

## URBAN INDIAN HEALTH CONFER ACT

NOVEMBER 1, 2021.—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. 5221]

[Including cost estimate of the Congressional Budget Office]

The Committee on Natural Resources, to whom was referred the bill (H.R. 5221) to amend the Indian Health Care Improvement Act to establish an urban Indian organization confer policy for the Department of Health and Human Services, 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. 5221 is to amend the Indian Health Care Improvement Act to establish an urban Indian organization confer policy for the Department of Health and Human Services.

#### BACKGROUND AND NEED FOR LEGISLATION

The Indian Health Service (IHS) supports contracts and grants to 41 Urban Indian Organization programs. These programs offer medical services ranging from dental services, optometry services, pharmacy services to community services, alcohol, and drug abuse prevention, nutrition education, and counseling services. The Indian Health Care Improvement Act established the Urban Indian Organizations (UIOs) in response to the 70% of American Indians and Alaska Natives living and seeking healthcare outside tribal lands throughout the United States.

Currently, only IHS maintains a legal obligation to confer with UIOs. An Urban Confer policy at HHS will serve as the preferred method of dialogue between the agency and UIOs. HHS's Urban Confer policy's limited scope is a barrier for UIOs communication

with other agencies and offices. The harms caused by this limited confer policy were highlighted throughout the COVID–19 pandemic when HHS began its vaccine allocations. HHS refrained from initiating communications with UIOs. As a result, UIOs were unable to provide input on the vaccine rollout allocations until the day of the deadline, which delayed the vaccine’s distribution to many urban American Indians and Alaska Natives.

The failure to communicate with UIOs about healthcare policies that impact urban Indian communities is inconsistent with the federal trust responsibility and contrary to sound public health policy. H.R. 5221 will establish direct lines of communication for UIOs across the entire Department and ensure that urban American Indians and Alaska Natives are aware of significant healthcare policy changes.

H.R. 5221 will require agencies and offices within the U.S. Department of Health and Human Services to confer with urban Indian organizations on policies and initiatives related to healthcare for urban American Indians and Alaska Natives.

#### COMMITTEE ACTION

H.R. 5221 was introduced on September 10, 2021, by Chair Raúl M. Grijalva (D–AZ). The bill was referred to the Committee on Natural Resources, and in addition to the Committee on Education and Labor. Within the former committee, the bill was referred to the Subcommittee for Indigenous Peoples of the United States. On October 5, 2021, the Subcommittee held a hearing on the bill. On October 13, 2021, the Natural Resources Committee met to consider the bill. The Subcommittee was discharged by unanimous consent. No amendments were offered. The bill was adopted and ordered favorably reported to the House of Representatives by unanimous consent.

#### HEARINGS

For the purposes of clause 3(c)(6) of House rule XIII, the following hearing was used to develop or consider this measure: hearing by the Subcommittee for Indigenous Peoples of the United States held on October 5, 2021.

#### 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:

<b>H.R. 5221, Urban Indian Health Confer Act</b>			
As ordered reported by the House Committee on Natural Resources on October 13, 2021			
By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	*
Statutory pay-as-you-go procedures apply?	No	<b>Mandate Effects</b>	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 5221 would require the Secretary of Health and Human Services (HHS) to ensure that the Indian Health Service (IHS) and other agencies within HHS confer with Urban Indian Health Programs (UIHPs), to the maximum extent practicable, on matters relating to carrying out the Indian Health Care Improvement Act and other provisions of law relating to Indian health care. UIHPs are health care organizations that are grantees of IHS but are not considered federal entities nor part of the IHS system. There are currently 41 UIHP clinics that provide primary care services to a mix of Indian and non-Indian patients. CBO estimates that enacting H.R. 5221 would not affect direct spending or revenues and would have an insignificant effect on spending subject to appropriation for IHS and other agencies' staff to confer with representatives of UIHPs as needed.

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

*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 establish an urban Indian organization confer policy for the Department of Health and Human Services.

#### 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 (existing law proposed to be omitted is enclosed in black brackets, 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 V—HEALTH SERVICES FOR URBAN INDIANS

\* \* \* \* \*

**SEC. 514. CONFERRING WITH URBAN INDIAN ORGANIZATIONS.**

(a) **DEFINITION OF CONFER.**—In this section, the term “confer” means to engage in an open and free exchange of information and opinions that—

- (1) leads to mutual understanding and comprehension; and
- (2) emphasizes trust, respect, and shared responsibility.

[(b) **REQUIREMENT.**—The Secretary shall ensure that the Service confers, to the maximum extent practicable, with urban Indian organizations in carrying out this Act.]

(b) *REQUIREMENT.*—*The Secretary shall ensure that the Service and the other agencies and offices of the Department confer, to the maximum extent practicable, with urban Indian organizations in carrying out—*

- (1) *this Act; and*
- (2) *other provisions of law relating to Indian health care.*

\* \* \* \* \*

FRANK PALLONE, JR., NEW JERSEY  
CHAIRMAN

COMMITTEE CORRESPONDENCE

CATHY McMORRIS RODGERS, WASHINGTON  
RANKING MEMBER

ONE HUNDRED SEVENTEENTH 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

November 1, 2021

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

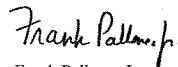
Dear Chairman Grijalva:

I write concerning H.R. 5221, the "Urban Indian Health Confer Act," which was additionally referred to the Committee on Energy and Commerce.

In recognition of the desire to expedite consideration of H.R. 5221, 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 the measure.

Sincerely,



Frank Pallone, Jr.  
Chairman

The Honorable Raúl M. Grijalva  
November 1, 2021  
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cc. The Honorable Cathy McMorris Rodgers, Ranking Member, Committee on Energy and  
Commerce  
The Honorable Bruce Westerman, Ranking Member, Committee on Natural Resources  
The Honorable Jason Smith, Parliamentarian

RAÚL M. GRIJALVA OF ARIZONA  
CHAIRMAN

DAVID WATKINS  
STAFF DIRECTOR

BRUCE WESTERMAN OF ARKANSAS  
RANKING REPUBLICAN

VIRHAN MCEGLEN  
REPUBLICAN STAFF DIRECTOR

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

November 1, 2021

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

Dear Chair Pallone,

I write to you concerning H.R. 5221, the "Urban Indian Health Confer 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. 5221 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 am pleased to support your request to name members of the Committee on Energy and Commerce to any conference committee to consider such provisions. I will ensure that our exchange of letters is included in the Committee Report and 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  
Committee on Natural Resources

Cc: The Honorable Bruce Westerman, Ranking Member, Committee on Natural Resources  
The Honorable Cathy McMorris Rodgers, Ranking Member, Committee on Energy and Commerce  
The Honorable Jason Smith, Parliamentarian

SUPPLEMENTAL, MINORITY, ADDITIONAL, OR DISSENTING VIEWS  
None.

