To amend title 38, United States Code, to remove the limitation on reimbursement for emergency treatment of amounts owed to a third party or for which the veteran is responsible under a health-plan contract.

IN THE SENATE OF THE UNITED STATES

Mr. BLUMENTHAL introduced the following bill; which was read twice and referred to the Committee on ______________

A BILL

To amend title 38, United States Code, to remove the limitation on reimbursement for emergency treatment of amounts owed to a third party or for which the veteran is responsible under a health-plan contract.

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 [“____________ Act of ________”].
SEC. 2. REMOVAL OF LIMITATION ON REIMBURSEMENT FOR EMERGENCY TREATMENT OF AMOUNTS OWED TO A THIRD PARTY OR FOR WHICH THE VETERAN IS RESPONSIBLE UNDER A HEALTH-PLAN CONTRACT.

(a) IN GENERAL.—Subsection (c)(4) of section 1725 of title 38, United States Code, is amended by striking subparagraph (D).

(b) APPLICATION OF AMENDMENT.—The amendment made by subsection (a) shall apply with respect to any reimbursement request under section 1725 of such title submitted to the Department of Veterans Affairs for emergency treatment furnished on or after February 1, 2010.

(c) IMPACT ON EXISTING COURT CASE.—Nothing in this section or the amendment made by this section shall limit the rights of any member of the Wolfe class seeking relief in Wolfe v. Wilkie, No. 18-6091 (Vet. App. filed October 30, 2018).

(d) DEFINITIONS.—In this section:

(1) EMERGENCY TREATMENT; HEALTH-PLAN CONTRACT.—The terms “emergency treatment” and “health-plan contract” have the meanings given those terms in section 1725(f) of title 38, United States Code.
(2) Reimbursement request.—The term “reimbursement request” includes any claim by a veteran for reimbursement of a copayment, deductible, coinsurance, or similar payment for emergency treatment furnished to the veteran in a non-Department of Veterans Affairs facility and made by a veteran who had coverage under a health-plan contract, including any claim for the reasonable value of emergency treatment that was rejected or denied by the Department of Veterans Affairs, whether the rejection or denial was final or not.