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HEALTH CARE ACCESS FOR URBAN NATIVE VETERANS ACT OF 2019

DECEMBER 18, 2019.—Ordered to be printed

Mr. HOEVEN, from the Committee on Indian Affairs,
submitted the following

R E P O R T

[To accompany S. 2365]

[Including cost estimate of the Congressional Budget Office]

The Committee on Indian Affairs, to which referred the bill, S. 2365, 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

The bill is intended to authorize the U.S. Departments of Veterans Affairs (VA) and Defense (DOD) to enter into reimbursement agreements with urban Indian organizations (UIOs) for direct health care services provided to eligible beneficiaries of either Department.

BACKGROUND AND NEED FOR LEGISLATION

The Indian Health Service (IHS) provides primary health care and public health services to an estimated 2.6 million American Indians and Alaska Natives through a network of 605 facilities located in 37 states. Operation of these facilities fall into one of three categories of health care facilities: federally-operated, Tribally-operated, and UIO-operated.¹ UIOs operate 40 facilities and serve more

¹Under the *Indian Relocation Act of 1956*, Native communities saw federal policy push massive numbers of Tribal members off the reservation to urban centers for the first time. By the

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than 75,000 IHS patients each year.² However, the three branches of IHS do not have equal access to federal Indian health resources—including reimbursements from the VA for direct health care provided by IHS facilities to eligible beneficiaries.

Section 405 of the *Indian Health Care Improvement Act* (IHCIA) authorizes the VA to reimburse federally-operated and Tribally-operated IHS facilities for any services they provide to Native VA-eligible beneficiaries. VA has entered into one national reimbursement agreement that covers 74 federally-operated IHS facilities and 114 individual reimbursement agreements with tribally-operated IHS sites using this authority since 2012.³ Between August 2012 and September 2019, the Department reimbursed these IHS facilities over \$104 million for services provided to 10,645 Native veterans.

However, because IHCIA Section 405 does not explicitly reference UIO reimbursements, these facilities are legally excluded from receiving them.⁴

SUMMARY OF THE BILL

The bill, S. 2365, amends IHCIA Section 405 to explicitly reference UIOs. This amendment will make UIOs eligible to enter into reimbursement agreements with the VA and DOD for health care services provided by UIOs to eligible VA and DOD beneficiaries. It will also authorize the VA and DOD to reimburse UIOs through these reimbursement agreements.

LEGISLATIVE HISTORY

On July 31, 2019, Senators Udall, Tester, Moran, Rounds, and Smith introduced S. 2365, the *Health Care Access for Urban Native Veterans Act*. Senators Duckworth, Sinema, McSally joined the bill as additional co-sponsors on October 30, November 20, and December 10, 2019, respectively.

On November 20, 2019, the Committee on Indian Affairs held a legislative hearing on S. 2365. At this legislative hearing, the honorable Robert Wilkie, VA Secretary, testified in support of the bill. Additionally, IHS Deputy Director RADM Chris Buchanan testified to the need for the legislation.

On December 11, 2019, the Committee on Indian Affairs of the Senate met at a duly called business meeting to consider two bills, including S. 2365. No Committee Members filed amendments to S. 2365. The Committee passed both bills, including S. 2365, by voice vote and ordered the bills reported favorably.

1970s, 45% of AIANs lived in urban areas—up from a mere 8% in the 1940s. This forced diaspora led tribal leaders to call for the establishment and inclusion of UIOs within the IHS system in 1976.

² U.S. Dep't of Health and Human Services, *Fiscal Year 2020 Indian Health Service Justification of Estimates for Appropriations Committees* CJ-140 (2019) (https://www.ihs.gov/sites/budgetformulation/themes/response2017/display_objects/documents/FY2020CongressionalJustification.pdf).

³ *Oversight/Legislative Hearing on "Recognizing the Sacrifice: Honoring a Nation's Promise to Native Veterans" and to receive testimony on S.1001 and S.2365 Before the S. Comm. on Indian Affairs*, 116th Cong. (2019) (statement of Robert L. Wilkie, Sec'y, U.S. Dep't of Veterans Affairs).

⁴ *Oversight/Legislative Hearing on "Recognizing the Sacrifice: Honoring a Nation's Promise to Native Veterans" and to receive testimony on S. 1001 and S. 2365 Before the S. Comm. on Indian Affairs*, 116th Cong. (2019) (statements of Robert L. Wilkie, Sec'y, U.S. Dep't of Veterans Affairs, & RADM Chris Buchanan, Dep. Director, Indian Health Service, U.S. Dep't of Health and Human Services).

On August 2, 2019, Representatives Khanna, Gosar, Haaland, Gianforte, Lujan, Young, Moore, Bacon, Tonko, and Estes introduced a companion bill, H.R. 4135, the *Health Care Access for Urban Native Veterans Act*, which the House of Representatives referred to the Committees on Natural Resources and Energy and Commerce. Representatives Gallego, Blumenauer, Kilmer, Hastings, O'halleran, Cook, Roybal-Allard, Fitzpatrick, Kirkpatrick, McMorris Rodgers, Cole, DeGette, Aguilar, Mullin, Joyce, and Sewell have since joined the H.R. 4135 as additional co-sponsors.

On August 21, 2019, the Committee on Natural Resources referred the identical companion bill, H.R. 4153, to the Subcommittee for Indigenous Peoples of the United States. The Subcommittee held a hearing on the bill on September 19, 2019, but has taken no further action since that time.

SECTION-BY-SECTION ANALYSIS

Section 1. Short title

Section 1 states S. 2365 may be cited as the “Health Care Access for Urban Native Veterans Act of 2019.”

Section. 2. Sharing agreements with Federal agencies

Section 2 amends IHCIA section 405 to insert “urban Indian organizations,” “an urban Indian organization,” before “and tribal organizations” in subsections (a)(1) and (c).

COST AND BUDGETARY CONSIDERATIONS

The following cost estimate, was provided by the Congressional Budget Office via email dated December 17th, 2019.

To expedite the filing of the Committee report, CBO Directors Robert Stewart and Ann Futrell, provided the following statement. *CBO estimates that the bill would have no effect on direct spending or revenues.*

REGULATORY AND PAPERWORK IMPACT STATEMENT

Paragraph 11(b) of rule XXVI of the Standing Rules of the Senate requires each report accompanying a bill to evaluate the regulatory and paperwork impact that would be incurred in carrying out the bill. The Committee believes that S. 2365 will have minimal impact on regulatory or paperwork requirements.

EXECUTIVE COMMUNICATIONS

The Committee has received no communications from the Executive Branch regarding S. 2365.

CHANGES IN EXISTING LAW

On February 6, 2019, the Committee unanimously approved a motion to waive subsection 12 of rule XXVI of the Standing Rules of the Senate. In the opinion of the Committee, it is necessary to dispense with subsection 12 of rule XXVI of the Standing Rules of the Senate to expedite the business of the Senate.