

TO AUTHORIZE THE SECRETARY OF THE INTERIOR TO ESTABLISH FEES
FOR MEDICAL SERVICES PROVIDED IN UNITS OF THE NATIONAL PARK
SYSTEM, AND FOR OTHER PURPOSES

FEBRUARY 15, 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 H.R. 3607]

[Including cost estimate of the Congressional Budget Office]

The Committee on Natural Resources, to whom was referred the bill (H.R. 3607) to authorize the Secretary of the Interior to establish fees for medical services provided in units of the National Park System, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. FEES FOR MEDICAL SERVICES.

(a) FEES AUTHORIZED.—The Secretary may establish and collect fees for medical services provided to persons in units of the National Park System or for medical services provided by National Park Service personnel outside units of the National Park System.

(b) NATIONAL PARK MEDICAL SERVICES FUND.—There is hereby established in the Treasury a fund to be known as the “National Park Medical Services Fund”. The Fund shall consist of—

- (1) donations to the Fund; and
- (2) fees collected under subsection (a).

(c) AVAILABILITY OF AMOUNTS.—All amounts deposited into the Fund shall be available to the Secretary, to the extent provided in advance by Acts of appropriation, for the following in units of the National Park System:

- (1) Services listed in subsection (a).
- (2) Preparing needs assessments or other programmatic analyses for medical facilities, equipment, vehicles, and other needs and costs of providing services listed in subsection (a).
- (3) Developing management plans for medical facilities, equipment, vehicles, and other needs and costs of services listed in subsection (a).
- (4) Training related to providing services listed in subsection (a).
- (5) Obtaining or improving medical facilities, equipment, vehicles, and other needs and costs of providing services listed in subsection (a).

(d) DEFINITIONS.—For the purposes of this section:

(1) FUND.—The term “Fund” means the National Park Medical Services Fund established by subsection (b).

(2) SECRETARY.—The term “Secretary” means the Secretary of the Interior.

PURPOSE OF THE BILL

The purpose of H.R. 3607 is to authorize the Secretary of the Interior to establish fees for medical services provided in units of the National Park System.

BACKGROUND AND NEED FOR LEGISLATION

The National Park Service (NPS) currently manages eleven units that provide medical services, including ambulance transport, EMT services, and clinical services. These units are remote and visitors and staff have few or no other options for receiving timely medical care, especially in emergency situations.

Under current law, NPS has the authority and responsibility to provide medical services, but does not have authority to retain revenues from insurance payments or other payments, which go to the general Treasury. NPS does not collect fees directly but instead works with third-party agencies to bill insurance companies or individuals. The ability to retain revenues to offset the costs of medical services would help NPS to provide higher quality patient care with industry-standard equipment and technology. H.R. 3607 allows the Secretary of the Interior to establish and collect fees for medical services provided at national parks.

The following tables provided by NPS show the amounts that were collected for medical services and the amounts allocated to run medical services at each of the eleven units in Fiscal Year (FY) 2016:

Park Name	FY16 Medical Services Collections Deposited
Death Valley National Park	\$21,218
Glen Canyon National Recreation Area	\$47,226
Grand Canyon National Park	\$397,864
Grand Teton National Park	\$135,189
Lake Mead National Recreation Area	0
Mesa Verde National Park	0
Sequoia NP & Kings Canyon National Park	\$6,280
Yellowstone National Park	\$482,000
Yosemite National Park	\$802,231
Zion National Park	\$98,467
TOTAL	\$1,990,475

Park Name	FY16 Medical Services Obligations
Death Valley National Park	\$132,742
Glen Canyon National Recreation Area	\$113,000
Grand Canyon National Park	\$397,364
Grand Teton National Park	\$400,842
Lake Mead National Recreation Area	\$65,733
Mesa Verde National Park	0
Sequoia NP & Kings Canyon National Park	\$182,000
Yellowstone National Park	\$806,375
Yosemite National Park	\$1,735,871
Zion National Park	\$162,547
TOTAL	\$3,996,474

COMMITTEE ACTION

H.R. 3607 was introduced on July 28, 2017, by Congressman Tom McClintock (R-CA). The bill was referred to the Committee on Natural Resources, and within the Committee to the Subcommittee on Federal Lands. On October 11, 2017, the Subcommittee held a hearing on the legislation. On November 29, 2017, the Natural Resources Committee met to consider the bill. The Subcommittee was discharged by unanimous consent. Congressman Tom McClintock offered an amendment designated #1; it was adopted by unanimous consent. No further amendments were offered, and the bill, as amended, was ordered favorably reported to the House of Representatives by unanimous consent on November 30, 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, February 7, 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 H.R. 3607, a bill to authorize the Secretary of the Interior to establish fees for medical services provided in units of the National Park System, and for other purposes.

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

Sincerely,

KEITH HALL
Director.

Enclosure.

H.R. 3607—A bill to authorize the Secretary of the Interior to establish fees for medical services provided in units of the National Park System, and for other purposes

H.R. 3607 would authorize (but not require) the National Park Service (NPS) to collect fees for medical services provided within the National Park System in addition to any payments it already receives for such services. The bill would establish a separate fund in the Treasury in which to deposit those new collections. Under

the bill, the deposited amounts would be available to the NPS to the extent provided in advance by appropriation acts for medical services within the National Park System and to upgrade medical facilities and equipment.

According to the NPS, the agency typically contracts out the operation of its medical clinics, but operates medical clinics in 11 system units where third parties choose not to compete for contracts to do that work. The NPS pays for medical costs at those facilities, which total about \$4 million a year, using a mix of appropriated funds and direct spending of collections from park entrance fees and concession franchise fees. CBO expects that under the bill, the NPS would continue to operate clinics using funds from the same sources, in addition to any amounts that would be collected under this bill and thereafter appropriated.

Under current law, the NPS does not have the authority to retain and spend payments it receives for medical services from people or insurance providers. Those offsetting receipts (about \$2 million a year) are treated as reductions in direct spending and deposited into the general fund of the Treasury.

Enacting H.R. 3607 could increase offsetting receipts. How or whether the proposed fees would be collected is unclear, however CBO estimates that those increases would not be significant. Because enacting the bill could affect direct spending, pay-as-you-go procedures apply. Enacting the bill would not affect revenues.

CBO expects that the NPS would incur administrative costs associated with collecting those fees. Based on the costs for similar activities, CBO estimates that those costs would be less than \$500,000 annually; such spending would be subject to the availability of appropriated funds. Any appropriation of the newly collected funds also would increase spending by less than \$500,000, CBO estimates.

CBO estimates that enacting H.R. 3607 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 3607 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

The CBO staff contact for this estimate is Janani Shankaran. The estimate was approved by H. Samuel Papenfuss, Deputy 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 authorize the Secretary of the Interior to establish fees for medical services provided in units of the National Park System.

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.

