

THREE AFFILIATED TRIBES HEALTH FACILITY COMPENSATION ACT

JUNE 3, 2004.—Ordered to be printed

Mr. POMBO, from the Committee on Resources,
submitted the following

R E P O R T

[To accompany S. 1146]

[Including cost estimate of the Congressional Budget Office]

The Committee on Resources, to whom was referred the bill (S. 1146) to implement the recommendations of the Garrison Unit Joint Tribal Advisory Committee by providing authorization for the construction of a rural health care facility on the Fort Berthold Indian Reservation, North Dakota, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

PURPOSE OF THE BILL

The purpose of S. 1146 is to implement the recommendations of the Garrison Unit Tribal Advisory Committee by providing authorization for the construction of a rural health care facility on the Fort Berthold Indian Reservation, North Dakota.

BACKGROUND AND NEED FOR LEGISLATION

S. 1146 authorizes appropriations for a \$20 million health care facility on the Fort Berthold Reservation, the reservation for the Mandan, Hadatsa, and Arikara Nations (also known as the Three Affiliated Tribes). Construction of the facility would fulfill a recommendation by the Garrison Unit Tribal Advisory Committee, which was formed to study how to compensate the Three Affiliated Tribes for loss of property and infrastructure from a flood caused by the federal Garrison Dam and Reservoir project in the 1940s. When the dam project was being built, hundreds of families representing 80% of the tribe were forced to relocate as 150,000 acres of the Fort Berthold Indian Reservation were flooded. The flood

also destroyed infrastructure, including a U.S. Public Health Service hospital.

One of the Advisory Committee's recommendations was to replace the health care facility. S. 1146 authorizes the construction of, and related expenses for, a rural health care facility on the Fort Berthold Reservation.

COMMITTEE ACTION

S. 1146 was introduced on May 23, 2003, by Senator Kent Conrad (D-ND). The Senate passed S. 1146 with an amendment by unanimous consent on October 27, 2003. The bill was referred to the Committee on Resources and in addition to the Committee on Energy and Commerce. On May 19, 2004, the Full Resources Committee met to consider the bill. No amendments were offered and the bill was ordered favorably reported to the House of Representatives by unanimous consent.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

Regarding clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee on Resources' oversight findings and recommendations are reflected in the body of this report.

CONSTITUTIONAL AUTHORITY STATEMENT

Article I, section 8 of the Constitution of the United States grants Congress the authority to enact this bill.

COMPLIANCE WITH HOUSE RULE XIII

1. Cost of Legislation. Clause 3(d)(2) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison by the Committee of the costs which would be incurred in carrying out this bill. However, clause 3(d)(3)(B) of that rule provides that this requirement does not apply when the Committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act of 1974.

2. Congressional Budget Act. As required by clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the Congressional Budget Act of 1974, this bill does not contain any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

3. General Performance Goals and Objectives. As required by clause 3(c)(4) of rule XIII, the general performance goal or objective of this bill is to implement the recommendations of the Garrison Unit Joint Tribal Advisory Committee by providing authorization for the construction of a rural health care facility on the Fort Berthold Indian Reservation, North Dakota.

4. Congressional Budget Office Cost Estimate. Under clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 403 of the Congressional Budget Act of 1974, the Committee has received the following cost estimate for this bill from the Director of the Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 26, 2004.

Hon. RICHARD W. POMBO,
*Chairman, Committee on Resources,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1146, the Three Affiliated Tribes Health Facility Compensation Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Eric Rollins.

Sincerely,

ELIZABETH M. ROBINSON
(For Douglas Holtz-Eakin).

Enclosure.

S. 1146—Three Affiliated Tribes Health Facility Compensation Act

Summary: S. 1146 would authorize the appropriation of \$20 million for the construction of a new hospital on the Fort Berthold Indian Reservation in North Dakota. The act also would authorize the appropriation of such sums as necessary for other expenses—such as operating costs—associated with the new facility.

CBO estimates that implementing S. 1146 would cost \$2 million in 2005 and \$57 million over the 2005–2009 period, assuming appropriation of the necessary funds. These costs would be borne by the Indian Health Service (IHS), which would construct and operate the new hospital. The act would have no effect on direct spending or revenues.

S. 1146 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would impose no costs on state, local, or tribal governments.

Estimated cost to the Federal Government: The estimated budgetary impact of S. 1146 is shown in the following table. The costs of this legislation fall within budget function 550 (health). For this estimate, CBO assumes that S. 1146 would be enacted by the end of the fiscal year 2004.

By fiscal year, in millions of dollars—					
	2005	2006	2007	2008	2009
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Construction of new hospital:					
Estimated authorization level	1	1	12	6	0
Estimated outlays	1	1	12	6	0
Construction of staff quarters:					
Estimated authorization level	1	1	12	5	0
Estimated outlays	1	1	12	5	0
Equipment and furnishings:					
Estimated authorization level	0	0	0	3	0
Estimated outlays	0	0	0	3	0
Operating costs:					
Estimated authorization level	0	0	0	5	10
Estimated outlays	0	0	0	5	10
Total spending under S. 1146:					
Estimated authorization level	2	2	24	19	10
Estimated outlays	2	2	24	19	10

Basis of estimate: CBO estimates that implementing S. 1146 would cost a total of \$57 million over the 2005–2009 period, assuming appropriation of the necessary funds. Construction of the new hospital would cost \$20 million over that period, while related costs would total \$37 million.

Construction of new hospital

S. 1146 would authorize the appropriation of \$20 million for a new hospital on the Fort Berthold Indian Reservation in North Dakota. Based on the Indian Health Service's experience in building other hospitals, CBO assumes that planning and design for the new hospital would take place during 2005 and 2006, and that construction would begin in 2007 and be completed in 2008. CBO estimates that costs for these activities would be \$1 million in both 2005 and 2006, \$12 million in 2007, and \$6 million in 2008.

Construction of staff quarters

In addition to the hospital itself, IHS also would have to build living quarters for hospital staff. Based on information from IHS, CBO estimates that the cost of these quarters would total about \$19 million, CBO assumes that these quarters would be built at the same time as the hospital, with costs of \$1 million in both 2005 and 2006, \$12 million in 2007, and \$5 million in 2008.

Equipment and furnishings

Based on information from IHS, CBO estimates that the purchase of medical equipment and furnishings for the new hospital would cost \$3 million in 2008.

Operating costs

Based on information from IHS, CBO estimates that staffing and maintenance costs for the new hospital would total \$5 million in 2008 and \$10 million in 2009. Costs in 2008 would be lower because CBO assumes that the new hospital would be open for only part of the year.

Intergovernmental and Private-Sector Impact: S. 1146 contains no intergovernmental or private-sector mandates as defined in UMRA and would impose no costs on state, local, or tribal governments.

Previous CBO estimate: On September 22, 2003, CBO transmitted a cost estimate for S. 1146 as ordered reported by the Senate Committee on Indian Affairs on July 16, 2003. The two versions of the legislation and their estimated costs are identical, except that CBO's estimate for the version approved by the House Committee on Resources reflects a later assumed enactment date, with likely costs over the 2005–2009 period (while the earlier estimate showed costs over the 2004–2008 period).

Estimate prepared by: Federal Costs: Eric Rollins. Impact on state, Local, and Tribal governments: Leo Lex. Impact on the Private Sector: Selena Caldera.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

COMPLIANCE WITH PUBLIC LAW 104–4

This bill contains no unfunded mandates.

PREEMPTION OF STATE, LOCAL OR TRIBAL LAW

This bill is not intended to preempt any state, local or tribal law.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

**THREE AFFILIATED TRIBES AND STANDING ROCK
SIOUX TRIBE EQUITABLE COMPENSATION ACT**

TITLE XXXV—THREE AFFILIATED TRIBES AND STANDING ROCK SIOUX TRIBE EQUITABLE COMPENSATION PROGRAM, NORTH DAKOTA

SEC. 3501. SHORT TITLE.

This title may be cited as the “Three Affiliated Tribes and Standing Rock Sioux Tribe Equitable Compensation Act”.

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SEC. 3504. FUNDS.

(a) * * *

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(c) *AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section.*

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[SEC. 3511. AUTHORIZATION.

[There are authorized to be appropriated such sums as may be necessary to carry out the provisions of section 3504 of this title.]

SEC. 3511. RURAL HEALTH CARE FACILITY, FORT BERTHOLD INDIAN RESERVATION, NORTH DAKOTA.

There are authorized to be appropriated to the Secretary of Health and Human Services \$20,000,000 for the construction of, and such sums as are necessary for other expenses relating to, a rural health care facility on the Fort Berthold Indian Reservation of the Three Affiliated Tribes, North Dakota.