



**THE REPUBLICAN
STUDY COMMITTEE**

LIBERTY. OPPORTUNITY. SECURITY.
MARK WALKER, CHAIRMAN

1. [H.R. 1972 – VA Billing Accountability Act, as amended](#)
2. [H.R. 3642 – Military SAVE Act, as amended](#)
3. [H.R. 3832 – Veterans Opioid Abuse Prevention Act, as amended](#)
4. [H.R. 3946 – To name the Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, the "Ray Hendrix Veterans Clinic"](#)
5. [H.R. 4245 – Veterans' Electronic Health Record Modernization Oversight Act of 2017](#)
6. [H.R. 4830 – SIT-REP Act, as amended](#)
7. [H.R. 4958 – Veterans' Compensation Cost-of-Living Adjustment Act of 2018](#)
8. [H.R. 5044 – Service-Disabled Veterans Small Business Continuation Act](#)
9. [H.R. 5215 – Veterans Affairs Purchase Card Misuse Mitigation Act](#)
10. [H.R. 5418 – Veterans Affairs Medical-Surgical Purchasing Stabilization Act, as amended](#)
11. [S. 1282 – To redesignate certain clinics of the Department of Veterans Affairs located in Montana](#)
12. [H.R. 4334 – Improving Oversight of Women Veterans' Care Act of 2017](#)
13. [H.R. 3663 – To designate the medical center of the Department of Veterans Affairs in Huntington, West Virginia, as the Hershel "Woody" Williams VA Medical Center](#)
14. [H.R. 4451 – Homeless Veterans' Reintegration Programs Reauthorization Act of 2018, as amended](#)

H.R. 1972 — VA Billing Accountability Act (Rep. Smucker, R-PA)

CONTACT: [Noelani Bonifacio](#), 202-226-9719

FLOOR SCHEDULE:

Expected to be considered May 21, 2018, under suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

[H.R. 1972](#) would allow the Secretary of Veterans Affairs to waive a veteran's copayment requirements under certain circumstances if a payment notification is not provided within a timely manner. In addition, a payment cannot be collected without providing the veteran with information on waiver applications, and payment plan options.

COST:

The Congressional Budget Office (CBO) [estimates](#) enacting H.R. 1972 would reduce collections by \$141 million. As a result, an additional \$14 million would have to be appropriated and spending would total \$135 million. The bill would not affect direct spending or revenues.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 1972 would allow the Secretary of Veterans Affairs to waive a veteran's copayment [requirement](#) for hospital care, nursing home care, or medical services if an error delayed the notification that a payment was due and the veteran received the notification over 180 days after the care or services were provided. The secretary could also waive this requirement for medication [copayments](#), or for care and services provided at a non-VA facility, under the same circumstances.

The bill would add a new section requiring the Department of Veterans Affairs (VA) provide a notification that a payment is due within 180 days of receiving care or services within a VA facility, or within 18 months of receiving care or services in a non-VA facility. If the notification is not provided within the appropriate time period, the VA may not collect the payment unless the veteran is provided with information on how to apply for the waivers outlined above, payment plan information, and with the opportunity to apply for a waiver or payment plan.

The bill requires the Secretary of Veterans Affairs to review and improve the copayment billing internal controls and notification procedures within 180 days of enactment.

“On the basis of information from VA about its billing practices, CBO estimates that roughly 4 percent of the \$660 million in copayments collected by the department each year would be waived due to delayed notification.”

COMMITTEE ACTION:

H.R. 1972 was introduced on April 6, 2017, and referred to the House Committee on Veterans Affairs. A mark-up session was held on May 8, 2018, and the bill was reported by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the bill's sponsor: "Congress has the power to enact this legislation pursuant to the following: This legislation provides the Secretary of Veterans Affairs the authority to waive a copayment requirement if the Department of Veterans Affairs is the cause of an error that delays sending a bill to a veteran. Additionally, the bill requires the Department of Veterans Affairs to notify a veteran of how to get a waiver and establish a payment plan before they can collect payment when they do not bill a veteran in a timely manner. Specific authority is provided by Article 1, section 8 of the United States Constitution (clauses 12, 14, 16), which grants Congress the power to raise and support Armies; to make rules for the government and regulation of the land and naval forces; and to provide for organizing, arming, and disciplining the militia.."

H.R. 3642 — Military SAVE Act, as amended (Rep. Barr, R-KY)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 3642](#) would 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.

COST:

The Congressional Budget Office (CBO) [estimates](#) that implementing the bill would cost \$6 million over the 2019-2023 period, assuming appropriation of the necessary amounts. Enacting the bill would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 3642 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would direct the VA to carry out a pilot program related to survivors of military sexual trauma.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 3642 would direct the Secretary of Veterans Affairs to 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. The Secretary would carry out the pilot program for a three-year period. The Secretary would select not more than five sites in which to carry out the pilot program under specified criteria.

COMMITTEE ACTION:

H.R. 3642 was introduced on August 4, 2017, and was referred to the House Committee on Veterans' Affairs. On [May 8, 2018](#), the bill was ordered to be reported (amended) by voice vote.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Article I, Section 9, Clause 7 of the United States Constitution."

H.R. 3832 — Veterans Opioid Abuse Prevention Act, as amended (Rep. Dunn, R-FL)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 3832](#) would direct the Secretary of Veterans Affairs to enter into a memorandum of understanding with the executive director of a national network of State-based prescription monitoring programs in order for the Department of Veterans Affairs to query the networks to prevent opioid abuse.

COST:

The Congressional Budget Office (CBO) [estimates](#) that implementing the bill would cost less than \$500,000 over the 2019-2023 period, primarily to prepare the necessary regulations. That spending would be subject to the availability of appropriated funds. Enacting H.R. 3832 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 3832 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require the VA to enter into a memorandum of understanding with a network of prescription drug monitoring programs. According to CBO, this would codify the VA's current practice.
- **Encroach into State or Local Authority?** The bill would prohibit states from restricting access by health care providers to prescription drug monitoring programs.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 3832 would deem any licensed health care provider or delegate of such a provider an authorized recipient or user for the purpose of querying and receiving data from the national network of State-based prescription drug monitoring programs to support the safe and effective prescribing of controlled substances to covered patients. Department of Veterans Affairs licensed health care providers or delegates of such providers would query a national network of State-based prescription monitoring programs.

No State would be allowed to restrict the access of licensed health care providers or delegates of such providers from accessing that State's prescription drug monitoring programs. No State would deny or revoke the license, registration, or certification of a licensed health care provider or delegate who otherwise meets that State's qualifications for holding the license, registration, or certification on the basis that the licensed health care provider or delegate has queried or received data, or attempt to query or receive data, from the national network of State-based prescription drug monitoring programs.

COMMITTEE ACTION:

H.R. 3832 was introduced on September 26, 2017, and was referred to the House Committee on Veterans' Affairs. On [May 8, 2018](#), the bill was ordered to be reported (amended) by the committee.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, clauses 3 and 18 of the Constitution of the United States."

H.R. 3946 — To name the Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, the “Ray Hendrix Veterans Clinic” (Rep. Allen, R-GA)

CONTACT: [Noelani Bonifacio](#), 202-226-9719

FLOOR SCHEDULE:

Expected to be considered May 21, 2018, under suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

[H.R. 3946](#) would name the Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, the “Ray Hendrix Veterans Clinic”.

COST:

A Congressional Budget Office (CBO) cost estimate is not available at this time.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

[Robert “Ray” Hendrix](#) served 42 years in the U.S. Army, retiring in 1992 at the rank of Sergeant Major. He was appointed to the Veterans Service Board by Gov. Roy Barnes in 2001 and later reappointed by Gov. Sonny Perdue in 2008 and by Gov. Nathan Deal in 2015. He served three terms as board chairman. Mr. Hendrix, a resident of Statesboro, was also an active member in the American Legion, having served in several leadership posts at local, state, and national levels. Hendrix passed away on September 3, 2015. He is survived by his wife, Mary; three children; ten grandchildren; and nine great-grandchildren.

H.R. 3946 would name the Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, the “Ray Hendrix Veterans Clinic”.

COMMITTEE ACTION:

H.R. 3946 was introduced on October 4, 2017, and referred to the House Committee on Veterans' Affairs.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the bill's sponsor: "Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause 1: The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States."

H.R. 4245 — Veterans' Electronic Health Record Modernization Oversight Act of 2017 (Rep. Walz, D-MN)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 4245](#) would require the Department of Veterans Affairs (VA) to submit documents to Congress related to managing the Electronic Health Record Modernization (EHRM) program, provide Congress with quarterly reports on the program.

COST:

The Congressional Budget Office (CBO) [estimates](#) that implementing the bill would cost less than \$500,000 over the 2019-2023 period to compile and submit the necessary program documents to the Congress. That spending would be subject to the availability of appropriated funds. Enacting H.R. 4245 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 4245 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

CONSERVATIVE CONCERNS:

- Expand the Size and Scope of the Federal Government? No.
- Encroach into State or Local Authority? No.
- Delegate Any Legislative Authority to the Executive Branch? No.
- Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits? No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4245 would require the VA submit a series of documents to Congress related to the EHRM program to include: integrated master plan; integrated master schedule; program management plan; annual and lifecycle cost estimates, including, at a minimum, cost elements relating to Federal Government labor, contractor labor, hardware, software, and testing and evaluation; cost baseline; risk management plan; health IT strategic architecture plan; transition plan for implementing updated architecture; data migration plan; system and data security plan; application implementation plan; system design documents; legacy veterans information systems and technology architecture standardization, security enhancement, and consolidation project plan; health data interoperability management plan; community care vision and implementation plan.

Not later than five days after awarding a contract, order, or agreement, including any modifications thereto, under the Electronic Health Record Modernization Program, the Secretary would be required to submit a copy of the entire such contract, order, agreement, or modification to Congress. The bill would require the VA to provide Congress with quarterly reports on the program.

COMMITTEE ACTION:

H.R. 4245 was introduced on November 3, 2017, and was referred to the House Committee on Veterans' Affairs. On [May 8, 2018](#), the bill was ordered to be reported by the committee.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Clause 18 of Section 8 of Article 1 of the Constitution."

H.R.4830 — SIT-REP Act (Rep. Bilirakis, R-FL)

CONTACT: [Jay Fields](#), 202-226-9143

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 4830](#), the SIT-REP Act, would direct the Department of Veterans' Affairs (VA) and state-approving agencies to disapprove a course of education provided by a college, for the purposes of participating in the VA's education benefits (i.e., the Post-9/11 GI Bill), unless the college allows the student to attend class for up to 90 days even when the VA is late making education payments to the college and prohibits penalties against students when such payments are late.

COST:

According to a Congressional Budget Office (CBO) [estimate](#), "direct spending would decrease by an insignificant amount. Enacting H.R. 4830 would affect direct spending; therefore, pay-as-you-go procedures apply. However, CBO estimates that the net effects would be insignificant for each year. Enacting the bill would not affect revenues."

According to CBO, the bill does not contain intergovernmental or private-sector mandates because educational institutions may avoid the bill's requirements by foregoing assistance from the VA.

CONSERVATIVE VIEWS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** Yes. The bill would allow the VA to waive the bill's requirement to disapprove institutions that do not adopt the 90-day grace period policy required by the bill.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

Under current law, the Department of Veterans' Affairs (VA) pays the college educational expenses of veterans pursuant to the Post-9/11 GI Bill and the vocational rehabilitation and education benefits program.

At times, the payments, which are made directly to the colleges, are delayed. As a result, veterans can be penalized by the colleges.

In order to discourage the use of such penalties, the bill would require VA and state-approving agencies to only approve institutions to participate in the educational benefits programs that allow veteran students to attend class for up to 90 days after the school receives certification that the student is eligible for benefits. Participation would also be contingent upon colleges adopting a policy that would prohibit the imposition of a penalty on account of the VA payment being late.

The bill would allow the VA to waive the requirement to disapprove institutions that do not adopt such a policy.

COMMITTEE ACTION:

H.R. 4830 was introduced on January 18, 2018, and was referred to the House Veterans' Affairs Committee. On May 8, 2018, the bill was order to be reported by voice vote.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Article I, Section 8, Clause 1 of the Constitution of the United States and Article I, Section 8, Clause 7 of the Constitution of the United States. Article I, section 8 of the United State Constitution, which grants Congress the power to raise and support an Army; to provide and maintain a Navy; to make rules for the government and regulation of the land and naval forces; and provide for organizing, arming, and disciplining the militia."

H.R. 4958 — Veterans' Compensation Cost-of-Living Adjustment Act of 2018 (Rep. Bost, R-IL)

CONTACT: [Noelani Bonifacio](#), 202-226-9719

FLOOR SCHEDULE:

Expected to be considered May 21, 2018, under suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

[H.R. 4958](#) would increase the rates of wartime disability compensation, compensation for dependents, clothing allowance, dependent and indemnity compensation to surviving spouses and to children.

COST:

The Congressional Budget Office (CBO) [estimates](#) enacting H.R. 4958 would increase mandatory spending by \$1.5 billion in FY2019 relative to current law. However, because Section 257 of the Balanced Budget and Emergency Deficit Control Act (the law governing CBO's scoring rules) requires that the Cost of Living Adjustment (COLA) be assumed in CBO's baseline, Pay-as-You-Go procedures do not apply. CBO estimates that the COLA effective on December 1, 2018, will be 2.3 percent. The annualized cost would be about \$2.0 billion in subsequent years.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would increase the rates of disability compensation; these increases are assumed in CBO's baseline.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4958 would increase the following by the same cost-of-living adjustment that is used to calculate social security benefits:

- Wartime disability compensation ([38 U.S.C. 114](#))
- Additional compensation for dependents ([38 U.S.C. 1115](#))
- Clothing allowance ([38 U.S.C. 1162](#))
- Dependent and indemnity compensation to surviving spouse ([38 U.S.C. 1311](#))
- Dependency and indemnity compensation to children ([38 U.S.C. 1313\(a\)](#) and [38 U.S.C. 1314](#))

The increases will take effect on December 1, 2018.

The Secretary of Veterans Affairs may also increase the rates of disability compensation payable to veterans under [72 Stat. 1263](#) who haven't received compensation for service-connect disability or death, as outlined under [chapter 11](#) of title 38 of U.S.C.

The Secretary of Veterans Affairs is required to publish the amounts, as increased, in the federal register.

COMMITTEE ACTION:

H.R. 4958 was introduced on February 7, 2018, and referred to the House Committee on Veterans Affairs. A mark-up session was held on May 8, 2018, and the bill was reported by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the bill's sponsor: "Congress has the power to enact this legislation pursuant to the following: Article I, Section 8 of the United States Constitution. No specific enumerating clause was cited."

H.R. 5044 — Service-Disabled Veterans Small Business Continuation Act (Rep. Chabot, R-OH)

CONTACT: [Jay Fields](#), 202-226-9143

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 5044](#), the Service-Disabled Veterans Small Business Continuation Act, would extend certain contract preferences currently available to surviving spouses of veterans that had a service-connected disability that was 100 percent disability to surviving spouses of veterans that had less than a 100 percent disabling service-connected disability.

COST:

According to a Congressional Budget Office (CBO) [estimate](#), implementing H.R. 5044 would cost less than \$500,000 over the 2019-2023 period; that spending would be subject to the availability of appropriated funds.

CONSERVATIVE VIEWS:

- **Expand the Size and Scope of the Federal Government?** Yes, the bill would expand a federal program that gives federal contracting preferences to some surviving spouses of veterans.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

Under current law, the Department of Veterans Affairs (VA) is directed to increase contracting opportunities for small business concerns owned and controlled by veterans with service-connected disabilities. The VA increases contracting opportunities by providing special preference to such firms. This benefit extends to the firm when a surviving spouse of the veteran acquires the veteran's interest in the firm so long as the veteran had a 100 percent disabling service-connected disability or the veteran died as a result of a service-connected disability. The benefit lasts until the spouse gives up his or her ownership interest, remarries, or 10 years has passed.

The bill would extend the benefits accorded under current law to surviving spouses of veterans that had less than a 100 percent disabling service-connected disability for three years, unless the surviving spouse remarries or relinquishes his or her interest in the firm first.

COMMITTEE ACTION:

H.R. 5044 was introduced on February 15, 2018, and was referred to the House Veterans' Affairs. On May 8, 2018, the bill was order to be reported by voice vote.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8.”

H.R. 5215 — Veterans Affairs Purchase Card Misuse Mitigation Act (Rep. Bergman, R-MI)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 5215](#) would prohibit any employee of the Department who the Secretary or the Inspector General of the Department determines has knowingly misused a purchase card from serving as a purchase card holder or approving official.

COST:

The Congressional Budget Office (CBO) [estimates](#) the bill would have no budgetary effect. Enacting H.R. 5215 would not affect direct spending or revenues, therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 5215 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

CONSERVATIVE CONCERNS:

- Expand the Size and Scope of the Federal Government? No.
- Encroach into State or Local Authority? No.
- Delegate Any Legislative Authority to the Executive Branch? No.
- Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits? No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5215 would direct the Secretary of Veterans Affairs to prohibit any employee of the Department who the Secretary or the Inspector General of the Department determines has knowingly misused a purchase card from serving as a purchase card holder or approving official. Such a prohibition shall 13 be in addition to any other applicable penalty.

COMMITTEE ACTION:

H.R. 5215 was introduced on March 8, 2018, and was referred to the House Committee on Veterans' Affairs. On [May 8, 2018](#), the bill was ordered to be reported by the committee.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Article I, section 8 of the Constitution of the United States." No enumerating clause was listed.

H.R. 5418 — Veterans Affairs Medical-Surgical Purchasing Stabilization Act (Rep. Bergman, R-MI)

CONTACT: [Jay Fields](#), 202-226-9143

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

H.R. [5418](#), the Veterans Affairs Medical-Surgical Purchasing Stabilization Act, would require the VA to implement reforms to the Medical Surgical Prime Vendor-Next Generation (MSPV-NG) program, which is the VA's primary means for purchasing medical supplies. The VA would have to award vendor contracts to multiple regional prime vendors instead of a single nationwide prime vendor and require more input from experienced medical professionals in determining the supplies to be purchased through those vendors.

COST:

According to a Congressional Budget Office (CBO) [estimate](#), implementing H.R. 5418 "CBO believes that most of the requirements in the bill would codify VA's existing practice. Therefore, CBO estimates that implementing the bill would cost less than \$500,000 over the 2019-2023 period to prepare the necessary reports for the Congress. That spending would be subject to the availability of appropriated funds."

CONSERVATIVE VIEWS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

Under current law, the Department of Veterans' Affairs (VA) operates the [Medical Surgical Prime Vendor-Next Generation \(MSPV-NG\) program](#). Under this program, the VA created a formulary listing medical supplies. The supplies listed have to be purchased through a prime vendor. This is a mandatory requirement for all VA Medical Centers. The purpose of the purchasing program is to increase buying power through standardization (eg. buying 10 varieties of bandages instead of 100). Currently the VA has awarded prime vendor contracts to four companies.

The bill would require that the VA award prime vendor contracts to multiple regional prime vendors instead of a single nationwide prime vendor and prohibit a prime vendor from solely designing the formulary. The bill would also direct the VA, in creating the formulary, to ensure that each employee of the Department of Veterans Affairs who conducts formulary analyses or makes decisions with respect to including items on the formulary has medical expertise relevant to the items. The VA would

have to report to the House and Senate VA Committees on the employees conducting formulary analyses and their relevant experience.

COMMITTEE ACTION:

H.R. 5418 was introduced on March 29, 2018, and was referred to the House Veterans' Affairs Committee. On May 8, 2018, the bill was order to be reported by voice vote.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

"Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the Constitution of the United States."

S. 1282 — To redesignate certain clinics of the Department of Veterans Affairs located in Montana (Rep. Daines, R-MT)

CONTACT: [Noelani Bonifacio](#), 202-226-9719

FLOOR SCHEDULE:

Expected to be considered May 21, 2018, under suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

[S. 1282](#) would redesignate certain clinics of the Department of Veterans Affairs located in Montana.

COST:

A Congressional Budget Office (CBO) cost estimate is not available at this time.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

S. 1282 would redesignate certain clinics of the Department of Veterans Affairs located in Montana.

The clinic of the Department of Veterans Affairs located at 2687 Palmer Street in Missoula, Montana, shall after the date of the enactment of this Act be known and designated as the “David J. Thatcher Department of Veterans Affairs Clinic”. [David J. Thatcher](#) died in 2016. A longtime resident of Missoula, Thatcher enlisted in the U.S. Army Air Corps on December 3, 1940. After Japan bombed Pear Harbor on December 7, 1941, Thatcher volunteered for a secret mission that would help change the course of the war. Notably, Thatcher was awarded the Silver Star. His other decorations included the Distinguished Flying Cross, Air Medal with four Oak Leaf Clusters, and the Chinese Army, Navy and Air Corps Medal, Class A, 1st Grade. He was honorably discharged from active duty at the rank of Staff Sergeant in July 1945.

The clinic of the Department of Veterans Affairs located at 1775 Spring Creek Lane in Billings, Montana, shall after the date of the enactment of this Act be known and designated as the “Dr. Joseph Medicine Crow Department of Veterans Affairs Clinic”. [Dr. Joseph Medicine Crow](#), died in 2016. Raised on the Crow Reservation near Lodge Grass, Montana, Crow later graduated with a master’s in anthropology from the University of Southern California. He was known for his works on Native American history, including his own documentation of his tribe’s firsthand accounts of reservation life. Notably, in 2009, President Barack Obama awarded Crow the Presidential Medal of Freedom, the

nation's highest civilian honor, for his work on Native American history and wartime service for the U.S. Army during World War II. After the war, Medicine Crow was named tribal historian by the Crow Tribal Council. He was awarded an honorary doctoral degree from his alma mater and Rocky Mountain College in Montana. He was also nominated for the Congressional Gold Medal.

The clinic of the Department of Veterans Affairs located at 1766 Majestic Lane in Billings, Montana, shall after the date of the enactment of this Act be known and designated as the "Benjamin Charles Steele Department of Veterans Affairs Clinic". [Benjamin Charles Steele](#) died in 2016. Steele enlisted in the Army Air Corps in 1941. Notably, he fought on Bataan, made the Bataan Death March, and was a prisoner of the Japanese for three and a half years. Additionally, Steele later earned a Cleveland Institute of Art Diploma in 1950, a BS degree from Kent State University in 1951, and an MA Degree from Denver University in 1955. Throughout his career Steele gave workshops, demonstrations, lectures and gallery talks at museums, schools, civic groups and judged countless art exhibits.

COMMITTEE ACTION:

S. 1282 was introduced on May 25, 2017, and referred to the Senate Committee on Veterans' Affairs. The Senate passed the bill on August 2, 2017, with an amendment by unanimous consent.

S. 1282 was received in the House on August 4, 2017, and referred to the House Committee on Veterans' Affairs.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

Constitutional authority is not available for S. 1282.

H.R. 4334 — Improving Oversight of Women Veterans' Care Act of 2017 (Rep. Correa, D-CA)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on May 21, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 4334](#) would require a series of reports relating to medical care for women veterans provided by the Department of Veterans Affairs and through contracts entered into by the Secretary of Veterans Affairs with non-Department medical providers.

COST:

The Congressional Budget Office (CBO) [estimates](#) that preparing such reports would cost about \$300,000 a year (or the equivalent of three full-time employees). CBO estimates that implementing this bill would cost \$2 million over the 2019-2023 period, assuming availability of appropriated amounts. Enacting H.R. 4334 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 4334 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2029.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require annual reports.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4334 would require an annual report to Congress on the access of women veterans to covered sex-specific medical care under contracts with non-Department medical providers entered into by the Secretary of Veterans Affairs for the provision of hospital care or medical services to veterans eligible for enrollment in the patient enrollment system of the Department of Veterans Affairs.

Each medical facility of the Department would submit to the Secretary of Veterans Affairs a quarterly report on the compliance and noncompliance of the facility with the environment of care standards for women veterans. Each report would include the name of each person associated with such facility who is responsible for such compliance and the specific role or responsibility assigned to each such person. The bill would require a report to Congress on the plan of the Secretary to strengthen the environment of care standards for women veterans at Department of Veterans Affairs medical facilities.

COMMITTEE ACTION:

H.R. 4334 was introduced on November 9, 2017, and was referred to the House Committee on Veterans' Affairs. On [May 8, 2018](#), the bill was ordered to be reported by voice vote.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: The U.S. Constitution including Article 1, Section 8." No specific enumerating clause was listed.

H.R. 3663 — To designate the medical center of the Department of Veterans Affairs in Huntington, West Virginia, as the “Hershel ‘Woody’ Williams VA Medical Center” (Rep. Jenkins, R-WV)

CONTACT: [Noelani Bonifacio](#), 202-226-9719

FLOOR SCHEDULE:

Expected to be considered May 21, 2018, under suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

[H.R. 3663](#) would designate the medical center of the Department of Veterans Affairs in Huntington, West Virginia, as the “Hershel ‘Woody’ Williams VA Medical Center”.

COST:

A Congressional Budget Office (CBO) cost estimate is not available at this time.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

[Hershel “Woody” Williams](#) was born in 1923 and raised in West Virginia. In 1943, he joined the 32nd Replacement Battalion, which was sent to fight in the Pacific Theater of World War II. Williams fought in the Battle of Guadalcanal and in Guam before landing on Iwo Jima on February 21, 1945. While Williams’ unit was bogged down in a heavily fortified area, he had destroyed several Japanese positions, enabling the Marines to move ahead. For his actions, Williams received the Medal of Honor on October 4, 1945, from President Truman. He was later awarded the Purple Heart after being wounded on March 6. Williams was also a Veteran Services Officer at the Veterans Administration for 33 years, until his retirement in 1978.

H.R. 3663 would designate the medical center of the Department of Veterans Affairs in Huntington, West Virginia, as the “Hershel ‘Woody’ Williams VA Medical Center”.

COMMITTEE ACTION:

H.R. 3663 was introduced on August 22, 2017, and referred to the House Committee on Veterans' Affairs.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the bill's sponsor: "Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause 17: To exercise exclusive Legislation in all Cases whatsoever, over such District (not exceeding ten Miles square) as may, by Cession of particular States, and the Acceptance of Congress, become the Seat of the Government of the United States, and to exercise like Authority over all Places purchased by the Consent of the Legislature of the State in which the Same shall be, for the Erection of Forts, Magazines, Arsenals, dock-Yards, and other needful Buildings."

H.R. 4451 — Homeless Veterans' Reintegration Programs Reauthorization Act of 2017 (Rep. Wenstrup, R-OH)

CONTACT: [Noelani Bonifacio](#), 202-226-9719

FLOOR SCHEDULE:

Expected to be considered May 21, 2018, under suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY:

[H.R. 4451](#) would reauthorize the [homeless veterans reintegration programs](#) and the homeless women veterans and homeless veterans with children reintegration [grant program](#) through fiscal year 2022.

COST:

The Congressional Budget Office (CBO) [estimates](#) enacting H.R. 4451 would cost \$188 million over the 2019-2023 period, subject to appropriation. The bill would not affect direct spending or revenues.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4451 would reauthorize the [homeless veterans reintegration programs](#) codified under [38 U.S.C. 2021](#) and the homeless women veterans and homeless veterans with children reintegration [grant program](#) codified under [38 U.S.C. 2021A](#) through fiscal year 2022.

The bill would amend the homeless veterans reintegration programs to allow for veterans to participate in the programs if: (1) they were homeless but found housing in the 60 days prior to beginning to participate in a program, (2) they are participating in certain Department of Veterans Affairs supported housing programs; (3) they are Indians receiving assistance under the [Native American Housing Assistance and Self Determination Act](#); (4) are transitioning from being incarcerated or a resident of a mental health institution; or, (5) are participating in a Department of Veterans Affairs rapid rehousing and prevention program codified under [38 U.S.C. 2044](#).

According to the [National Coalition for Homeless Veterans](#), 11 percent of homeless persons are veterans. The Department of Housing and Urban Development [estimates](#) there are almost 40,000 homeless veterans on any given night.

COMMITTEE ACTION:

H.R. 4451 was introduced on November 16, 2017, and referred to the House Committee on Veterans Affairs. A mark-up session was held on May 8, 2018, and the bill was reported by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the bill's sponsor: "Congress has the power to enact this legislation pursuant to the following: Clauses 12, 13, 14, and 18 of Section 8 of Article 1 of the United States Constitution."

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