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114TH CONGRESS
1ST SESSION

S. 1452

To amend title 38, United States Code, to expand eligibility for reimbursement for emergency medical treatment and to require that the Department of Veterans Affairs be treated as a participating provider for the recovery of the costs of certain medical care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 21, 2015

Ms. HIRONO introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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A BILL

To amend title 38, United States Code, to expand eligibility for reimbursement for emergency medical treatment and to require that the Department of Veterans Affairs be treated as a participating provider for the recovery of the costs of certain medical care, and for other purposes.

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 Health Care Safety Net Expansion Act of 2015".

SEC. 2. EXPANSION OF EMERGENCY MEDICAL TREATMENT REIMBURSEMENT FOR CERTAIN VETERANS.

Section 1725(b) of title 38, United States Code, is amended—

(1) in paragraph (1), by striking ''an active Department health-care participant'' and inserting ''enrolled in the health care system established under section 1705(a) of this title'';

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

SEC. 3. TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS AS PARTICIPATING PROVIDER FOR RECOVERY OF COSTS OF CERTAIN MEDICAL CARE.

Section 1729(f) of title 38, United States Code, is amended by striking ''(f) No law'' and inserting the following:

''(f)(1) In the case of a veteran who is entitled to care (or payment of the expenses of care) under a health-plan contract, for purposes of reimbursement for providing care or services under this chapter to that veteran for a non-service-connected disability described in subparagraph (D) or (E) of subsection (a)(2), the Department shall be treated as a participating provider under that health-plan contract.

1 ''(2) No law''.

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