

H.R. 6237, Proper and Reimbursed Care for Native Veterans Act As ordered reported by the House Committee on Natural Resources on July 29, 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	40	not estimated							
Statutory pay-as-you-go procedures apply?	No	Mandate Effects								
Increases on-budget deficits in any	No	Contains intergovernmental mandate? No								
of the four consecutive 10-year periods beginning in 2031?	No	Contains private-sector manda	nte? No							

H.R. 6237 would require the Department of Veterans Affairs (VA) to pay for health care and related services provided to Native American veterans at certain nonfederal facilities as authorized by the Indian Health Service (IHS) and certain tribal health programs. Under current law, VA reimburses those entities for care only if it is provided at their own facilities.

In 2019, VA paid about \$20 million to IHS and the tribal medical facilities for health care provided directly to roughly 5,300 Native American veterans. Using information from IHS about health care obtained through contracts with other medical providers, CBO estimates that VA's costs would increase by about one-third—or by about \$8 million each year. Thus, CBO estimates that additional reimbursements to IHS and tribal medical facilities would total \$40 million over the 2020-2025 period; such spending would be subject to the appropriation of the necessary amounts (see Table 1).

Table 1. Estimated Increases in Spending Subject to Appropriation Under H.R. 6237										
	By Fiscal Year, Millions of Dollars									
	2020	2021	2022	2023	2024	2025	2020-2025			
Estimated Authorization Estimated Outlays	0 0	7 7	8 8	8 8	8 8	9	40 40			

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