

## VA BILLING ACCOUNTABILITY ACT

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1972) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to waive the requirement of certain veterans to make copayments for hospital care and medical services in the case of an error by the Department of Veterans Affairs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1972

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 "VA Billing Accountability Act".

## SEC. 2. AUTHORITY OF SECRETARY OF VETERANS AFFAIRS TO WAIVE REQUIREMENT OF CERTAIN VETERANS TO MAKE COPAYMENTS FOR CARE AND SERVICES IN THE CASE OF DEPARTMENT OF VETERANS AFFAIRS ERROR.

(a) HOSPITAL CARE, NURSING HOME CARE, AND MEDICAL SERVICES.—Section 1710(f)(3) of title 38, United States Code, is amended by adding at the end the following new subparagraph:

"(G) The Secretary may waive the requirement of a veteran to make a payment under this subsection or subsection (g) if—

"(i) an error committed by the Department or an employee of the Department was the cause of delaying notification sent to the veteran of the requirement to make the payment; and

"(ii) the veteran received such notification later than 180 days after the date on which the veteran received the care or services for which the payment was required."

(b) MEDICATIONS.—Section 1722A of such title is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following new subsection (c):

"(c) The Secretary may waive the requirement of a veteran to make a payment under this section if—

"(1) an error committed by the Department or an employee of the Department was the cause of delaying notification sent to the veteran of the requirement to make the payment; and

"(2) the veteran received such notification later than 180 days after the date on which the veteran received the medication for which the payment was required."

(c) BILLING PROCEDURES.—

(1) IN GENERAL.—Subchapter I of chapter 17 of such title is amended by adding at the end the following new section:

## "§ 1709C. Procedures for copayments

"(a) CARE AT DEPARTMENT FACILITY.—(1) In requiring a veteran to make a payment for care or services provided at a medical facility of the Department pursuant to this chapter, including sections 1710 and 1722A, the Secretary shall provide to such veteran a notification of such required payment by not later than 180 days after the date on which the veteran receives the care or services for which payment is required.

"(2) If the Secretary does not provide to a veteran a notification of the required payment by the date required under paragraph (1), the Secretary may not collect such payment, including through a third-party entity, unless the Secretary provides the veteran the following:

"(A) Information regarding how to apply for a waiver described in section 1710(f)(3)(G) or section 1722A(c) of this title, as appropriate.

"(B) Information regarding how to establish a payment plan with the Secretary.

"(C) Opportunity to make such a waiver or establish such a payment plan.

"(b) CARE AT NON-DEPARTMENT FACILITY.—(1) In requiring a veteran to make a payment for care or services provided at a non-Department facility pursuant to this chapter or other provision of law, the Secretary shall provide to such veteran a notification of such required payment by not later than 18 months after the date on which the veteran receives the care or services for which payment is required.

"(2) If the Secretary does not provide to a veteran a notification of the required payment by the date required under paragraph (1), the Secretary may not collect such payment, including through a third-party entity, unless the Secretary provides the veteran the following:

"(A) Information regarding how to apply for a waiver described in paragraph (3).

"(B) Information regarding how to establish a payment plan with the Secretary.

"(C) Opportunity to make such a waiver or establish such a payment plan.

"(3) The Secretary may waive the requirement of a veteran to make a payment for care or services provided at a non-Department facility pursuant to this chapter or other provision of law if—

"(A) an error committed by the Department, an employee of the Department, or a non-Department facility was the cause of delaying the notification sent to the veteran of the requirement to make the payment; and

"(B) the veteran received such notification after the period described in paragraph (1)."

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1709B the following new item:

"1709C. Procedures for copayments."

(d) IMPROVEMENT OF PROCEDURES.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(1) review the copayment billing internal controls and notification procedures of the Department of Veterans Affairs; and

(2) improve such controls and procedures, including pursuant to the amendments made by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. DUNN) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

## GENERAL LEAVE

Mr. DUNN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on H.R. 1972, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1972, as amended, the VA Billing Accountability Act.

This bill would authorize the Department of Veterans Affairs to waive copayment requirements if veterans are not notified of their need to pay a copayment for a given service in a timely manner.

VA's untimely processing of claims is well-documented. The negative impact those challenges have on recruiting and retaining community providers is also well-documented. However, those challenges also have a negative impact on our veterans.

Three years ago this June, the VA Medical Center in Minneapolis, Minnesota, initiated a review of past processes on veteran inpatient copayment charges for the years 2011 to 2015. Following that review, thousands of veterans in Minnesota and Wisconsin were charged copayments for services that they had received as much as 4 years earlier.

Receiving a large bill out of the blue for care that was received, in some cases years ago, understandably caused great concern and upset among veterans. The VA Billing Accountability Act would prevent that.

The VA MISSION Act that the House passed last week included several provisions that would make it easier for the VA to process and pay claims accurately and on time. This bill would protect veterans by setting specific notification procedures that the VA must abide by when a veteran is going to be charged a copayment for a VA service and by authorizing the VA to waive a copayment if an error committed by the VA caused a delayed notification.

I am grateful to my colleague from Pennsylvania, Representative LLOYD SMUCKER, for introducing this bill. Mr. Speaker, I urge my colleagues to join me in supporting it, and I reserve the balance of my time.

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

Mr. Speaker, I, too, rise in support of H.R. 1972, but I would once again like to note we are here again with the most productive committee in the United States Congress, the most bipartisan committee, the most open, and it is fitting, going into Memorial Day, that the question of the shared commitment to this Nation's veterans is never in question. So I am grateful.

I would also like to extend thanks to the gentleman from Minnesota (Mr. EMMER), for his work on this piece of legislation, bringing it to light and continuing to carry this until we got it to the floor.

This committee has heard from veterans across the country that have experienced harassment from debt collectors or experienced adverse credit reporting through no fault of their own.

The bill simply requires VA to waive any of those copayments due by a veteran when VA makes an error that causes significant delay in notification of the copayment. It is a very simple solution to a problem that can significantly impact nearly every aspect of a veterans' life. This can add unnecessary stress for veterans when they are trying to pay their medical expenses and make ends meet. Veterans shouldn't be hung out to dry when the VA is at fault. This legislation would mitigate the harm a delayed copayment notification could create for a veteran.

Mr. Speaker, I am grateful for this bill being brought up today by the gentleman, and I reserve the balance of my time.

Mr. DUNN. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. SMUCKER), my friend and classmate. He is also the gentleman who introduced this bill.

Mr. SMUCKER. Mr. Speaker, I thank the gentleman for his tireless work on behalf of our veterans to improve their lives and the lives of their families.

I rise today in support of my bipartisan legislation to relieve veterans of financial burdens caused by delays at the Department of Veterans Affairs.

Over the past decade, Federal oversight of the VA has uncovered cases where the VA delivered delayed or inaccurate bills to our Nation's veterans, causing financial stress and debt for military families—some bills going back as far as 5 years. In fact, last August, the VA Inspector General published a report that said the VA issued 1.7 million improper bills to veterans in 2015.

What exactly does that mean?

It means that the VA collected nearly \$14 million from improper bills sent to veterans for their service-related care. That is simply unacceptable. Our servicemen and -women should not have to pay for errors or delays caused by the VA. Many veterans live on fixed incomes and may not have the resources to cover unexpected costs caused by mistakes of Washington bureaucrats.

That is why I introduced the VA Billing Accountability Act with my colleagues from Minnesota, Mr. EMMER and Mr. PETERSON.

My district is home to more than 38,000 veterans. Each one of them, and all those across the country, deserve the highest quality medical care and assurances that they will be billed in a timely and appropriate manner.

This bipartisan legislation gives the VA the authority to waive a veteran's copayment if the veteran received a bill more than 180 days after they received their care at the VA or 18 months after they received care at a non-VA facility.

This bill is supported by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, American Legion, Veterans of Foreign War, and the Association of the United States Navy.

Our Nation's veterans and their families have sacrificed so much in defense of our Nation. We should be doing all that we can to make their transition to civilian life as easy as possible, and that starts with making sure the VA not only delivers high-quality care, but also issues timely bills that our veterans and their families can count on. Ultimately, this bill will help bring more stability and financial security to their post-military lives.

I am proud to have introduced this legislation on behalf of the veterans and military families that I represent, and I look forward to continuing to work with my colleagues on both sides of the aisle to get it signed into law.

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

Mr. DUNN. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. EMMER), who has been working very hard on this bill.

Mr. EMMER. Mr. Speaker, I want to thank the ranking member for his leadership, as well. There seems to be a lot of Minnesotans very concerned about this issue.

I rise today in support of H.R. 1972, the VA Billing Accountability Act, authored by my colleague from Pennsylvania, Representative LLOYD SMUCKER. I am proud to cosponsor this important legislation.

During my time in Congress, I have been privileged to meet with many of our Nation's veterans. Far too often, our Nation's heroes do not get the treatment and care they deserve.

During my early days in Congress, nearly 1,500 instances of the delayed payment of veterans' medical bills were uncovered at a local VA in my home State of Minnesota. Without notification or explanation, veterans were seeing their monthly statement increase by hundreds of dollars, understandably causing panic and worry.

After Congress got involved, the VA helped our veterans by outlining explanations for the charges, repayment options, and above all, offering them reassurance and relief from the stress and anxiety they were experiencing. This story is one of the many illustrating the need for the VA Billing Accountability Act.

This issue is not unique to Minnesota. In 2015, 1.7 million improper bills were issued by the VA, leading to \$13.9 erroneously collected from our Nation's heroes.

Veterans and their loved ones have sacrificed so much in defense of our Nation. Unacceptable delays in payment and billing errors intensify the care disparity veterans already face. The VA must be held accountable, and H.R. 1972 is the first step in creating a more transparent Veterans Administration.

Specifically, the bill will authorize the VA to waive payment for delayed bills that veterans receive due to VA error.

Minnesota is home to 337,362 veterans, each of whom deserves quality care without the stress and anxiety caused by unexpected or incorrect billings. Our Nation's servicemembers should not have to pay for errors or delays caused by the Department of Veterans Affairs.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. DUNN. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. EMMER. Mr. Speaker, again, I want to thank Representative SMUCKER for his leadership on this issue; as well as Chairman ROE; my colleague, the ranking member from Minnesota's Seventh District, and the entire staff of the Veterans' Affairs Committee for their hard work on this bill.

Mr. Speaker, I urge all my colleagues to support H.R. 1972.

Mr. WALZ. Mr. Speaker, again, I too, would like to thank the gentleman

from Pennsylvania, Representative SMUCKER, and Representative EMMER for their tireless work for care of veterans not just in Minnesota, but across the country. I also thank the gentleman from Florida.

Mr. Speaker, I ask my colleagues to please join me in passing H.R. 1972, and I yield back the balance of my time.

Mr. DUNN. Mr. Speaker, I would like to thank Ranking Member WALZ. I once again encourage all Members to support H.R. 1972, as amended, and 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. DUNN) that the House suspend the rules and pass the bill, H.R. 1972, as amended.

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

A motion to reconsider was laid on the table.

#### MILITARY SEXUAL ASSAULT VICTIMS EMPOWERMENT ACT

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3642) to direct the Secretary of Veterans Affairs to carry out a pilot program to improve the access to private health care for veterans who are survivors of military sexual trauma, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3642

*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 "Military Sexual Assault Victims Empowerment Act" or the "Military SAVE Act".

#### SEC. 2. PILOT PROGRAM FOR PRIVATE HEALTH CARE FOR VETERANS WHO ARE SURVIVORS OF MILITARY SEXUAL TRAUMA.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program to furnish hospital care and medical services to eligible veterans through non-Department health care providers to treat injuries or illnesses which, in the judgment of a professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty, active duty for training, or inactive duty training.

(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a three-year period. If at the completion of the pilot program an eligible veteran is receiving hospital care and medical services from a non-Department health care provider under the pilot program, the Secretary may approve, on a case-by-case basis, the continuation of such hospital care and medical services from that non-Department health care provider until the completion of the episode of care.

(c) ELIGIBLE VETERANS.—A veteran is eligible to participate in the pilot program under subsection (a) if the veteran—

(1) is eligible to receive counseling and appropriate care and services under section 1720D of title 38, United States Code; and

(2) resides in a site selected under subsection (d).