

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4939

To amend title XVIII of the Social Security Act to provide for a transfer of payment to the Department of Veterans Affairs for outpatient care furnished to Medicare-eligible veterans by the Department.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 13, 2002

Mr. SMITH of New Jersey (for himself, Mr. EVANS, and Mr. FILNER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to provide for a transfer of payment to the Department of Veterans Affairs for outpatient care furnished to Medicare-eligible veterans by the Department.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veterans Medicare  
5 Payment Act of 2002”.

1 **SEC. 2. TRANSFER OF PAYMENT FOR MEDICARE-ELIGIBLE**  
2 **VETERANS WHO RECEIVE OUTPATIENT SERV-**  
3 **ICES FROM THE DEPARTMENT OF VETERANS**  
4 **AFFAIRS.**

5 (a) **MEDICARE PROGRAM.**—Part B of title XVIII of  
6 the Social Security Act (42 U.S.C. 1395j) is amended by  
7 inserting after section 1841 the following new section:

8 “TRANSFER OF PAYMENT FOR MEDICARE-ELIGIBLE VET-  
9 ERANS WHO RECEIVE OUTPATIENT CARE FROM THE  
10 DEPARTMENT OF VETERANS AFFAIRS

11 “SEC. 1841A. (a) **PAYMENT TO SECRETARY OF VET-**  
12 **ERANS AFFAIRS.**—

13 “(1) **IN GENERAL.**—If a medicare-eligible vet-  
14 eran receives outpatient care from the Department  
15 of Veterans Affairs during a year (beginning with  
16 2003) that the veteran is otherwise eligible to receive  
17 under chapter 17 of title 38, United States Code,  
18 the Secretary shall transfer to the Secretary of Vet-  
19 erans Affairs for that veteran for that year an ag-  
20 gregate amount equal to 12 times the monthly pre-  
21 mium rate applicable to an individual enrolled under  
22 this part for that year, as determined by the Sec-  
23 retary under section 1839(a)(3).

24 “(2) **PERIODIC PAYMENTS.**—Payments under  
25 this subsection shall be made from the Federal Sup-  
26 plementary Medical Insurance Trust Fund estab-

1 lished in section 1841 on a periodic basis upon re-  
2 ceipt of a certification from the Secretary of Vet-  
3 erans Affairs that a medicare-eligible veteran was  
4 provided such outpatient care during the year in-  
5 volved in a facility of the Department of Veterans  
6 Affairs.

7 “(3) DOCUMENTATION OF CARE PROVIDED.—  
8 The Secretary and the Secretary of Veterans Affairs  
9 shall establish a mechanism under which the Sec-  
10 retary may verify that a medicare-eligible veteran re-  
11 ceived outpatient care from the Department of Vet-  
12 erans Affairs.

13 “(b) EFFECT ON ENROLLMENT UNDER THIS  
14 PART.—The receipt of outpatient care from the Depart-  
15 ment of Veterans Affairs during a year by a medicare-  
16 eligible veteran shall not affect—

17 “(1) the enrollment of the veteran under this  
18 part; and

19 “(2) the ability of the veteran to receive items  
20 and services from participating physicians, health  
21 care practitioners, providers of services, and sup-  
22 pliers under this part and to have payment made for  
23 such services under this part during the year.

24 “(c) EFFECT ON CALCULATION OF PART B PRE-  
25 MIUMS.—In determining a monthly actuarial rate for en-

1 rollees under section 1839 for determining the amounts  
2 of premiums charged to such enrollees for months in a  
3 year, the Secretary shall not, for months in the year in-  
4 volved, take into account payments transferred to the Sec-  
5 retary of Veterans Affairs under subsection (a), or the  
6 costs incurred by the Secretary of Veterans Affairs in fur-  
7 nishing care to the medicare-eligible veteran.

8       “(d) PAYMENT OF PREMIUMS.—The receipt of out-  
9 patient care from the Department of Veterans Affairs dur-  
10 ing a year by a medicare-eligible veteran shall not result  
11 in a reduction in the amount of premium otherwise col-  
12 lected from the veteran under section 1840(a)(1).

13       “(e) WAIVER OF CERTAIN CONDITIONS OF PARTICI-  
14 PATION.—The prohibition of payments to Federal pro-  
15 viders of services under sections 1814(c) and 1835(d), and  
16 paragraphs (2) and (3) of section 1862(a) shall not apply  
17 to payments made under subsection (a). The Secretary  
18 shall waive such provisions of this title that the Secretary  
19 of Veterans Affairs demonstrates to the satisfaction of the  
20 Secretary should not apply to the provision of health care  
21 services furnished by the Department of Veterans Affairs.

22       “(f) DEFINITIONS.—In this section:

23               “(1) VETERAN.—The term ‘veteran’ has the  
24 meaning given that term in section 101(2) of title  
25 38, United States Code.

1           “(2) MEDICARE-ELIGIBLE.—The term ‘medi-  
2           care-eligible’ means, with respect to a veteran, an in-  
3           dividual who is enrolled under this part.

4           “(3) OUTPATIENT CARE.—The term ‘outpatient  
5           care’ means those items and services for which pay-  
6           ment may be made under this part.”.

7           (b) CONFORMING AMENDMENT.—Section 1857(e) of  
8           such Act (42 U.S.C. 1395w–27(e)) is amended by adding  
9           at the end the following new paragraph:

10           “(3) REIMBURSEMENT FOR CERTAIN CARE  
11           PROVIDED BY THE DEPARTMENT OF VETERANS AF-  
12           FAIRS.—With respect to contract years beginning  
13           after 2003, the right of the United States under sec-  
14           tion 1729 of title 38, United States Code, to recover  
15           or collect charges for health care items or services  
16           from a third party, with respect to which payment  
17           may be made under part B, shall apply to  
18           Medicare+Choice organizations offering a  
19           Medicare+Choice plan in which a veteran is en-  
20           rolled.”.

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