116TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPT. 116–599
Part 1

HEALTH CARE ACCESS FOR URBAN NATIVE VETERANS ACT

NOVEMBER 19, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. GRIJALVA, from the Committee on Natural Resources, submitted the following

R E P O R T

[To accompany H.R. 4153]

[Including cost estimate of the Congressional Budget Office]

The Committee on Natural Resources, to whom was referred the bill (H.R. 4153) to amend the Indian Health Care Improvement Act to authorize urban Indian organizations to enter into arrangements for the sharing of medical services and facilities, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

PURPOSE OF THE BILL

The purpose of H.R. 4153 is to amend the Indian Health Care Improvement Act to authorize urban Indian organizations to enter into arrangements for the sharing of medical services and facilities, and for other purposes.

BACKGROUND AND NEED FOR LEGISLATION

The *Health Care Access for Urban Native Veterans Act* ensures that Native American veterans have equal access to health care—regardless of their location of residence following their military service—by expanding Department of Veterans Affairs (VA) funding to include urban Indian health centers.

Since the 1950s, the Indian Health Service (IHS) has acted as the primary federal agency responsible for providing health care to federally recognized Indian and Alaska Native communities through its various federally and tribally operated facilities. More recently, to accommodate the large populations of tribal members located in urban areas (approximately 70 percent of American Indi-

ans and Alaska Natives live in urban areas), urban Indian organizations (UIOs) have established urban Indian health centers in larger cities.[1] And while federal law allows for the VA to reimburse federally and tribally maintained IHS facilities for their treatment of Native veterans, it does not allow for reimbursing any UIOs that operate urban Indian health centers.[2]

This exclusion of funding has limited UIOs from properly caring for the Native veterans living in urban centers and has forced these veterans to abstain from treatment altogether or to travel great distances to reach an IHS facility. As such, this legislation ensures that urban Indian veterans have the option to receive medical care in facilities where they feel most comfortable. So far, the bill has received bicameral and bipartisan support.[3]

COMMITTEE ACTION

H.R. 4153 was introduced on August 2, 2019, by Representative Ro Khanna (D–CA). The bill was referred to the Committee on Natural Resources, and in addition to the Committee on Energy and Commerce. Within the Natural Resources Committee, the bill was referred to the Subcommittee for Indigenous Peoples of the United States. On September 19, 2019, the Subcommittee held a hearing on the bill.[4] On March 11, 2020, the Natural Resources Committee met to consider the bill. The Subcommittee was discharged by unanimous consent. No amendments were offered, and the bill was adopted and ordered favorably reported to the House of Representatives by unanimous consent.

HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress—the following hearing was used to develop or consider H.R. 4153: legislative hearing by the Subcommittee for Indigenous Peoples of the United States held on September 19, 2019.

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

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[1] IHS, URBAN INDIAN HEALTH PROGRAM (2018), https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/UrbanIndianHealthProgram_FactSheet.pdf.

[2] *See, e.g.,* Press Release, Office of Tom Udall, U.S. Senator, Udall, Khanna Introduce Bipartisan, Bicameral Bill to Improve Health Care Access for Native American Veterans (Aug. 2, 2019), https://www.tomudall.senate.gov/news/press-releases/udall-khanna-introduce-bipartisan-bicameral-bill-to-improve-health-care-access-for-native-american-veterans.

[3] The Senate companion bill is S. 2365 (116th), which is identical except for the short title.

[4] *Hearing Before the Subcomm. for Indigenous Peoples of the U.S. of the H. Comm. on Nat. Res.,* 116th Cong. (2019) (not printed), https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=109959.

received the following estimate for the bill from the Director of the Congressional Budget Office:

H.R. 4153, Health Care Access for Urban Native Veterans Act
As ordered reported by the House Committee on Natural Resources on March 11, 2020

By Fiscal Year, Millions of Dollars	2020	2020-2025	2020-2030
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	11	not estimated

		Mandate Effects	
Statutory pay-as-you-go procedures apply?	No		
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2031?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and $500,000.

H.R. 4153 would require the Department of Veterans Affairs (VA) to reimburse Urban Indian Organizations (UIOs) for the costs of health care that eligible Indian veterans would receive, without prior authorization, at UIO medical facilities. Except for substance abuse residential programs, nonprofit UIO medical facilities only provide outpatient medical services to American Indians and Alaska Natives in urban settings. Under current law, VA reimburses the Indian Health Services (IHS) and Tribal Operated Health Programs (THPs) for health care provided to eligible Indian veterans at IHS and THP medical facilities, but the agreement excludes UIOs.

Based on information from IHS on the number of patients and the cost of medical care at UIO medical facilities, and information from the VA on the number of American Indian veterans, CBO estimates that there would be, on average, about 1,300 Indian veterans enrolled in the VA health care system who are treated at UIO medical facilities each year over the 2020–2024 period. CBO expects that, over time, a growing number of those Indian veterans would take advantage of other community care options offered by VA. CBO estimates that VA would reimburse UIOs for medical services provided to about 800 veterans each year at an average cost of about $3,000 per patient. CBO estimates that H.R. 4153 would cost $11 million over the 2020–2024 period, assuming availability of appropriated funds.

The costs of the legislation, detailed in Table 1, fall within budget function 700 (veterans benefits and services).

TABLE 1.—ESTIMATED INCREASES IN SPENDING SUBJECT TO APPROPRIATION UNDER H.R. 4153

	By fiscal year, millions of dollars—						
	2020	2021	2022	2023	2024	2025	2020–2025
Estimated Authorization	*	3	2	2	2	2	11
Estimated Outlays	*	3	2	2	2	2	11

Components may not sum to totals because of rounding; * = between zero and $500,000.

On December 19, 2019, CBO transmitted a cost estimate for S. 2365, the Health Care Access for Urban Native Veterans Act of 2019, as ordered reported by the Senate Committee on Indian Affairs on December 11, 2019. The two bills are similar. The differences in the budgetary effects reflect an updated projection period.

The CBO staff contact for this estimate is Robert Stewart. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.

2. *General Performance Goals and Objectives.* As required by clause 3(c)(4) of rule XIII, the general performance goals and objectives of this bill are to amend the Indian Health Care Improvement Act to authorize urban Indian organizations to enter into arrangements for the sharing of medical services and facilities.

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.

UNFUNDED MANDATES REFORM ACT STATEMENT

This bill contains no unfunded mandates.

EXISTING PROGRAMS

This bill does not establish or reauthorize a program of the federal government known to be duplicative of another program.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

PREEMPTION OF STATE, LOCAL, OR TRIBAL LAW

Any preemptive effect of this bill over state, local, or tribal law is intended to be consistent with the bill's purposes and text and the Supremacy Clause of Article VI of the U.S. Constitution.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

INDIAN HEALTH CARE IMPROVEMENT ACT

* * * * * * *

TITLE IV—ACCESS TO HEALTH SERVICES

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SEC. 405. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

(a) AUTHORITY.—

(1) IN GENERAL.—The Secretary may enter into (or expand) arrangements for the sharing of medical facilities and services between the Service, Indian tribes, *urban Indian organizations,* and tribal organizations and the Department of Veterans Affairs and the Department of Defense.

(2) CONSULTATION BY SECRETARY REQUIRED.—The Secretary may not finalize any arrangement between the Service and a Department described in paragraph (1) without first consulting with the Indian tribes which will be significantly affected by the arrangement.

(b) LIMITATIONS.—The Secretary shall not take any action under this section or under subchapter IV of chapter 81 of title 38, United States Code, which would impair—

(1) the priority access of any Indian to health care services provided through the Service and the eligibility of any Indian to receive health services through the Service;

(2) the quality of health care services provided to any Indian through the Service;

(3) the priority access of any veteran to health care services provided by the Department of Veterans Affairs;

(4) the quality of health care services provided by the Department of Veterans Affairs or the Department of Defense; or

(5) the eligibility of any Indian who is a veteran to receive health services through the Department of Veterans Affairs.

(c) REIMBURSEMENT.—The Service, Indian tribe, *urban Indian organization,* or tribal organization shall be reimbursed by the Department of Veterans Affairs or the Department of Defense (as the case may be) where services are provided through the Service, an Indian tribe, *an urban Indian organization,* or a tribal organization to beneficiaries eligible for services from either such Department, notwithstanding any other provision of law.

(d) CONSTRUCTION.—Nothing in this section may be construed as creating any right of a non-Indian veteran to obtain health services from the Service.

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COMMITTEE CORRESPONDENCE

U.S. House of Representatives
Committee on Natural Resources
Washington, DC 20515

September 22, 2020

The Honorable Frank Pallone Jr.
Chair
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chair Pallone:

I write to you concerning H.R. 4153, the "Health Care Access for Urban Native Veterans Act."

I appreciate your willingness to work cooperatively on this legislation. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Energy and Commerce. I acknowledge that your Committee will not formally consider H.R. 4153 and agree that the inaction of your Committee with respect to the bill does not waive any future jurisdictional claim over the matters contained in the bill that fall within your Committee's Rule X jurisdiction.

I will ensure that our exchange of letters is included in the *Congressional Record* during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work with you as this measure moves through the legislative process.

Sincerely,

Raúl M. Grijalva
Chair
House Natural Resources Committee

Cc: The Honorable Rob Bishop, Ranking Member
The Honorable Thomas J. Wickham Jr., Parliamentarian

FRANK PALLONE, JR., NEW JERSEY
CHAIRMAN

GREG WALDEN, OREGON
RANKING MEMBER

ONE HUNDRED SIXTEENTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

September 22, 2020

The Honorable Raúl M. Grijalva
Chair
Committee on Natural Resources
1324 Longworth House Office Building
Washington, DC 20515

Dear Chairman Grijalva:

I write concerning H.R. 4153, the "Health Care Access for Urban Native Veterans Act," which was additionally referred to the Committee on Energy and Commerce (Committee).

In recognition of the desire to expedite consideration of H.R. 4153, the Committee agrees to waive formal consideration of the bill as to provisions that fall within the Rule X jurisdiction of the Committee. The Committee takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. I also request that you support my request to name members of the Committee to any conference committee to consider such provisions.

Finally, I would appreciate the inclusion of this letter into the *Congressional Record* during floor consideration of H.R. 4153.

Sincerely,

Frank Pallone, Jr.

Frank Pallone, Jr.
Chairman

Attachments

cc: The Honorable Nancy Pelosi, Speaker
The Honorable Steny Hoyer, Majority Leader
The Honorable Greg Walden, Ranking Member, Committee on Energy and Commerce
The Honorable Rob Bishop, Ranking Member, Committee on Natural Resources
The Honorable Thomas J. Wickham, Parliamentarian

116TH CONGRESS
2D SESSION

H. R. 4153

[Report No. 116–]

To amend the Indian Health Care Improvement Act to authorize urban Indian organizations to enter into arrangements for the sharing of medical services and facilities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2019

Mr. KHANNA (for himself, Mr. GOSAR, Ms. HAALAND, Mr. GIANFORTE, Mr. LUJÁN, Mr. YOUNG, Ms. MOORE, Mr. BACON, Mr. TONKO, and Mr. ESTES) introduced the following bill; which was referred to the Committee on Natural Resources, and in addition to the Committee on Energy and Commerce, 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

APRIL --, 2020

Reported from the Committee on Natural Resources

A BILL

To amend the Indian Health Care Improvement Act to authorize urban Indian organizations to enter into arrangements for the sharing of medical services and facilities, and for other purposes.

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 "Health Care Access for Urban Native Veterans Act".

SEC. 2. SHARING ARRANGEMENTS WITH FEDERAL AGENCIES.

Section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645) is amended—

(1) in subsection (a)(1), by inserting "urban Indian organizations," before "and tribal organizations"; and

(2) in subsection (c)—

(A) by inserting "urban Indian organization," before "or tribal organization"; and

(B) by inserting "an urban Indian organization," before "or a tribal organization".

Supplemental, Minority, Additional, or Dissenting Views

None.

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