



CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

November 9, 1999

S. 979

Tribal Self-Governance Amendments of 1999

As ordered reported by the Senate Committee on Indian Affairs on October 27, 1999

CBO estimates that implementing S. 979 would cost less than \$500,000 in each of fiscal years 2000 through 2004, assuming appropriation of the necessary funds. Because enacting the bill would not affect direct spending or receipts, pay-as-you-go procedures would not apply. The legislation contains no intergovernmental or new private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

S. 979 would amend the Indian Self-Determination and Education Assistance Act to establish a permanent tribal self-governance program within the Indian Health Service (IHS). Under existing demonstration authority, the IHS and tribes enter into funding agreements whereby a tribe assumes administrative and programmatic duties that were previously performed by the federal government. Because the current demonstration authority does not end until 2006, and because the provisions of the new permanent program would not be significantly different from those governing the demonstration program, CBO estimates that establishing a permanent program would have no federal budgetary impact during fiscal years 2000 through 2004. Under the existing demonstration program, the IHS may select 30 new tribes each year to participate. S. 979 would raise that number to 50. Because in recent years fewer than 10 new tribes each year have become eligible to participate, CBO expects that the change in law would have no effect on participation.

S. 979 would authorize appropriations for fiscal years 2000 and 2001 for the IHS to conduct a study and report to the Congress on the feasibility of a demonstration project that would expand self-governance compacts to include programs operated by other agencies of the Department of Health and Human Services (HHS). CBO estimates that this study would cost less than \$250,000. In addition, the bill would require the Secretary of HHS to submit an annual report on the implementation of the Indian Self-Determination and Education Assistance Act, with an emphasis on contract support costs. Because the Secretary already prepares this report each year, CBO estimates that the requirement would not result in additional costs.

S. 979 would allow Indian tribes to store their patient records at Federal Records Centers. CBO expects that very few tribes would take advantage of this option and that increased costs to the Federal Records Centers would be less than \$500,000 in each of fiscal years 2000 through 2004.

Finally, S. 979 would give Indian tribes carrying out self-governance contracts the same right as the United States under the Medical Care Recovery Act (42 U.S.C. 2651) to recover from liable third parties the reasonable value of care the tribe provided. The bill also specifies that amounts recovered under that authority would be retained by the tribe (an authority that exists in current law under section 207(a) of the Indian Health Care Improvement Act). CBO assumes that any additional amounts the tribes recover and the related spending of these amounts would not be considered part of the federal budget.

The CBO staff contact is Dorothy Rosenbaum. This estimate was approved by Robert A. Sunshine, Assistant Director for Budget Analysis.