

H.R. 5221, Urban Indian Health Confer Act

As ordered reported by the House Committee on Natural Resources on October 13, 2021

By Fiscal Year, Millions of Dollars	2021	2021-2026	2021-2031
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	*
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 2032?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 5221 would require the Secretary of Health and Human Services (HHS) to ensure that the Indian Health Service (IHS) and other agencies within HHS confer with Urban Indian Health Programs (UIHPs), to the maximum extent practicable, on matters relating to carrying out the Indian Health Care Improvement Act and other provisions of law relating to Indian health care. UIHPs are health care organizations that are grantees of IHS but are not considered federal entities nor part of the IHS system. There are currently 41 UIHP clinics that provide primary care services to a mix of Indian and non-Indian patients. CBO estimates that enacting H.R. 5221 would not affect direct spending or revenues and would have an insignificant effect on spending subject to appropriation for IHS and other agencies' staff to confer with representatives of UIHPs as needed.

The CBO staff contact for this estimate is Robert Stewart. The estimate was reviewed by Leo Lex, Deputy Director for Budget Analysis.