



**CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE**

September 12, 2016

**S. 2417
Tribal Veterans Health Care Enhancement Act**

*As reported by the Senate Committee on Indian Affairs
on June 8, 2016*

S. 2417 would allow the Indian Health Service (IHS) to cover the cost of any copayment assessed by the Department of Veterans Affairs (VA) to an eligible Indian veteran who is referred to the VA for treatment. Based on an analysis of information from an IHS report regarding Indian veterans, CBO estimates that there would be, on average, about 5,000 Indian veterans treated annually at IHS facilities over the 2017 to 2021 period. Some of these Indian veterans would be referred to VA health facilities for more complex care that could not be provided at IHS facilities. A small percentage of those referred veterans would make copayments to the VA based on their VA priority group. Using information provided by the VA regarding the collection of copayments from veterans, CBO estimates that S. 2417 would cost less than \$500,000 over the 2017 to 2021 period; such spending would be subject to the availability of appropriated funds. Enacting S. 2417 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting S. 2417 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

S. 2417 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments. American Indian and Alaska Native military veterans would benefit from provisions in the bill that authorize copayments for medical treatment received from the VA.

The CBO staff contact for this estimate is Robert Stewart. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.