

## Calendar No. 80

118TH CONGRESS }  
1st Session }

SENATE

{ REPORT  
{ 118-34

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### URBAN INDIAN HEALTH CONFER ACT

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MAY 30, 2023.—Ordered to be printed

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

### R E P O R T

[To accompany S. 460]

[Including cost estimate of the Congressional Budget Office]

The Committee on Indian Affairs, to which was referred the bill (S. 460) 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

The purpose of S. 460 is to amend the *Indian Health Care Improvement Act* (IHCIA) to require the Department of Health and Human Services (HHS) and its agencies and offices to confer with urban Indian organizations (UIOs)<sup>1</sup> regarding matters that would impact health care for American Indians and Alaska Natives (AIANs) living in urban areas.

#### BACKGROUND

The Indian Health Service (IHS) supports contracts and grants to 41 UIO programs in cities across the nation to ensure the highest possible health status for urban AIANs and provide resources

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<sup>1</sup>The term “urban Indian organization” refers to a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities. 25 U.S.C. § 1603(29).

necessary to effect that policy pursuant to the IHCIA.<sup>2</sup> UIOs are a critical part of the three-prong IHS system, which also includes direct service IHS facilities and Tribal programs, and they provide health care services to most AIANs.<sup>3</sup>

“Urban confer” is an adaptation of the government-to-government Tribal consultation process between Tribes and the federal government. It allows IHS to engage with UIOs to ensure the United States is fulfilling its trust responsibility to AIANs living in urban areas. Congress first established IHS’s UIO confer policy through reauthorization of the IHCIA in 2010.<sup>4</sup>

#### NEED FOR LEGISLATION

S. 460 would expand the urban confer process and require all agencies and offices within HHS to confer with UIOs on policies and initiatives related to healthcare for urban AIANs, furthering the fulfillment of the trust responsibility to urban AIANs.

#### SUMMARY OF THE BILL

This bill requires HHS and agencies and offices within the Department to confer with UIOs on issues concerning the IHCIA and other provisions of law relating to Indian health care.

#### LEGISLATIVE HISTORY

Senators Smith (D–MN) and Mullin (R–OK) introduced S. 460 on February 15, 2023. It was referred to the Committee on the same day. On March 23, 2023, Senator Luján joined S. 460 as a cosponsor. On March 29, 2023, the Committee met at a duly convened business meeting to consider S. 460 with three other bills. The Committee passed three of the four bills, including S. 460, en bloc by voice vote and ordered the bills to be reported favorably.

Representatives Grijalva (D–NM), Stansbury (D–NM), and Davids (D–KS), introduced H.R. 630, an identical bill, on January 30, 2023. On the same day, it was referred to the House Committee on Natural Resources (HNR) and the House Committee on Energy and Commerce (E&C). On February 21, 2023, the bill was further referred to the HNR Subcommittee on Indian and Insular Affairs. Representatives Stansbury (D–NM), Davids (D–KS), Case (D–HI), McCollum (D–MN), Lee (D–CA), Cohen (D–TN), Huffman (D–CA), Leger Fernandez (D–NM), Stanton (D–AZ), Bonamici (D–OR), Smith (D–WA), Hayes (D–CT), Peltola (D–AK), García (D–IL), and Kilmer (D–WA) and Delegate Holmes Norton (D–DC) subsequently joined as cosponsors.

*117th Congress.* On September 10, 2021, Representatives Grijalva (D–AZ), McCollum (D–MN), Cole (R–OK), Bass (D–CA), and Young (R–AK), and Delegate Holmes Norton (D–DC) introduced H.R. 5221, the *Urban Indian Health Confer Act*. The House of Representatives referred the bill to HNR and E&C on the same day. On September 13, 2021, H.R. 5221 was further referred to the HNR Subcommittee for Indigenous Peoples of the United States

<sup>2</sup> 25 U.S.C. § 1602(1).

<sup>3</sup> Seventy percent of AIAN people reportedly live outside of Tribal jurisdictions. *Legislative Hearing on H.J. Res. 55, H.R. 441, H.R. 2402, H.R. 4881, and H.R. 5221 Before the H. Subcomm. on Indigenous Peoples of the U.S., H. Comm. on Natural Resources*, 117th Cong. (2021) (statement of Walter Murillo, President, National Council of Urban Indian Health).

<sup>4</sup> 25 U.S.C. § 1660d.

(SCIP) and the E&C Subcommittee on Health. Representatives Joyce (R–OH), Gallego (D–AZ), Huffman (D–CA), García (D–IL), and Smith (D–WA) subsequently joined the bill as co-sponsors.

On October 5, 2021, SCIP held a legislative hearing. Representatives Cohen (D–TN), Davids (D–KS), Leger Fernandez (D–NM), Bonamici (D–OR), and Stansbury (D–NM) subsequently joined H.R. 5221 as cosponsors. On October 13, 2021, SCIP discharged the bill, and on the same day, HNR held a mark-up session and ordered H.R. 5221 to be reported by unanimous consent. Representatives Case (D–HI), Stanton (D–AZ), Mullin (R–OK), and Hayes (D–CT) subsequently joined the bill as cosponsors.

On November 1, 2021, HNR reported H.R. 5221, and E&C discharged the bill, which was then placed on the Union Calendar. On November 2, 2021, pursuant to H. Res. 486, the House passed H.R. 5221 under suspension of the rules.

The Senate received the bill on November 3, 2021 and referred the matter to the Senate Committee on Indian Affairs. On July 20, 2022, the Committee held a hearing on H.R. 5221. It took no further action on the bill before the conclusion of the 117th Congress.

Senators Smith (D–MN) and Lankford (R–OK) introduced S. 4323, an identical companion bill, on May 26, 2022. The Senate referred the bill to the Committee on Indian Affairs on the same day. The Committee took no further action on S. 4323 before the conclusion of the 117th Congress.

#### SECTION-BY-SECTION ANALYSIS OF S. 460 AS ORDERED REPORTED

##### *Section 1—Short title*

This section sets forth the short title as the “Urban Indian Health Confer Act.”

##### *Section 2—Urban Indian Organization Confer Policy*

This section amends section 514 of the Indian Health Care Improvement Act to direct the Secretary of the Interior to confer, to the maximum extent practicable, with urban Indian organizations in carrying out the requirements of the Act and other laws relating to Indian health care.

## COST AND BUDGETARY CONSIDERATIONS

<b>S. 460, Urban Indian Health Confer Act</b>			
<b>As ordered reported by the Senate Committee on Indian Affairs on March 29, 2023</b>			
By Fiscal Year, Millions of Dollars	2023	2023-2028	2023-2033
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	not estimated
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2034?	No	Statutory pay-as-you-go procedures apply?	No
		<b>Mandate Effects</b>	
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2034?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between -\$500,000 and \$500,000.			

S. 460 would require the Department of Health and Human Services (HHS) to confer with urban Indian organizations regarding matters pertaining to the Indian Health Care Improvement Act and other provisions of law relating to Indian health care. According to the Indian Health Service (IHS), there are 41 urban Indian organizations that provide primary care services to urban Indian populations and others in 22 states nationwide. The urban Indian organizations are not part of the IHS service delivery network but receive grant funding from IHS. Current law only requires IHS to confer with urban Indian organizations and the bill would require other agencies within HHS to confer with them as well. CBO estimates that enacting S. 460 would not affect direct spending or revenues and would have an insignificant effect on spending subject to appropriation for HHS staff to confer periodically with urban Indian organizations.

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

PHILLIP L. SWAGEL,  
*Director, Congressional Budget Office.*

## 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. 460 will have minimal impact on regulatory or paperwork requirements.

## EXECUTIVE COMMUNICATIONS

The Committee has received no communications from the Executive Branch regarding S. 460.

CHANGES IN EXISTING LAW

On February 11, 2021, 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.

