

SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
LAND TRANSFER ACT OF 2017

APRIL 5, 2018.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. BISHOP of Utah, from the Committee on Natural Resources,
submitted the following

R E P O R T

[To accompany S. 825]

[Including cost estimate of the Congressional Budget Office]

The Committee on Natural Resources, to whom was referred the bill (S. 825) to provide for the conveyance of certain property to the Southeast Alaska Regional Health Consortium located in Sitka, Alaska, and for other purposes, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

PURPOSE OF THE BILL

The purpose of S. 825 is to provide for the conveyance of certain property to the Southeast Alaska Regional Health Consortium located in Sitka, Alaska.

BACKGROUND AND NEED FOR LEGISLATION

The Southeast Alaska Regional Health Consortium (SEARHC) is a non-profit consortium comprised of 18 Southeast Alaska Native communities, and is among the oldest and most expansive tribally-maintained healthcare organizations in the country. The service area is more than 35,000 square miles across the State of Alaska, with 28 community health clinic sites and one hospital to serve Alaska Natives.

Founded in 1975, SEARHC began by assuming management of the Community Health Aide Program for Natives in Alaska through a compact with the Indian Health Service (IHS) under Title V of Indian Self-Determination Education Assistance Act (25 U.S.C. 5304 et seq.). In 1982, SEARHC took control of the IHS Ju-

neau clinic, and in 1986 it assumed responsibility over the Mt. Edgcumbe Hospital in Sitka, Alaska.

The Mt. Edgcumbe Hospital is a 25-bed critical access hospital that was constructed during the latter half of World War II. As a hospital that served almost 47,000 outpatients in 2016, the 67-year-old facility is in poor condition and in need of upgrading to more adequately provide better healthcare services.

Mt. Edgcumbe Hospital is located on a 19.07-acre parcel of land owned by the Department of Health and Human Services, but SEARHC runs and operates the hospital and the grounds. Without full and clear title to the land, SEARHC cannot make necessary upgrades.

Although IHS is not opposed to the transfer and can transfer the land through a quitclaim deed, Congressional action is necessary to facilitate the transfer through a warranty deed. Because a warranty deed provides the guarantee to clear and full title, SEARHC can more easily secure private equity funding to make necessary improvements to the hospital campus than it can with property conveyed by a quitclaim deed.

COMMITTEE ACTION

S. 825 was introduced on April 4, 2017, by Senator Lisa Murkowski (R-AK). The Senate passed the bill by unanimous consent on November 29, 2017. In the House of Representatives, the bill was referred to the Committee on Natural Resources and additionally to the Committee on Energy and Commerce. On December 12, 2017, the Natural Resources Committee met to consider the bill. No amendments were offered, and the bill was ordered favorably reported to the House of Representatives by unanimous consent on December 13, 2017.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

Regarding clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee on Natural Resources' oversight findings and recommendations are reflected in the body of this report.

COMPLIANCE WITH HOUSE RULE XIII AND CONGRESSIONAL BUDGET ACT

1. Cost of Legislation and the Congressional Budget Act. With respect to the requirements of clause 3(c)(2) and (3) of rule XIII of the Rules of the House of Representatives and sections 308(a) and 402 of the Congressional Budget Act of 1974, the Committee has received the following estimate for the bill from the Director of the Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, January 29, 2018.

Hon. ROB BISHOP,
*Chairman, Committee on Natural Resources,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 825, the Southeast Alaska Regional Health Consortium Land Transfer Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Robert Stewart.

Sincerely,

KEITH HALL,
Director.

Enclosure.

S. 825—Southeast Alaska Regional Health Consortium Land Transfer Act of 2017

S. 825 would authorize the Secretary of Health and Human Services (HHS) to convey a parcel of land in Sitka, Alaska, to the Southeast Alaska Regional Health Consortium (SARHC). The conveyances would be made by a warranty deed, which is a type of deed that guarantees a clear title to the new owner of the property.

The Indian Self-Determination and Education Act (ISDEAA) allows tribal entities to assume responsibility for providing health care services funded by the Indian Health Service (IHS). The SARHC is a non-profit health care consortium that operates facilities under the ISDEAA in 20 communities throughout Southeast Alaska. According to IHS, SARHC currently does not pay rent or any other remuneration to IHS for the use of the land to be transferred. Consequently, CBO estimates that enacting S. 825 would not have a significant effect on the federal budget.

CBO estimates that enacting S. 825 would not affect direct spending or revenues, therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting the S. 825 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

S. 825 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The CBO staff contact for this estimate is Robert Stewart. The estimate was approved by Theresa Gullo, Assistant Director for Budget Analysis.

2. General Performance Goals and Objectives. As required by clause 3(c)(4) of rule XIII, the general performance goal or objective of this bill is to provide for the conveyance of certain property to the Southeast Alaska Regional Health Consortium located in Sitka, Alaska.

EARMARK STATEMENT

This bill does not contain any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined under clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives.

COMPLIANCE WITH PUBLIC LAW 104-4

This bill contains no unfunded mandates.

COMPLIANCE WITH H. RES. 5

Directed Rule Making. This bill does not contain any directed rule makings.

Duplication of Existing Programs. This bill does not establish or reauthorize a program of the federal government known to be duplicative of another program. Such program was not included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139 or identified in the most recent Catalog of Federal Domestic Assistance published pursuant to the Federal Program Information Act (Public Law 95-220, as amended by Public Law 98-169) as relating to other programs.

PREEMPTION OF STATE, LOCAL OR TRIBAL LAW

This bill is not intended to preempt any State, local or tribal law.

CHANGES IN EXISTING LAW

If enacted, this bill would make no changes to existing law.