



CONGRESSIONAL BUDGET OFFICE
COST ESTIMATE

August 27, 1999

H.R. 1167
Tribal Self-Governance Amendments of 1999

As ordered reported by the House Committee on Resources on June 9, 1999

CBO estimates that H.R. 1167 would increase authorizations of appropriations by less than \$500,000 in each of fiscal years 2000 through 2004. 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 private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

H.R. 1167 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 current law, CBO estimates that establishing a permanent program would have no federal budgetary impact over fiscal years 1999 to 2004. Under the existing demonstration program, IHS may select 30 new tribes each year to participate. Under the bill, the number would be raised to 50. Because in recent years fewer than 10 new tribes each year have become eligible to participate, CBO assumes that this change in law would have no effect.

H.R. 1167 would authorize appropriations for fiscal years 2000 and 2001 for the IHS to conduct a study and report to Congress on the feasibility of a demonstration project that would expand self-governance compacts to include programs operated by agencies of the Department of Health and Human Services other than the IHS. CBO estimates that this study would cost less than \$250,000.

H.R. 1167 would allow Indian tribes to store their patient records at Federal Records Centers. CBO assumes 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.

The CBO staff contact for this estimate is Dorothy Rosenbaum. This estimate was approved by Paul N. Van de Water, Assistant Director for Budget Analysis.