

119TH CONGRESS
2^D SESSION

S. _____

To amend title 38, United States Code, to eliminate copayments by the Department of Veterans Affairs for preventive health services and medicines relating to preventive health services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Ms. DUCKWORTH (for herself and Ms. COLLINS) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To amend title 38, United States Code, to eliminate copayments by the Department of Veterans Affairs for preventive health services and medicines relating to preventive health services, and for other purposes.

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 “Copay Fairness for
5 Veterans Act of 2026”.

1 **SEC. 2. IMPROVEMENT TO PREVENTIVE HEALTH SERVICES**
2 **FURNISHED BY DEPARTMENT OF VETERANS**
3 **AFFAIRS.**

4 (a) ELIMINATION OF COPAYMENTS.—

5 (1) MEDICATION.—Section 1722A(a)(4) of title
6 38, United States Code, is amended—

7 (A) by striking “to opioid antagonists” and
8 inserting “to—

9 “(A) opioid antagonists”;

10 (B) by striking the period at the end and
11 inserting “; or”; and

12 (C) by adding at the end the following new
13 subparagraph:

14 “(B) medication, including over-the-counter
15 medication, that is or is part of preventive health
16 services.”.

17 (2) HOSPITAL CARE AND MEDICAL SERVICES.—
18 Section 1710 of such title is amended—

19 (A) in subsection (f)—

20 (i) by redesignating paragraph (5) as
21 paragraph (6); and

22 (ii) by inserting after paragraph (4)
23 the following new paragraph (5):

24 “(5) A veteran shall not be liable to the United States
25 under this subsection for any amounts for preventive
26 health services the veteran receives during the course of

1 hospital care or nursing home care provided to the vet-
2 eran.”; and

3 (B) in subsection (g)(3), by adding at the
4 end the following new subparagraph:

5 “(C) Preventive health services.”.

6 (3) WALK-IN CARE.—Section 1725A(f)(1) of
7 such title is amended by adding at the end the fol-
8 lowing new subparagraph:

9 “(D) An eligible veteran shall not be required to pay
10 the United States a copayment for preventive health serv-
11 ices furnished under this section.”.

12 (4) CARE FOR SURVIVORS AND DEPENDENTS.—
13 Section 1781 of such title is amended by adding at
14 the end the following new subsection:

15 “(f) No individual covered under subsection (a) shall
16 be required to pay the United States a copayment for pre-
17 ventive health services furnished under this section.”.

18 (b) DEFINITIONS.—Section 1701(9) of such title is
19 amended—

20 (1) by amending subparagraph (G) to read as
21 follows:

22 “(G) immunizations against infectious dis-
23 eases, including each immunization—

1 “(i) on the recommended adult immu-
2 nization schedule at the time such immuni-
3 zation is indicated on that schedule;

4 “(ii) that has in effect a recommenda-
5 tion from the Advisory Committee on Im-
6 munization Practices of the Centers for
7 Disease Control and Prevention with re-
8 spect to the individual receiving the immu-
9 nization; or

10 “(iii) that is recommended by the
11 largest single-discipline professional orga-
12 nization for the relevant field or a major
13 labor or professional organization that ex-
14 clusively represents the relevant clinical
15 professional, specialty, or disorder;”.

16 (2) in subparagraph (K), by striking “; and”
17 and inserting a semicolon;

18 (3) by redesignating subparagraph (L) as sub-
19 paragraph (N); and

20 (4) by inserting after subparagraph (K) the fol-
21 lowing new subparagraphs:

22 “(L) evidence-based items or services
23 that—

24 “(i) have in effect a rating of ‘A’ or
25 ‘B’ in the current recommendations of the

1 United States Preventive Services Task
2 Force; or

3 “(ii) are recommended by the largest
4 single-discipline professional organization
5 for the relevant field or a major labor or
6 professional organization that exclusively
7 represents the relevant clinical profes-
8 sional, specialty, or disorder;

9 “(M) with respect to preventive care,
10 screenings, and contraceptive services, such
11 services shall include, at minimum—

12 “(i) screening for anxiety, breast can-
13 cer, cervical cancer, human immuno-
14 deficiency virus infection, intimate partner
15 and domestic violence, diabetes in and
16 after pregnancy, and urinary incontinence;

17 “(ii) counseling for intimate partner
18 and domestic violence, and sexually trans-
19 mitted infections;

20 “(iii) breastfeeding services and sup-
21 plies;

22 “(iv) contraception, including—

23 “(I) any drug, device, or biologi-
24 cal product intended for use in the
25 prevention of pregnancy, whether spe-

1 cifically intended to prevent pregnancy
2 or for other health needs, that is ap-
3 proved, cleared, authorized, or li-
4 censed under section 505, 510(k),
5 513(f)(2), 515, or 564 of the Federal
6 Food, Drug, and Cosmetic Act (21
7 U.S.C. 355, 360(k), 360c(f)(2),
8 360e,360bbb-3) or section 351 of the
9 Public Health Service Act (42 U.S.C.
10 262);

11 “(II) any services related to pro-
12 viding the safe and effective use of
13 such drug, device, or product; and

14 “(III) any related services ap-
15 proved, granted, or cleared by the
16 Food and Drug Administration;

17 “(v) obesity prevention in midlife
18 women; and

19 “(vi) well-woman preventative visits;
20 and”.

21 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
22 tion or the amendments made by this section shall be con-
23 strued to—

24 (1) remove preventive health services, including
25 medications, from such services and medications for

1 which a veteran would be exempt from paying the
2 United States a copayment; or

3 (2) prevent coverage under the laws adminis-
4 tered by the Secretary of Veterans Affairs of preven-
5 tive health services, screenings, and contraceptive
6 services, if such preventive health services,
7 screenings, and contraceptive services are provided
8 in accordance with evidence-based medical standards
9 of care, which may include those recommendations
10 provided for in the Preventive Services Guidelines of
11 the Health Resources and Services Administration.

12 (d) EFFECTIVE DATE.—This section and the amend-
13 ments made by this section shall take effect on the date
14 that is 180 days after the date of the enactment of this
15 Act.