



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 112th CONGRESS, FIRST SESSION

WASHINGTON, MONDAY, APRIL 4, 2011

House of Representatives

PROVIDING OUR VETERANS WITH ALL THE BENEFITS THEY DESERVE!

HON. BOB FILNER

OF CALIFORNIA
IN THE HOUSE OF
REPRESENTATIVES

Mr. Speaker, I introduced H.R. 814, the "Medicare VA Reimbursement Act of 2011."

This legislation authorizes the establishment of a Medicare VA reimbursement program where HHS reimburses the VA for the provision of health care to Medicare eligible veterans for the treatment of non-service connected conditions at VA medical facilities.

Today, there are veterans who have earned VA health care benefits with their service to our country, as well as Medicare benefits by paying into the Social Security system during their working years. Even though these individuals have clearly earned both of these benefits, current law unfairly prohibits them from using their Medicare benefits at VA facilities even though they may feel more comfortable seeking care among their fellow veterans from VA providers who specialize in caring for veterans.

This is also inconsistent with the authorities granted to other federal entities such as the Indian Health Service (IHS) and the Department of Defense's (DOD) TRICARE for Life that are allowed to bill Medicare. IHS and DOD are able to augment their resources with Medicare collections and reinvest the extra funding back into their programs and services. H.R. 814 would provide equity in such billing practices among the federal entities. In other words, the VA would be able to access an important new source of revenues from Medicare which may be reinvested to further strengthen the VA's health care system.

In detail, this legislation requires the Secretaries of VA and HHS to establish a Memorandum of Understanding (MOU) no later than 6 months after the date of the enactment of the Act. The MOU must establish such program elements as the frequency of reimbursement, the billing system, the data

sharing agreement, and the payment rate. H.R. 814 also provides some guidelines on setting the payment rate so that the terms that contributed to the failure of the Medicare DOD Subvention Demonstration Project are not repeated again. For example, this legislation prohibits setting a reimbursement rate which is less than 100% of the amount that Medicare would pay a participating provider. It also prohibits annual caps on reimbursement and does not allow for a maintenance of effort requirement, which refers to the requirement that VA maintain a certain level of spending before they can be reimbursed from HHS.

Finally, H.R. 814 requires an annual report to Congress providing program data, as well as a triennial GAO report assessing the program impact.

I urge your support of this important legislation.