

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
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
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						2020-2025
	2020	2021	2022	2023	2024	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.