AND NEED FOR LEGISLATION

Section 1: Short Title

This Act may be cited as the “Stop Troubling Retroactive Invoices for Veteran Expenses Act of 2025” or the “STRIVE Act of 2025.”

Section 2: Prohibition on collection of health care copayments by the Secretary of Veterans Affairs under certain conditions; authority of the Secretary to waive health care copayments

The Committee has received notice of several situations where veterans facing potentially financially burdensome copayments following a VA decision or error might have benefitted from the policies that would be implemented under this section. For example, in February 2023, the Program Integrity Tool (PIT), a consolidated post-payment data repository for community care claims data, was taken offline to address issues with data integrity and accuracy. The PIT was ultimately paused for 17 months, resulting in significant copay amendments for some veterans for care dating back nearly two years.

Further, in October 2020, VA deployed its new electronic health record at the Mann-Grandstaff VA Medical Center. At the time of deployment, the system was unable to collect certain copayments, like those related to pharmacy charges. This issue took over four years to rectify, potentially making veterans liable for years’ worth of copays. The Committee intends this section to cover situations such as delayed payments from the COVID copay relief expirations, delayed emergency bills, and other IT system failures.

This section would prohibit the Secretary from collecting copayments, or copays, from veterans (“first party copays”) in specific situations where the collection delay is due to a fault of VA. Such faults might include a policy proposal, like a pause in collections, an IT system failure, or an employee administrative error. The Committee believes that this would protect veterans from paying copays that are 1) billed for care that is over two years old; or 2) exceed \$2,000. This section would not cover copays that may accrue from the veteran not paying their own bill—only cases where the copay bills were paused due to a VA decision or error.

This section would also provide VA with the authority to enter copay waivers for veterans. Under current law, veterans must individually initiate a request for a waiver for burdensome copay amounts. At the end of 2024, VA entered into regulatory actions to allow VA to enter these waivers on the veterans’ behalf, though VA reports that this regulation is still “many months from potential enactment,” and has informed Congress that it would welcome “direct legislative action on this matter.” This section would be responsive to that request and provide the Secretary that authority. It is important to note that the section, as written, would provide the Secretary with the authority to waive copayments and provide veterans with financial relief, but the use of this authority would not be required.

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 a veteran with no spouse or child, a veterans’ surviving

spouse with no child, or a veteran's child who are admitted to a VA or Medicaid sponsored nursing facility is capped at \$90 a month. This section would cover the costs of this bill by extending this pension limitation by one month to February 29, 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 this bill.

HEARINGS

On June 11, 2025, the Committee on Veterans' Affairs Subcommittee on Oversight and Investigations held a legislative hearing on H.R. 3812 and other bills pending before the subcommittee.

The following witnesses testified:

Ms. Laura Duke, Chief Financial Officer, Veterans Health Administration, U.S. Department of Veterans Affairs; Dr. Jennifer McDonald, Director, Community Care Division, Office of Audits and Evaluations, Office of Inspector General, U.S. Department of Veterans Affairs; Dr. Toni Phillips, Chief Nurse Informatics Officer, Electronic Health Record Management Information Office, U.S. Department of Veterans Affairs; Ms. Cherri Waters, Acting Deputy Chief Information Officer and Executive Director, Health Portfolio, Office of Information and Technology, U.S. Department of Veterans Affairs; Mr. Cody Carbone, Chief Executive Officer, The Digital Chamber; Mr. Cole T. Lyle, The American Legion; and Dr. Edward O'Bryan, Chief, Veterans and Corrections ICCE, Associate Professor of Medicine Medical, University of South Carolina.

The following individuals and organizations submitted statements for the record:

Representative Scott Franklin of Florida, Representative Ken Calvert of California, and Concerned Veterans for America.

SUBCOMMITTEE CONSIDERATION

There was no subcommittee consideration of H.R. 3812.

COMMITTEE CONSIDERATION

On July 23, 2025, the full Committee met in an open markup session, a quorum being present to consider H.R. 3812. During consideration of the bill, the following amendments were considered:

An amendment in the nature of a substitute was offered by Representative Ramirez of Illinois that would create a new section 1722D under Title 38 that would prohibit the Secretary from collecting copays from veterans under certain conditions of monetary value and timeliness. The amendment in the nature of a substitute also would index the monetary copayment limit of \$2,000 to annual inflationary changes in the Consumer Price Index, and would offset the cost of the bill using the pension offset. This amendment in the nature of a substitute was agreed to by voice vote.

A motion by Ranking Member Takano of California to report H.R. 3812, 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. 3812, as amended, reported favorably 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. 3812, as amended, are to protect veterans from substantial and unexpected financial burdens that may be placed on them due to delayed copayment bills following a Departmental decision or error.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 3812, 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

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. 3812, 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. 3812, Stop Troubling Retroactive Invoices for Veterans Expenses Act of 2025			
As ordered reported by the House Committee on Veterans' Affairs on July 23, 2025			
By Fiscal Year, Millions of Dollars	2026	2026-2030	2026-2035
Direct Spending (Outlays)	0	0	-12
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	-12
Spending Subject to Appropriation (Outlays)	1	5	10
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2036?	No	Statutory pay-as-you-go procedures apply?	Yes
Mandate Effects			
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2036?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

The bill would:

- Prohibit the Department of Veterans Affairs (VA) from collecting copayments more than two years after a veteran receives health care services
 - Extend the reduction of pensions that VA pays to veterans and survivors residing in Medicaid nursing homes
- Estimated budgetary effects would mainly stem from:
- Reducing collections of copayments
 - Reducing pension payments

Bill summary: H.R. 3812 would generally prohibit the Department of Veterans Affairs (VA) from collecting copayments more than two years after a veteran receives health care services. The bill also would extend a temporary limitation on certain pension payments through February 29, 2032.

Estimated Federal cost: The estimated budgetary effects of H.R. 3812 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. 3812

	By fiscal year, millions of dollars—											
	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2026–2030	2026–2035
Increases in Spending Subject to Appropriation												
Estimated Authorization	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
Decreases (–) in Direct Spending												
Estimated Budget Authority	0	0	0	0	0	0	–12	0	0	0	0	–12
Estimated Outlays	0	0	0	0	0	0	–12	0	0	0	0	–12

Basis of estimate: For this estimate, CBO assumes that H.R. 3812 will be enacted near the beginning of fiscal year 2026 and that outlays will follow historical spending patterns for affected programs.

Spending subject to appropriation: H.R. 3812 would reduce VA's collections of copayments and thereby increase spending subject to appropriation. Copayments are deposited into the Medical Care Collections Fund and are classified as discretionary offsetting collections (that is, as reductions in discretionary spending).

The bill would prohibit VA from collecting copayments more than two years after a veteran receives care if the department fails to provide timely notification of the veteran's obligation or if their outstanding balance exceeds \$2,000. According to VA, most copayments are billed and paid within two years. On the basis of information about annual collections of copayments, CBO estimates that, under H.R. 3812, those collections would decrease by \$1 million annually.

Those forgone copayments, which would be recorded as increases in discretionary spending, would total \$10 million over the 2026–2035 period. The authority to collect copayments is subject to the enactment of appropriation legislation.

Direct spending: H.R. 3812 would extend a temporary limitation on certain VA pension payments. CBO estimates that enacting the bill would decrease net direct spending by \$12 million over the 2026–2035 period.

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. The bill would extend that reduction for three months, through February 29, 2032. CBO estimates that extending that requirement would reduce VA benefits by \$10 million per month. 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 the bill would reduce net direct spending by \$12 million over the 2026–2035 period.

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. 3812 would not increase net direct spending or on-budget deficits 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 pensions and Medicaid); 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. 3812, 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. 3812, as amended.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 3812, 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. 3812, 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 Act may be cited as the “Stop Troubling Retroactive Invoices for Veteran Expenses Act of 2025” or the “STRIVE Act of 2025.”

Section 2: Prohibition on collection of health care copayments by the Secretary of Veterans Affairs under certain conditions; authority of the Secretary to waive health care copayments

This section would amend subchapter III of chapter 17 of title 38, United States Code, to include certain prohibitions on when the VA Secretary may collect copayments from veterans.

This section would prohibit the VA Secretary from collecting copayments from hospital care or medical services from veterans that have occurred more than two years prior, or exceed an amount of \$2,000, and allows the threshold for claims relief to increase with inflation.

Finally, this section would authorize the VA Secretary to waive copays for hospital care or medical services on behalf of impacted veterans.

Section 3: Extension of certain limits on payments of pension

This section 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 February 29, 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 II—GENERAL BENEFITS

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

SUBCHAPTER I—GENERAL

Sec.
1701. Definitions.

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SUBCHAPTER III—MISCELLANEOUS PROVISIONS RELATING TO HOSPITAL
AND NURSING HOME CARE AND MEDICAL TREATMENT OF VETERANS

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1722D. *Copayments: prohibitions on collection under certain conditions; waiver authority.*

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SUBCHAPTER III—MISCELLANEOUS PROVISIONS RELATING
TO HOSPITAL AND NURSING HOME CARE AND MEDICAL
TREATMENT OF VETERANS

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§ 1722D. *Copayments: prohibitions on collection under certain conditions; waiver authority*

(a) *IN GENERAL.*—Notwithstanding subsections (f) and (g) of section 1710 of this title, section 1722A(a) of this title, section 1725A of this title, or any other provision of law requiring an individual to make a copayment to the Secretary, the Secretary may not require a veteran to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary after the end of the two-year period beginning on the date such veteran received such hospital care or medical services if the Secretary failed to provide the veteran notice—

(1) of the copayment within applicable timeliness standards established by the Secretary; or

(2) that the aggregate amount of copayments for such care or services the veteran owes to the Secretary is greater than the dollar amount described in paragraph (1) of subsection (b).

(b) *DOLLAR AMOUNT DESCRIBED.*—(1) The dollar amount described in this paragraph is \$2,000.

(2) On the first day of each fiscal year beginning after the date of the enactment of the STRIVE Act of 2025, the Secretary shall, increase the dollar amount described in paragraph (1) by a percentage equal to the percentage by which the Consumer Price Index (all items, United States city average) increased during the previous fiscal year. In the event that such index does not increase during such period, the Secretary shall maintain the dollar amount in effect under paragraph (1) during the previous fiscal year.

(c) *WAIVER AUTHORITY.*—The Secretary may waive the requirement for a veteran to make any copayment for the receipt of such hospital care or medical services in any case in which the Secretary determines such a waiver would be appropriate, without regard to whether the veteran submits to the Secretary a request for such waiver.

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PART IV—GENERAL ADMINISTRATIVE PROVISIONS

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CHAPTER 55—MINORS, INCOMPETENTS, AND OTHER WARDS

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§ 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]** *February 29, 2032*.

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