

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

VETERANS EMERGENCY TREATMENT ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3216) to amend title 38, United States Code, to clarify the emergency hospital care furnished by the Secretary of Veterans Affairs to certain veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3216

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Emergency Treatment Act” or the “VET Act”.

SEC. 2. CLARIFICATION OF EMERGENCY HOSPITAL CARE FURNISHED BY THE SECRETARY OF VETERANS AFFAIRS TO CERTAIN VETERANS.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1730A the following new section:

“§1730B. Examination and treatment for emergency medical conditions and women in labor

“(a) MEDICAL SCREENING EXAMINATIONS.—In carrying out this chapter, if any enrolled veteran requests, or a request is made on behalf of the veteran, for examination or treatment for a medical condition, regardless of whether such condition is service-connected, at a hospital emergency department of a medical facility of the Department, the Secretary shall ensure that the veteran is provided an appropriate medical screening examination within the capability of the emergency department, including ancillary services routinely available to the emergency department, to determine whether an emergency medical condition exists.

“(b) NECESSARY STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND LABOR.—(1) If an enrolled veteran comes to a medical facility of the Department and the Secretary determines that the veteran has an emergency medical condition, the Secretary shall provide either—

“(A) such further medical examination and such treatment as may be required to stabilize the medical condition; or

“(B) for the transfer of the veteran to another medical facility of the Department or a non-Department facility in accordance with subsection (c).

“(2) The Secretary is deemed to meet the requirement of paragraph (1)(A) with respect to an enrolled veteran if the Secretary offers the veteran the further medical examination and treatment described in such paragraph and informs the veteran (or an individual acting on behalf of the veteran) of the risks and benefits to the veteran of such examination and treatment, but the veteran (or individual) refuses to consent to the examination and treatment. The Secretary shall take all reasonable steps to secure the written informed consent of such veteran (or individual) to refuse such examination and treatment.

“(3) The Secretary is deemed to meet the requirement of paragraph (1) with respect to an enrolled veteran if the Secretary offers to transfer the individual to another medical

facility in accordance with subsection (c) of this section and informs the veteran (or an individual acting on behalf of the veteran) of the risks and benefits to the veteran of such transfer, but the veteran (or individual) refuses to consent to the transfer. The hospital shall take all reasonable steps to secure the written informed consent of such veteran (or individual) to refuse such transfer.

“(c) RESTRICTION OF TRANSFERS UNTIL VETERAN STABILIZED.—(1) If an enrolled veteran at a medical facility of the Department has an emergency medical condition that has not been stabilized, the Secretary may not transfer the veteran to another medical facility of the Department or a non-Department facility unless—

“(A)(i) the veteran (or a legally responsible individual acting on behalf of the veteran), after being informed of the obligation of the Secretary under this section and of the risk of transfer, requests in writing a transfer to another medical facility;

“(ii) a physician has signed a certification (including a summary of the risks and benefits) that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the veteran and, in the case of labor, to the unborn child from effecting the transfer; or

“(iii) if a physician is not physically present in the emergency department at the time a veteran is transferred, a qualified medical person (as defined by the Secretary in regulations) has signed a certification described in clause (ii) after a physician, in consultation with the person, has made the determination described in such clause, and subsequently countersigns the certification; and

“(B) the transfer is an appropriate transfer as described in paragraph (2).

“(2) An appropriate transfer to a medical facility is a transfer—

“(A) in which the transferring medical facility provides the medical treatment within the capacity of the facility that minimizes the risks to the health of the enrolled veteran and, in the case of a woman in labor, the health of the unborn child;

“(B) in which the receiving facility—

“(i) has available space and qualified personnel for the treatment of the veteran; and

“(ii) has agreed to accept transfer of the veteran and to provide appropriate medical treatment;

“(C) in which the transferring facility sends to the receiving facility all medical records (or copies thereof), related to the emergency condition for which the veteran has presented, available at the time of the transfer, including records related to the emergency medical condition of the veteran, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) provided under paragraph (1)(A), and the name and address of any on-call physician (described in subsection (d)(1)(C) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment;

“(D) in which the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and

“(E) that meets such other requirements as the Secretary may find necessary in the interest of the health and safety of veterans transferred.

“(d) CHARGES.—(1) Nothing in this section may be construed to affect any charges that

the Secretary may collect from a veteran or third party.

“(2) The Secretary shall treat any care provided by a non-Department facility pursuant to this section as care otherwise provided by a non-Department facility pursuant to this chapter for purposes of paying such non-Department facility for such care.

“(e) NONDISCRIMINATION.—A medical facility of the Department or a non-Department facility, as the case may be, that has specialized capabilities or facilities (such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers as identified by the Secretary in regulation) shall not refuse to accept an appropriate transfer of an enrolled veteran who requires such specialized capabilities or facilities if the facility has the capacity to treat the veteran.

“(f) NO DELAY IN EXAMINATION OR TREATMENT.—A medical facility of the Department or a non-Department facility, as the case may be, may not delay provision of an appropriate medical screening examination required under subsection (a) or further medical examination and treatment required under subsection (b) of this section in order to inquire about the method of payment or insurance status of an enrolled veteran.

“(g) WHISTLEBLOWER PROTECTIONS.—The Secretary may not take adverse action against an employee of the Department because the employee refuses to authorize the transfer of an enrolled veteran with an emergency medical condition that has not been stabilized or because the employee reports a violation of a requirement of this section.

“(h) DEFINITIONS.—In this section:

“(1) The term ‘emergency medical condition’ means—

“(A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

“(i) placing the health of the enrolled veteran (or, with respect to an enrolled veteran who is a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

“(ii) serious impairment to bodily functions; or

“(iii) serious dysfunction of any bodily organ or part; or

“(B) with respect to an enrolled veteran who is a pregnant woman having contractions—

“(i) that there is inadequate time to effect a safe transfer to another hospital before delivery; or

“(ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

“(2) The term ‘enrolled veteran’ means a veteran who is enrolled in the health care system established under section 1705(a) of this title.

“(3) The term ‘to stabilize’ means, with respect to an emergency medical condition described in paragraph (1)(A), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the enrolled veteran from a facility, or, with respect to an emergency medical condition described in paragraph (1)(B), to deliver (including the placenta).

“(4) The term ‘stabilized’ means, with respect to an emergency medical condition described in paragraph (1)(A), that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in

paragraph (1)(B), that the woman has delivered (including the placenta).

“(5) The term ‘transfer’ means the movement (including the discharge) of an enrolled veteran outside the facilities of a medical facility of the Department at the direction of any individual employed by (or affiliated or associated, directly or indirectly, with) the Department, but does not include such a movement of an individual who—

“(A) has been declared dead; or

“(B) leaves the facility without the permission of any such person.”.

(b) CLERICAL AMENDMENT.—The table of sections of such chapter is amended by inserting after the item relating to section 1730A the following new item:

“1730B. Examination and treatment for emergency medical conditions and women in labor.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

□ 1630

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to add extraneous material.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 3216, the Veterans Emergency Treatment—or VET—Act.

It should be common sense, if a veteran is in need of medical attention and arrives on the grounds of a Department of Veterans Affairs medical facility, that veteran would be seen, assessed, and treated immediately. However, recently, a veteran who experienced a medical emergency in Washington State traveled as far as the parking lot of his local VA emergency room before finding he could go no further, and he called the VA and asked for help in making it through the doors. He was told by the VA staff who answered his call that he should hang up and dial 911.

To hear the VA staff express an unwillingness or an apprehension about assisting a veteran in the midst of his having a medical emergency in its own parking lot is not only unacceptable, it is emblematic of how much the VA has lost its way.

H.R. 3216 would require the VA to determine whether a medical emergency exists among any enrolled veteran who presents at a VA facility and would prohibit the VA from transferring a medically unstable veteran unless the veteran submits a written request to be transferred or it finds that it is clinically unnecessary. It would also prohibit the VA from taking an adverse action against any employee who refuses to authorize a transfer or who

prevents the VA from delaying needed care by inquiring about payment method or insurance status. This legislation would help ensure that, in the case of a medical emergency, a veteran's health remains the number one priority, which is where it should always belong.

This bill is sponsored by my friend and colleague, Congressman DAN NEWHOUSE from Washington State. I am grateful to him for sponsoring this measure, and I urge all of my colleagues to join me in support of it.

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

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

I rise in regard to H.R. 3216, the Veterans Emergency Treatment Act.

This bill requires that, if an enrolled veteran in the VA requests treatment at a VA Emergency Department, he or she will get that examination or treatment whether or not it is related to a service-connected condition. It also prohibits the VA from transferring a patient to another facility without its having the written consent of that veteran unless a physician deems the transfer medically necessary. It further prohibits the VA from taking adverse action against any VA employee in his refusing to authorize the transfer of an enrolled veteran if it is contrary to the veteran's wishes. The purpose of this legislation is to have the VA follow the Emergency Medical Treatment & Labor Act.

Mr. Speaker, I support this bill.

I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield 4 minutes to the gentleman from the Fourth District of Washington State (Mr. NEWHOUSE), the sponsor of this piece of legislation.

Mr. NEWHOUSE. Mr. Speaker, I thank the gentleman from Florida for yielding me some time to speak on this important bill.

Mr. Speaker, President Abraham Lincoln once famously charged all Americans with the responsibility “to care for him who shall have borne the battle.” If you speak with veterans today, you will learn that the quality of health care provided to them, many times, does not reflect this duty.

In recent years, we have learned of multiple incidents in which the VA has failed to provide emergency care to veterans in need. In addition to the incidents that happened in my home State, another notable incident occurred in New Mexico, in the year 2014, when a veteran collapsed in the cafeteria of a VA facility, and he ultimately died when the VA refused to transport him 500 yards across the campus to the ER.

My legislation will ensure that every enrolled veteran who arrives at the Emergency Department of a VA medical facility and who seeks emergency treatment is assessed and treated in order to prevent further injury or death. This is accomplished by applying the statutory requirements of the Emergency Medical Treatment &

Labor Act, or EMTALA, to emergency care that is furnished by the VA to our veterans.

This is a 1986 Federal statute that grants every individual a Federal right to emergency care. It requires a hospital to conduct a medical examination to determine if an emergency medical condition exists. If one does, then the hospital must either stabilize the patient or effectuate a proper transfer at the patient's request. Currently, VA hospitals are considered to be non-participating hospitals and, therefore, are not obligated to fulfill the requirements of EMTALA. The VET Act will remove the non-participating designation from VA hospitals and require them to fulfill the requirements of EMTALA, just as every other hospital does.

Mr. Speaker, I urge the House to support and pass H.R. 3216. It is time we ensure that our veterans receive proper medical treatment during emergency medical situations, all without requiring additional spending.

Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in supporting H.R. 3216, the Veterans Emergency Treatment Act.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I ask all of my colleagues to support Mr. NEWHOUSE's piece of legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 3216.

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

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 4 o'clock and 37 minutes p.m.), the House stood in recess.

□ 1832

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HULTGREN) at 6 o'clock and 32 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 3537, by the yeas and nays;

H.R. 5392, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The second