

H.R. 4908, Native American Veteran Parity in Access to Care Today Act
 As ordered reported by the House Committee on Veterans' Affairs on July 30, 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)	0	62	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

H.R. 4908 would waive copayments for health care received by Native American veterans through the Department of Veterans Affairs (VA). That waiver would take effect one year after enactment.

Under current law, VA waives copayments for veterans in several circumstances:

- They have a severe service-connected or catastrophic disability;
- Their income is less than certain thresholds; or
- They meet other special criteria, such as being a former prisoner of war.

According to the Indian Health Service, about 21,000 Native American veterans receive treatment from VA each year. Using data from the department, CBO estimates that each year VA collects copayments totaling about \$6 million (or about \$330 per person) from those veterans. The collections are deposited into the Medical Care Collections Fund and, subject to appropriation, are spent to partially offset the cost of their medical care.

As a result of the forgone copayments, and in order to match the level of care that the department provides under current law, CBO estimates that VA would need additional appropriations of \$25 million over the 2022-2025 period.

Furthermore, CBO expects that under the bill Native American veterans would use more VA-funded medical care. CBO estimates that, under current law, the average annual cost for

medical care, net of copayments, is about \$10,800 per veteran. Using information from the Congressional Research Service on the change in demand that results from lower out-of-pocket costs, CBO estimates that costs for those veterans would increase by 4.4 percent, to about \$11,300. As a result, CBO estimates, health care costs would increase by \$37 million over the 2020-2025 period.

In total, CBO estimates implementing H.R. 4908 would cost \$62 million over the 2020-2025 period, assuming appropriation of the necessary amounts (see Table 1).

Table 1.
Estimated Increases in Spending Subject to Appropriation Under H.R. 4908

	By Fiscal Year, Millions of Dollars						2020-2025
	2020	2021	2022	2023	2024	2025	
Estimated Authorization	0	0	16	16	16	16	64
Estimated Outlays	0	0	14	16	16	16	62

The CBO staff contact for this estimate is Ann E. Futrell. The estimate was reviewed by Leo Lex, Deputy Director of Budget Analysis.