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INDIAN HEALTH AMENDMENTS OF 1992

JULY 28, 1992.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

REPORT

[To accompany H.R. 3724 which on November 6, 1991, was referred jointly to the Committee on Interior and Insular Affairs and the Committee on Energy and Commerce]

[Including cost estimate to the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3724) to amend the Indian Health Care Improvement Act to authorize appropriations for Indian health programs, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Indian Health Amendments of 1992".

SEC. 2. AMENDMENTS TO INDIAN HEALTH CARE IMPROVEMENT ACT.

Except as otherwise specifically provided, whenever in this Act a section or other provision is amended or repealed, such amendment or repeal shall be considered to be made to that section or other provision of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

SEC. 3. FINDINGS; POLICY; AND DEFINITIONS.

(a) FINDINGS.—Section 2 of the Act (25 U.S.C. 1601) is amended—

(1) in paragraph (d), by striking out the second sentence; and

(2) by striking out paragraphs (e), (f), and (g).

(b) DECLARATION OF POLICY.—Section 3 of the Act (25 U.S.C. 1602) is amended to read as follows:

"DECLARATION OF HEALTH OBJECTIVES

"SEC. 3. (a) The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.

"(b) It is the intent of the Congress that the Nation meet the following health status objectives with respect to Indians and urban Indians by the year 2000:

"(1) Reduce coronary heart disease deaths to no more than 100 per 100,000.

"(2) Reduce the prevalence of overweight individuals to no more than 30 percent.

"(3) Reduce the prevalence of anemia to less than 10 percent among children aged 1 through 5.

"(4) Reverse the rise in cancer deaths to achieve a rate of no more than 130 per 100,000.

"(5) Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000.

"(6) Slow the rise in deaths from chronic obstructive pulmonary disease to achieve a rate of no more than 25 per 100,000.

"(7) Reduce deaths among men caused by alcohol-related motor vehicle crashes to no more than 44.8 per 100,000.

"(8) Reduce cirrhosis deaths to no more than 13 per 100,000.

"(9) Reduce drug-related deaths to no more than 3 per 100,000.

"(10) Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.

"(11) Reduce to no more than 30 percent the proportion of pregnancies that are unintended.

"(12) Reduce suicide among men to no more than 12.8 per 100,000.

"(13) Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.

"(14) Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents.

"(15) Reduce homicides to no more than 11.3 per 100,000.

"(16) Reduce the incidence of child abuse or neglect to less than 25.2 per 1,000 children under age 18.

"(17) Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples.

"(18) Reduce rape and attempted rape of women aged 12 and older to no more than 107 per 100,000 women.

"(19) Increase years of healthy life to at least 65 years.

"(20) Reduce deaths caused by unintentional injuries to no more than 66.1 per 100,000.

"(21) Reduce deaths caused by motor vehicle crashes to no more than 39.2 per 100,000.

"(22) Among children aged 6 months through 5 years, reduce the prevalence of blood lead levels exceeding 15 ug/dL and reduce to zero the prevalence of blood lead levels exceeding 25 ug/dl.

"(23) Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 45 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15.

"(24) Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 70 percent among adolescents aged 15.

"(25) Reduce to no more than 20 percent the proportion of individuals aged 65 and older who have lost all of their natural teeth.

"(26) Reduce the prevalence of gingivitis aged 35–44 to no more than 50 percent.

"(27) Reduce the infant mortality rate to no more than 8.5 per 1,000 live births.

"(28) Reduce the fetal death rate (20 or more weeks of gestation) to no more than 4 per 1,000 live births plus fetal deaths.

"(29) Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.

"(30) Reduce the incidence of fetal alcohol syndrome to no more than 2 per 1,000 live births.

"(31) Reduce stroke deaths to no more than 20 per 100,000.

"(32) Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000.

"(33) Reduce breast cancer deaths to no more than 20.6 per 100,000 women.

"(34) Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women.

"(35) Reduce colorectal cancer deaths to no more than 13.2 per 100,000.

"(36) Reduce to no more than 11 percent the proportion of individuals who experience a limitation in major activity due to chronic conditions.

"(37) Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000.

"(38) Reduce significant visual impairment to a prevalence of no more than 30 per 1,000.

"(39) Reduce diabetes-related deaths to no more than 48 per 100,000.

"(40) Reduce diabetes to an incidence of no more than 2.5 per 1,000 and a prevalence of no more than 62 per 1,000.

"(41) Reduce the most severe complications of diabetes as follows:

"(A) End-stage renal disease, 1.9 per 1000.

"(B) Blindness, 1.4 per 1000.

"(C) Lower extremity amputation, 4.9 per 1000.

"(D) Perinatal mortality, 2 percent.

"(E) Major congenital malformations, 4 percent.

"(42) Confine annual incidence of diagnosed AIDS cases to no more than 1,000 cases.

"(43) Confine the prevalence of HIV infection to no more than 100 per 100,000.

"(44) Reduce gonorrhea to an incidence of no more than 225 cases per 100,000.

"(45) Reduce Chalmydia trachomatis infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000.

"(46) Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000.

"(47) Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalization for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44.

"(48) Reduce sexually transmitted hepatitis B infection to no more than 30,500 cases.

"(49) Reduce indigenous cases of vaccine-preventable diseases as follows:

"(A) Diphtheria among individuals aged 25 and younger, 0.

"(B) Tetanus among individuals aged 25 and younger, 0.

"(C) Polio (wild-type virus), 0.

"(D) Measles, 0.

"(E) Rubella, 0.

"(F) Congenital Rubella Syndrome, 0.

"(G) Mumps, 500.

"(H) Pertussis, 1000.

"(50) Reduce epidemic-related pneumonia and influenza deaths among individuals aged 65 and older to no more than 7.3 per 100,000.

"(51) Reduce the number of new carriers of viral hepatitis to no more than 1 case.

"(52) Reduce tuberculosis to an incidence of no more than 15 cases per 100,000.

"(53) Reduce bacterial meningitis to no more than 8 cases per 100,000.

"(54) Reduce infectious diarrhea by at least 25 percent among children.

"(55) Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children.

"(56) Reduce pneumonia-related days of restricted activity as follows:

"(A) Individuals aged 65 and older (per 100 people), 38 days.

"(B) Children aged 4 and younger (per 100 children), 24 days.

"(c) Nothing in this section shall be construed to authorize the Secretary to direct an Indian tribe to allocate its health care resources in a specific manner.

"(d) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report on the progress made in each area of the Service toward meeting each of the objectives described in subsection (b).".

(c) DEFINITIONS.—Section 4 of the Act (25 U.S.C. 1603) is amended by adding at the end the following new subsections:

"(m) 'Service area' means the geographical area served by each area office.

"(n) 'Substance abuse' includes inhalant abuse.".

TITLE I—INDIAN HEALTH PROFESSIONALS

SEC. 101. PURPOSE.

Section 101 of the Act (25 U.S.C. 1611) is amended to read as follows:

"PURPOSE

"SEC. 101. The purpose of this title is to increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to Indians, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of primary health care to Indian people.".

SEC. 102. HEALTH PROFESSIONS.

(a) RECRUITMENT PROGRAM.—Section 102(a) of the Act (25 U.S.C. 1612(a)) is amended—

(1) by amending paragraph (1) to read as follows:

"(1) identifying Indians with a potential for education or training in the health professions, especially family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, and mental health; and encouraging and assisting them—

"(A) to enroll in courses of study in such professions; or

"(B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;";

(2) in paragraph (2)—

(A) by striking out "school" both places it appears and inserting in lieu thereof the following: "course of study"; and

(B) by striking out "clause (1)(A)" and inserting in lieu thereof the following: "paragraph (1)"; and

(3) in paragraph (3)—

(A) by striking out "Indians," and inserting in lieu thereof "Indians in,";

(B) by inserting a comma before "courses";

(C) by striking out ", in any school"; and

(D) by striking out "clause (1)(A)" and inserting in lieu thereof the following: "paragraph (1)".

(b) PREPARATORY SCHOLARSHIP PROGRAM.—Section 103 of the Act (25 U.S.C. 1613) is amended—

(1) by amending subsection (a)(2) to read as follows:

"(2) have demonstrated the capability to successfully complete courses of study in the health professions, especially family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, or mental health.";

(2) in subsection (b)(1), by inserting before the period at the end the following: "on a full-time basis (or the part-time equivalent thereof, as determined by the Secretary)";

(3) by amending subsection (b)(2) to read as follows:

"(2) Pregraduate education of any grantee leading to a baccalaureate degree in an approved course of study preparatory to a field of study specified in subsection (a)(2), such scholarship not to exceed 4 years (or the part-time equivalent thereof, as determined by the Secretary).";

(4) in subsection (c), by striking out "full time"; and

(5) by amending subsection (e) to read as follows:

"(e) The Secretary shall not deny scholarship assistance to an eligible applicant under this section solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program.".

(c) HEALTH PROFESSIONS SCHOLARSHIPS.—Section 104 of the Act (25 U.S.C. 1613a) is amended—

(1) in subsection (a)—

(A) by striking out "Indian communities" and inserting in lieu thereof the following: "Indians, Indian tribes, tribal organizations, and urban Indian organizations";

(B) by striking out "full time" and inserting in lieu thereof the following: "full or part time"; and

(C) by striking out "of medicine" and all that follows through "social work" and inserting in lieu thereof the following: "and pursuing courses of study in the health professions, with an emphasis on family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, or mental health";

(2) in subsection (b)—

(A) in paragraph (2)—

(i) by striking out "full time" and inserting in lieu thereof "full or part time"; and

(ii) by striking out "health profession school" and inserting in lieu thereof "course of study";

(B) in paragraph (3)—

(i) by striking "(3)" and inserting "(3)(A)";

(ii) by redesignating subparagraphs (A), (B), (C), and (D) as clauses (i), (ii), (iii), and (iv), respectively; and

(iii) by inserting at the end the following new subparagraph:

"(B) A recipient of an Indian Health Scholarship may, at the election of the recipient, meet the requirements of subparagraph (A) by service in a program specified in such subparagraph that—

"(i) is located on the reservation of the tribe in which the recipient is enrolled; or

"(ii) serves the tribe in which the recipient is enrolled."; and

(C) by adding at the end the following new paragraph:

"(4) In the case of an individual receiving a scholarship under this section who is enrolled part time in an approved course of study—

"(A) such scholarship shall be for a period of years not to exceed the part-time equivalent of 4 years, as determined by the Secretary;

"(B) the period of obligated service specified in section 338A(f)(1)(B)(iv) of the Public Health Service Act (42 U.S.C. 254m(f)(1)(B)(iv)) shall be equal to the greater of—

"(i) the part-time equivalent of one year for each year for which the individual was provided a scholarship (as determined by the Secretary); or

"(ii) two years; and

"(C) the amount of the monthly stipend specified in section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)) shall be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled.";

(3) by amending subsection (c) to read as follows:

"(c) The Secretary shall not deny scholarship assistance to an eligible applicant under this section solely by reason of such applicant's eligibility for assistance or benefits under any other Federal program."; and

(4) by amending subsection (d) to read as follows:

"(d) The Secretary shall, acting through the Service, establish a Placement Office to develop and implement a national policy for the placement, to available vacancies within the Service, of health professionals required to meet the active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) without regard to any competitive personnel system, agency personnel limitation, or Indian preference policy.".

(d) EFFECTIVE DATE.—The amendments made by subsection (c)(1)(C) and subsection (c)(2)(B) shall apply with respect to scholarships granted under section 104 of the Indian Health Care Improvement Act after the date of the enactment of this Act.

(e) EXTERN PROGRAM.—Section 105 of the Act (25 U.S.C. 1614) is amended—

(1) in subsection (a), by striking out "section 757 of the Public Health Service Act" and inserting in lieu thereof "section 104"; and

(2) in subsection (b), by striking out "school of medicine" and all that follows through "health professions" and inserting in lieu thereof "course of study in the health professions, with an emphasis on family medicine, internal medicine, pediatrics, obstetrics and gynecology, nursing, dentistry, or mental health".

SEC. 103. BREACH OF CONTRACT PROVISIONS RELATING TO INDIAN HEALTH SCHOLARSHIPS.

Section 104(b) of the Act (25 U.S.C. 1613a(b)) (as amended by section 102(c) of this Act) is amended by adding at the end the following new paragraph:

"(5)(A) An individual who has, on or after the date of the enactment of this paragraph, entered into a written contract with the Secretary under this section and who—

"(i) fails to maintain an acceptable level of academic standing in the educational institution in which he is enrolled (such level determined by the educational institution under regulations of the Secretary),

"(ii) is dismissed from such educational institution for disciplinary reasons,

"(iii) voluntarily terminates the training in such an educational institution for which he is provided a scholarship under such contract before the completion of such training, or

"(iv) fails to accept payment, or instructs the educational institution in which he is enrolled not to accept payment, in whole or in part, of a scholarship under such contract,

in lieu of any service obligation arising under such contract, shall be liable to the United States for the amount which has been paid to him, or on his behalf, under the contract.

"(B) If for any reason not specified in subparagraph (A) an individual breaches his written contract by failing either to begin such individual's service obligation under this section or to complete such service obligation, the United States shall be entitled to recover from the individual an amount determined in accordance with the formula specified in subsection (l) of section 108 in the manner provided for in such subsection.".

SEC. 104. NURSING.

(a) CONTINUING EDUCATION ALLOWANCES.—Section 106(a) of the Act (25 U.S.C. 1615(a)) is amended by inserting "nurses," after "dentists,".

(b) TRAINING FOR NURSE MIDWIVES AND NURSE PRACTITIONERS.—Section 112 of the Act (25 U.S.C. 1616e) is amended—

(1) in subsection (b)—

(A) at the end of paragraph (4), by striking out "or";

(B) in paragraph (5), by striking out the period at the end and inserting in lieu thereof ", or"; and

(C) by adding at the end the following new paragraph:

"(6) establish and develop clinics operated by nurses, nurse midwives, or nurse practitioners to provide primary health care services to Indians.".

(2) by amending subsection (f) to read as follows:

"(f) Beginning with fiscal year 1992, of the amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not less than $1,000,000 shall be used to provide grants under subsection (a) for the training of nurse midwives and nurse practitioners.".

(c) RETENTION BONUS FOR NURSES.—Section 117 (25 U.S.C. 1610j) of the Act is amended—

(1) by redesignating subsections (b) through (e) as subsections (c) through (f), respectively; and

(2) by adding after subsection (a) the following new subsection (b):

"(b) Beginning with fiscal year 1992, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses.".

(d) RESIDENCY PROGRAM.—Title I of the Act is amended by adding at the end the following new section:

"NURSING RESIDENCY PROGRAM

"SEC. 118. (a) The Secretary, acting through the Service, shall establish a program to enable licensed practical nurses, licensed vocational nurses, and registered nurses

who are working in an Indian health program (as defined in section 108(a)(2)), and have done so for a period of not less than one year, to pursue advanced training.

"(b) Such program shall include a combination of education and work study in an Indian health program (as defined in section 108(a)(2)) leading up to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse) or a bachelor's degree (in the case of a registered nurse).

"(c) An individual who participates in a program under subsection (a), where the educational costs are borne by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to at least three times the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (l) of section 108 in the manner provided for in such subsection.".

SEC. 105. MAINTENANCE OF COMMUNITY HEALTH REPRESENTATIVE PROGRAM.

Section 107(b) of the Act (25 U.S.C. 1616(b)) is amended—

(1) in paragraph (2), in the material preceding subparagraph (A), by inserting "and maintain" after "develop";

(2) in paragraph (2)(B), by adding at the end the following: "with appropriate consideration given to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty,";

(3) in paragraphs (3) and (5), by striking out "develop" each place it appears and inserting in lieu thereof "maintain"; and

(4) in paragraph (4), by striking out "develop and".

SEC. 106. CHANGES TO INDIAN HEALTH SERVICE LOAN REPAYMENT PROGRAM.

(a) ELIGIBILITY REQUIREMENTS.—Section 108 of the Act (25 U.S.C. 1616a(b)) is amended—

(1) in subsection (a)(1), by striking out "physicians," and all that follows through "professionals" and inserting in lieu thereof the following: "health professionals in family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, and mental health"; and

(2) in subsection (b)—

(A) in paragraph (1)(A)—

(i) by amending clause (i) to read as follows:

"(i) in a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or"; and

(ii) in clause (ii), by striking out "medicine" and all that follows through "dentistry," and inserting in lieu thereof the following: "family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, mental health,";

(B) in paragraph (1)(B)—

(i) by inserting "and" at the end of clause (i), by striking out clause (ii), and by redesignating clause (iii) as clause (ii);

(ii) in clause (i), by striking out "medicine, osteopathy, dentistry," and inserting in lieu thereof the following: "family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, mental health,"; and

(iii) in clause (ii) (as redesignated by clause (i) of this subparagraph), by striking out "medicine, osteopathy, dentistry," and inserting in lieu thereof the following: "family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing, dentistry, mental health,"; and

(C) in paragraph (2), by inserting "and" at the end of subparagraph (D), by striking out paragraphs (3) and (4), and by inserting after paragraph (2) the following:

"(3) submit to the Secretary an application for a contract described in subsection (f).".

(b) PRIORITY.—Section 108(d) of the Act (25 U.S.C. 1616a(d)) is amended—

(1) in paragraph (1), by striking out "The" and inserting in lieu thereof "Consistent with paragraph (3), the"; and

(2) by adding at the end the following new paragraph:

"(3)(A) Subject to subparagraph (B), beginning with fiscal year 1992, of the total amounts appropriated for each fiscal year for loan repayment contracts under this section, the Secretary shall provide that—

"(i) not less than 25 percent be provided to applicants who are nurses, nurse practitioners, or nurse midwives; and

"(ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)).

"(B) The requirements specified in clause (i) or clause (ii) of subparagraph (A) shall not apply if the Secretary does not receive the number of applications from the individuals described in clause (i) or clause (ii), respectively, necessary to meet such requirements.".

(c) BECOMING A PARTICIPANT.—Paragraph (1) of section 108(e) (25 U.S.C. 1616a(e)) is amended to read as follows:

"(1) An individual becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in subsection (f).".

(d) EXTENSION OF OBLIGATED SERVICE.—Paragraph (2)(A) of section 108(e) (25 U.S.C. 1616a(e)) is amended by inserting before the semicolon the following: ", including extensions resulting in an aggregate period of obligated service in excess of 4 years".

(e) CLARIFICATION REGARDING UNDERGRADUATE LOANS.—Paragraph (1) of section 108(g) (25 U.S.C. 1616a(g)) is amended in the matter preceding subparagraph (A) by striking out "loans received by the individual for—" and inserting in lieu thereof "loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for—".

(f) PAYMENT.—Subparagraph (A) of section 108(g)(2) (25 U.S.C. 1616a(g)(2)) is amended to read as follows:

"(A) For each year of obligated service that an individual contracts to serve under subsection (f) the Secretary may pay up to $35,000 on behalf of the individual for loans described in paragraph (1). In making a determination of the amount to pay for a year of such service by an individual, the Secretary shall consider the extent to which each such determination—

"(i) affects the ability of the Secretary to maximize the number of contracts that can be provided under the Loan Repayment Program from the amounts appropriated for such contracts;

"(ii) provides an incentive to serve in Indian health programs with the greatest shortages of health professionals; and

"(iii) provides an incentive with respect to the health professional involved remaining in an Indian health program with such a health professional shortage, and continuing to provide primary health services, after the completion of the period of obligated service under the Loan Repayment Program.".

(g) TAX LIABILITY.—(1) Paragraph (3) of section 108(g) (25 U.S.C. 1616a(g)) is amended to read as follows:

"(3) For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary—

"(A) in addition to such payments, shall make payments to the individual in an amount equal to 39 percent of the total amount of loan repayments made for the taxable year involved; and

"(B) may make such additional payments as the Secretary determines to be appropriate with respect to such purpose.".

(2) The amendment made by paragraph (1) shall apply only with respect to contracts under section 108 of the Indian Health Care Improvement Act entered into on or after the date of enactment of this Act.

(h) ANNUAL REPORT.—Subsection (n) of section 108 is amended to read as follows:

"(n) The Secretary shall submit to the President, for inclusion in each report required to be submitted to the Congress under section 801, a report concerning the previous fiscal year which sets forth—

"(1) the health professional positions maintained by the Service or by tribal or Indian organizations for which recruitment or retention is difficult;

"(2) the number of Loan Repayment Program applications filed with respect to each type of health profession;

"(3) the number of contracts described in subsection (f) that are entered into with respect to each health profession;

"(4) the amount of loan payments made under this section, in total and by health profession;

"(5) the number of scholarship grants that are provided under section 104 with respect to each health profession;

"(6) the amount of scholarship grants provided under section 104, in total and by health profession;

"(7) the number of providers of health care that will be needed by Indian health programs, by location and profession, during the three fiscal years beginning after the date the report is filed; and

"(8) the measures the Secretary plans to take to fill the health professional positions maintained by the Service or by tribes or tribal or Indian organizations for which recruitment or retention is difficult.".

SEC. 107. RECRUITMENT ACTIVITIES.

Section 109 of the Act (25 U.S.C. 1616b) is amended—

(1) by amending the heading to read as follows:

"RECRUITMENT ACTIVITIES"; AND

(2) by amending subsection (b) to read as follows:

"(b) The Secretary, acting through the Service, shall assign one individual in each area office to be responsible on a full-time basis for recruitment activities.".

SEC. 108. ADVANCED TRAINING AND RESEARCH.

Section 111 of the Act (25 U.S.C. 1616d) is amended—

(1) in subsection (b), by amending the last sentence to read as follows: "In such event, with respect to individuals entering the program after the date of the enactment of the Indian Health Amendments of 1991, the United States shall be entitled to recover from such individual an amount to be determined in accordance with the formula specified in subsection (l) of section 108 in the manner provided for in such subsection."; and

(2) by striking out subsection (d).

SEC. 109. INMED PROGRAM.

Section 114(b) of the Act (25 U.S.C. 1616g(b)) is amended—

(1) by striking out "(b)" and inserting in lieu thereof "(b)(1)"; and

(2) by adding at the end the following new paragraphs:

"(2) The Secretary shall provide one of the grants authorized under subsection (a) to a college or university to establish and maintain a program parallel to the INMED program for the nursing profession.

"(3) The Secretary shall provide one of the grants authorized under subsection (a) to a college or university to establish and maintain a program parallel to the INMED program for the mental health profession.".

SEC. 110. MATCHING GRANTS TO TRIBES.

Title I of the Act (as amended by section 104(d) of this Act) is amended by adding at the end the following new section:

"MATCHING GRANTS TO TRIBES FOR SCHOLARSHIP PROGRAMS

"SEC. 119. (a)(1) The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities.

"(2) An application for a grant under paragraph (1) shall be in such form and contain such agreements, assurances, and information as the Secretary determines is necessary to carry out this section.

"(b)(1) An Indian tribe or tribal organization receiving a grant under subsection (a) shall agree to provide scholarships to Indians pursuing education in the health professions in accordance with the requirements of this section.

"(2) With respect to the costs of providing any scholarship pursuant to paragraph (1)—

"(A) 40 percent of the costs of the scholarship shall be paid from the grant made under subsection (a) to the Indian tribe or tribal organization; and

"(B) 60 percent of such costs shall be paid from non-Federal contributions made in cash by the Indian tribe or tribal organization through which the scholarship is provided.

"(3) In determining the amount of non-Federal contributions that have been provided for purposes of subparagraph (B) of paragraph (2), any amounts provided by the Federal Government to the Indian tribe or tribal organization involved or to any other entity shall not be included.

"(4) Non-Federal contributions required by subparagraph (B) of paragraph (1) may be provided directly by the Indian tribe or tribal organization involved or through donations from public and private entities.

"(c) An Indian tribe or tribal organization shall provide scholarships under subsection (b) only to Indians enrolled or accepted for enrollment in a course of study (approved by the Secretary) in the health professions, with an emphasis on family med-

icine, internal medicine, pediatrics, obstetrics and gynecology, nursing, dentistry, or mental health.

"(d) In providing scholarships under subsection (b), the Indian tribe or tribal organization shall enter into a contract with each recipient of such scholarship. Such contract shall—

"(1) require such recipient to provide service in an Indian health program (as defined in section 108(a)(2)(A)), in the same service area where the Indian tribe or tribal organization providing the scholarship is located, for—

"(A) a number of years equal to the number of years for which the scholarship is provided (or the part-time equivalent thereof, as determined by the Secretary), or for a period of 2 years, whichever period is greater; or

"(B) such greater period of time as the recipient and the Indian tribe or tribal organization may agree;

"(2) provide that the amount of such scholarship—

"(A) may be expended only for—

"(i) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the school; and

"(ii) payment to the recipient of a monthly stipend of not more than the amount authorized by section 338A(g)(1)(B) of the Public Health Service Act (42 U.S.C. 254m(g)(1)(B)), such amount to be reduced pro rata (as determined by the Secretary) based on the number of hours such student is enrolled; and

"(B) may not exceed, for any year of attendance for which the scholarship is provided, the total amount required for the year for the purposes authorized in subparagraph (A);

"(3) require the recipient of such scholarship to maintain an acceptable level of academic standing (as determined by the school in accordance with regulations issued by the Secretary); and

"(4) require the recipient of such scholarship to meet the educational and licensure requirements necessary to be a physician, certified nurse practitioner, certified nurse midwife, or physician assistant.

"(e) The recipient of a scholarship under subsection (b) shall agree, in providing health care pursuant to the requirements of subsection (d)(1)—

"(1) not to discriminate against an individual seeking such care on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in title XVIII of the Social Security Act or pursuant to the program established in title XIX of such Act; and

"(2) to accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and to enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX of such Act to provide service to individuals entitled to medical assistance under the plan.

"(f)(1) Before making a grant under subsection (a) to an Indian tribe or tribal organization for a fiscal year, the Secretary shall determine the number of scholarship contracts provided under subsection (b) with respect to which there has been an initial breach by the scholarship recipient involved during the fiscal year preceding the fiscal year for which the Indian tribe or tribal organization is applying to receive the grant.

"(2) In the case of an Indian tribe or tribal organization with 1 or more initial breaches for purposes of paragraph (1), the Secretary shall reduce the amount of a grant under subsection (a) to the Indian tribe or tribal organization for the fiscal year involved by an amount equal to the sum of—

"(A) an amount equal to the expenditures of Federal funds made regarding the contracts involved; and

"(B) an amount representing interest on the amount of such expenditures, determined with respect to each contract on the basis of the maximum legal rate prevailing for loans made during the time amounts were paid under the contract, as determined by the Secretary of the Treasury.

"(3) If an Indian tribe or tribal organization is not receiving a grant under subsection (a) for a fiscal year for which a reduction under paragraph (2) would have been made in the event that the tribe or tribal organization had received such a grant, the Secretary shall reduce the amount of payments due to the tribe or tribal organization under other grants, cooperative agreements, or contracts under this Act by the amount specified in such paragraph.

"(4) The Secretary may carry out this subsection on the basis of information submitted by the tribes or tribal organizations involved, or on the basis of information collected through such other means as the Secretary determines to be appropriate.

"(g) The Secretary may not make any payments under subsection (a) to an Indian tribe or tribal organization for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the Indian tribe or tribal organization has complied with requirements of this section.".

SEC. 111. COMMUNITY HEALTH AIDE PROGRAM.

Title I of the Act (as amended by section 110 of this Act) is amended by adding at the end the following new section:

"COMMUNITY HEALTH AIDE PROGRAM FOR ALASKA

"SEC. 120. (a) Under the authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary shall maintain a Community Health Aide Program in Alaska under which the Service—

"(1) provides for the training of Alaska Natives as health aides;

"(2) uses such aides in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska; and

"(3) provides for the establishment of teleconferencing capacity in health clinics located in or near such villages for use by community health aides.

"(b) The Secretary, acting through the Community Health Aide Program of the Service, shall—

"(1) using trainers accredited by the Program, provide a high standard of training to community health aides to ensure that such aides provide quality health care, health promotion, and disease prevention services to the villages served by the Program;

"(2) in order to provide such training, develop a curriculum that—

"(A) combines education in the theory of health care with supervised practical experience in the provision of health care;

"(B) provides instruction and practical experience in the provision of acute care, emergency care, health promotion, disease prevention, and the efficient and effective management of clinic pharmacies, supplies, equipment, and facilities; and

"(C) promotes the achievement of the health status objectives specified in section 3(b);

"(3) establish and maintain a Community Health Aide Certification Board to certify as community health aides individuals who have successfully completed the training described in paragraph (1) or can demonstrate equivalent experience;

"(4) develop and maintain a system which identifies the needs of community health aides for continuing education in the provision of health care, including the areas described in paragraph (2)(B), and develop programs that meet the needs for such continuing education;

"(5) develop and maintain a system that provides close supervision of community health aides; and

"(6) develop a system under which the work of community health aides is reviewed and evaluated to assure the provision of quality health care, health promotion, and disease prevention services.".

SEC. 112. TRIBAL HEALTH PROGRAM ADMINISTRATION.

Title I of the Act (as amended by section 111 of this Act) is amended by adding at the end the following new section:

"TRIBAL HEALTH PROGRAM ADMINISTRATION

"SEC. 121. The Secretary shall, by contract or otherwise, provide training for individuals in the administration and planning of tribal health programs.".

SEC. 113. SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND.

Title I of the Act is amended by inserting after section 108 the following new section:

"SCHOLARSHIP AND LOAN REPAYMENT RECOVERY FUND

"SEC. 108A. (a) There is established in the Treasury of the United States a fund to be known as the Indian Health Scholarship and Loan Repayment Recovery Fund

(hereafter in this section referred to as the "Fund"). The Fund shall consist of such amounts as may be appropriated under subsection (b) to the Fund. Amounts appropriated for the Fund shall remain available until expended.

"(b) For each fiscal year, there is authorized to be appropriated to the Fund an amount equal to the sum of—

"(1) the amount collected during the preceding fiscal year by the Federal Government pursuant to—

"(A) the liability of individuals under subparagraph (A) or (B) of section 104(b)(5) for the breach of contracts entered into under section 104; and

"(B) the liability of individuals under section 108(l) for the breach of contracts entered into under section 108; and

"(2) the aggregate amount of interest accruing during the preceding fiscal year on obligations held in the Fund pursuant to subsection (d) and the amount of proceeds from the sale or redemption of such obligations during such fiscal year.

"(c)(1) Amounts in the Fund and available pursuant to appropriation Acts may be expended by the Secretary, acting through the Service, to make payments to any entity—

"(A) to which a scholarship recipient under section 104 or a loan repayment program participant under section 108 has been assigned to meet the obligated service requirements of such sections; and

"(B) that has a need for a health professional to provide health care services as a result of such recipient or participant having breached the contract entered into under section 104 or section 108.

"(2) An entity receiving payments pursuant to paragraph (1) may expend the payments to recruit and employ a health professional to provide primary health services to patients of the entity, or to enter into a contract with such a professional to provide the services to the patients.

"(d)(1) The Secretary of the Treasury shall invest such amounts of the Fund as such Secretary determines are not required to meet current withdrawals from the Fund. Such investments may be made only in interest-bearing obligations of the United States. For such purpose, such obligations may be acquired on original issue at the issue price, or by purchase of outstanding obligations at the market price.

"(2) Any obligation acquired by the Fund may be sold by the Secretary of the Treasury at the market price.".

SEC. 114. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Title I of the Act (as amended by section 112 of this Act) is amended by adding at the end the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 122. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".

(b) CONFORMING AMENDMENTS.—Title I of the Act is amended—

(1) in section 102, by striking out subsection (c);

(2) in section 105, by striking out subsection (d);

(3) in section 106 (as amended by section 104(a) of this Act), by striking out "(a)" and by striking out subsection (b);

(4) in section 108, by striking out subsection (o);

(5) in section 110, by striking out subsection (c);

(6) in section 113, by striking out subsection (c);

(7) in section 114, by striking out subsection (e);

(8) in section 115, by striking out subsection (f);

(9) in section 116, by striking out subsection (e);

(10) in section 117 (as amended by section 104(c)(1) of this Act), by striking out subsection (f);

TITLE II—HEALTH SERVICES

SEC. 201. HEALTH STATUS AND RESOURCE DEFICIENCY STATUS.

Section 201 of the Act (25 U.S.C. 1621) is amended—

(1) in subsection (a)—

(A) in the material preceding paragraph (1), by striking out "subsection (h)" and inserting in lieu thereof "this section";

(B) by amending paragraph (1) to read as follows:

"(1) eliminating the deficiencies in health status and resources of all Indian tribes,"; and

(C) in paragraph (4), in the material preceding subparagraph (A)—

(i) by inserting after "responsibilities" the following: ", either directly or through contract care,"; and

(ii) by striking out "resources deficiency" and inserting in lieu thereof the following: "status and resource deficiencies";

(2) in subsection (b)—

(A) in paragraph (1), by striking out "subsection (h)" and inserting in lieu thereof "this section";

(B) by striking out paragraph (2) and redesignating paragraph (3) as paragraph (2); and

(C) in paragraph (2)(A) (as redesignated by subparagraph (B) above)—

(i) by striking out "subsection (h)" and inserting in lieu thereof "this section";

(ii) in the first sentence, by striking out "but such allocation" through "met"; and

(iii) in the second sentence—

(I) by striking out "(in accordance with paragraph (2))"; and

(II) by striking out "raise the deficiency level" and inserting in lieu thereof the following: "reduce the health status and resource deficiency";

(3) in subsection (c)—

(A) by striking out paragraph (1) and redesignating paragraphs (2), (3), and (4) as paragraphs (1), (2), and (3), respectively;

(B) by amending paragraph (1) (as redesignated by subparagraph (A) above) to read as follows:

"(1) The term 'health status and resource deficiency' means the extent to which—

"(A) the health status objectives set forth in section 3(b) are not being achieved; and

"(B) the Indian tribe does not have available to it the health resources it needs."; and

(C) in paragraph (3) (as redesignated by subparagraph (A) above)—

(i) by striking out "Under regulations, the" and inserting in lieu thereof "The"; and

(ii) by striking out "health resources deficiency level" and inserting in lieu thereof "extent of the health status and resource deficiency";

(4) in subsection (d)(1), by striking out "subsection (h)" and inserting in lieu thereof "this section";

(5) in subsection (e)—

(A) in the material preceding paragraph (1)—

(i) by striking out "60 days" and inserting in lieu thereof "3 years";

(ii) by striking out "Indian Health Care Amendments of 1988" and inserting in lieu thereof "Indian Health Amendments of 1991"; and

(iii) by striking out "health services priority system" and inserting in lieu thereof "health status and resource deficiency";

(B) in paragraph (1), by striking out "health resources deficiencies" and inserting in lieu thereof "health status and resource deficiencies";

(C) in paragraph (2), by striking out "the level of health resources deficiency for" and inserting in lieu thereof the following: "the extent of the health status and resource deficiency of";

(D) in paragraph (3), by striking "raise all" and all that follows through the semicolon and insert in lieu thereof the following: "eliminate the health status and resource deficiencies of all Indian tribes served by the Service; and"; and

(E) by striking out paragraphs (4) and (5) and redesignating paragraph (6) as paragraph (4); and

(6) in subsection (f), by striking out "(f)(1)" and all that follows through the paragraph designation for paragraph (2) and inserting in lieu thereof "(f)".

SEC. 202. CATASTROPHIC HEALTH EMERGENCY FUND.

Section 202 of the Act (25 U.S.C. 1621a) is amended—

(1) in subsection (a)(1)(B), by striking out "under subsection (e)" and inserting in lieu thereof "to the Fund under this section";

(2) in subsection (b)(2), by striking out "not less than $10,000 or not more than $20,000;" and inserting in lieu thereof the following: "not less than—

"(A) $20,000 for 1992; and

"(B) for any subsequent year, the threshold cost of the previous year increased by the percentage increase in the medical care expenditure category of the consumer price index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year;"; and

(3) in subsection (c), by striking out "Funds appropriated under subsection (e)" and inserting in lieu thereof "Amounts appropriated to the Fund under this section".

SEC. 203. HEALTH PROMOTION AND DISEASE PREVENTION.

Section 203 of the Act (25 U.S.C. 1621b) is amended—

(1) in subsection (a), by inserting before the period at the end the following: "so as to achieve the health objectives set forth in section 3(b)";

(2) in subsection (b), in the material preceding paragraph (1), by striking out "section 201(f)" and inserting in lieu thereof "section 801"; and

(3) by striking out subsection (c).

SEC. 204. DIABETES PREVENTION, TREATMENT, AND CONTROL.

Section 204 of the Act (25 U.S.C. 1621c) is amended—

(1) by amending subsection (c) to read as follows:

"(c)(1) The Secretary shall continue to maintain through fiscal year 2000 each model diabetes project in existence on the date of the enactment of the Indian Health Amendments of 1991 and located—

"(A) at the Claremore Indian Hospital in Oklahoma;

"(B) at the Fort Totten Health Center in North Dakota;

"(C) at the Sacaton Indian Hospital in Arizona;

"(D) at the Winnebago Indian Hospital in Nebraska;

"(E) at the Albuquerque Indian Hospital in New Mexico;

"(F) at the Perry, Princeton, and Old Town Health Centers in Maine;

"(G) at the Bellingham Health Center in Washington;

"(H) at the Fort Berthold Reservation;

"(I) at the Navajo Reservation;

"(J) at the Papago Reservation;

"(K) at the Zuni Reservation; or

"(L) in the States of Alaska, California, Minnesota, Montana, Oregon, or Utah.

"(2) The Secretary may establish new model diabetes projects under this section, except that the Secretary may not establish a greater number of such projects in one service area than in any other service area until there is an equal number of such projects established with respect to all service areas."; and

(2) in subsection (d)—

(A) in paragraph (2), by striking out "and" after the semicolon;

(B) in paragraph (3), by striking out the period and inserting in lieu thereof the following: "; and"; and

(C) by adding at the end the following new paragraph:

"(4) evaluate the effectiveness of services provided through model diabetes projects established under this section.".

SEC. 205. MENTAL HEALTH PREVENTION AND TREATMENT SERVICES.

Section 209 of the Act (25 U.S.C. 1621h) is amended—

(1) in subsection (j) (as redesignated by section 902(3)(B) of this Act), by striking out "submit to the Congress an annual report" and inserting in lieu thereof the following: "submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report"; and

(2) by adding at the end the following new subsection:

"(l) LICENSING REQUIREMENT FOR MENTAL HEALTH CARE WORKERS.—Any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under the authority of this Act or through a contract pursuant to the Indian Self-Determination Act shall—

"(1) in the case of a person employed as a psychologist, be licensed as a clinical psychologist or working under the direct supervision of a licensed clinical psychologist;

"(2) in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker; or

"(3) in the case of a person employed as a marriage and family therapist, be licensed as a marriage and family therapist or working under the direct supervision of a licensed marriage and family therapist.".

SEC. 206. NEW STUDIES.

(a) HOSPICE CARE.—Title II of the Act is amended by inserting after section 204, the following:

"HOSPICE CARE FEASIBILITY STUDY

"SEC. 205. (a) The Secretary, acting through the Service and in consultation with representatives of Indian tribes, tribal organizations, Indian Health Service personnel, and hospice providers, shall conduct a study—

"(1) to assess the feasibility and desirability of furnishing hospice care to terminally ill Indians; and

"(2) to determine the most efficient and effective means of furnishing such care.

"(b) Such study shall—

"(1) assess the impact of Indian culture and beliefs concerning death and dying on the provision of hospice care to Indians;

"(2) estimate the number of Indians for whom hospice care may be appropriate and determine the geographic distribution of such individuals;

"(3) determine the most appropriate means to facilitate the participation of Indian tribes and tribal organizations in providing hospice care;

"(4) identify and evaluate various means for providing hospice care, including—

"(A) the provision of such care by the personnel of a Service hospital pursuant to a hospice program established by the Secretary at such hospital; and

"(B) the provision of such care by a community-based hospice program under contract to the Service; and

"(5) identify and assess any difficulties in furnishing such care and the actions needed to resolve such difficulties.

"(c) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing—

"(1) a detailed description of the study conducted pursuant to this section; and

"(2) a discussion of the findings and conclusions of such study.

"(d) For the purposes of this section—

"(1) the term 'terminally ill' means any Indian who has a medical prognosis (as certified by a physician) of a life expectancy of six months or less; and

"(2) the term 'hospice program' means any program which satisfies the requirements of section 1861(dd)(2) of the Social Security Act (42 U.S.C. 1395(dd)(2)).".

(b) MANAGED CARE.—Title II of the Act is amended by adding at the end the following new section:

"MANAGED CARE FEASIBILITY STUDY

"SEC. 210. (a) The Secretary, acting through the Service, shall conduct a study to assess the feasibility of allowing an Indian tribe to purchase, directly or through the Service, managed care coverage in circumstances where such tribe—

"(1) does not have an inpatient hospital located on the tribal reservation; and

"(2) is not located within close proximity to a Service hospital.

"(b) Not later than the date which is 12 months after the date of the enactment of this section, the Secretary shall transmit to the Congress a report containing—

"(1) a detailed description of the study conducted pursuant to this section; and

"(2) a discussion of the findings and conclusions of such study.".

(c) CONTRACT CARE.—Title II of the Act (as amended by subsection (b) of this Act) is amended by adding at the end the following new section:

"CALIFORNIA CONTRACT HEALTH SERVICES DEMONSTRATION PROGRAM

"SEC. 211. (a) The Secretary shall establish a demonstration program to evaluate the use of a contract care intermediary to improve the accessibility of health services to California Indians.

"(b)(1) In establishing such program, the Secretary shall enter into an agreement with the California Rural Indian Health Board to reimburse the Board for costs (including reasonable administrative costs) incurred, during the period of the demonstration program, in providing medical treatment under contract to California Indi-

ans described in section 809(b) throughout the California contract health services delivery area described in section 810 with respect to high-cost contract care cases.

"(2) Not more than 5 percent of the amounts provided to the Board under this section for any fiscal year may be for reimbursement for administrative expenses incurred by the Board during such fiscal year.

"(3) No payment may be made for treatment provided under the demonstration program to the extent payment may be made for such treatment under the Catastrophic Health Emergency Fund described in section 202 or from amounts appropriated or otherwise made available to the California contract health service delivery area for a fiscal year.

"(c) There is hereby established an advisory board which shall advise the California Rural Indian Health Board in carrying out the demonstration pursuant to this section. The advisory board shall be composed of representatives, selected by the California Rural Indian Health Board, from not less than 8 tribal health programs serving California Indians covered under such demonstration, at least one half of whom are not affiliated with the California Rural Indian Health Board.

"(d) The demonstration program described in this section shall begin on January 1, 1993, and shall terminate on September 30, 1997.

"(e) Not later than July 1, 1998, the California Rural Indian Health Board shall submit to the Secretary a report on the demonstration program carried out under this section, including a statement of its findings regarding the impact of using a contract care intermediary on—

"(1) access to needed health services;

"(2) waiting periods for receiving such services; and

"(3) the efficient management of high-cost contract care cases.

"(f) For the purposes of this section, the term 'high-cost contract care cases' means those cases in which the cost of the medical treatment provided to an individual—

"(1) would otherwise be eligible for reimbursement from the Catastrophic Health Emergency Fund established under section 202, except that the cost of such treatment does not meet the threshold cost requirement established pursuant to section 202(b)(2); and

"(2) exceeds $1,000.

"(g) There are authorized to be appropriated for each of the fiscal years 1993, 1994, 1995, 1996, and 1997 such sums as may be necessary to carry out the purposes of this section.".

SEC. 207. COVERAGE OF SCREENING MAMMOGRAPHY.

(a) IN GENERAL.—Title II of the Act (as amended by section 206(c) of this Act) is amended by adding at the end the following new section:

"COVERAGE OF SCREENING MAMMOGRAPHY

"SEC. 212. The Secretary, through the Service, shall provide for screening mammography (as defined in section 1861(jj) of the Social Security Act) for Indian and urban Indian women 35 years of age or older at a frequency, determined by the Secretary (in consultation with the Director of the National Cancer Institute), appropriate to such women, and under such terms and conditions as are consistent with standards established by the Secretary to assure the safety and accuracy of screening mammography under part B of title XVIII of the Social Security Act.".

(b) CONFORMING AMENDMENT.—Section 201(a)(4)(B) of the Indian Health Care Improvement Act (25 U.S.C. 1621(a)(4)(B)) is amended by striking the semicolon at the end and inserting the following: ", including screening mammography in accordance with section 212;".

SEC. 208. INDIAN AND URBAN INDIAN ADOLESCENTS.

Title II of the Act (as amended by section 207 of this Act) is amended by adding at the end the following new section:

"INDIAN AND URBAN INDIAN ADOLESCENTS

"SEC. 213. The Secretary shall—

"(1) disseminate to Indian tribes information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents;

"(2) encourage the implementation of such models; and

"(3) at the request of an Indian tribe, provide technical assistance in the implementation of such models.".

SEC. 209. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Title II of the Act (as amended by section 208 of this Act) is amended by adding at the end the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 214. Except as provided in section 211, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".

(b) CONFORMING AMENDMENTS.—Title II of the Act is amended—

(1) in section 201(h), by striking out the first sentence and striking out "subsection" and inserting in lieu thereof "section".

(2) in section 202, by striking out subsection (e);

(3) in section 204(e), by striking out the first sentence and striking out "subsection (c)" and inserting in lieu thereof "this section"; and

(4) in section 209 (as amended by section 902(3)(B) of this Act)—

(A) by striking out subsections (c)(5), (d)(6), (f)(4), and (g)(5);

(B) in subsection (h)—

(i) by striking out paragraph (2) and by striking out "(1)";

(ii) by redesignating subparagraphs (A) and (B) as paragraphs (1) and (2), respectively;

(iii) by striking out "subparagraph (A)" and inserting "paragraph (1)"; and

(iv) by striking out "subparagraph (B)" and inserting "paragraph (2)";

(C) in subsection (i), by striking out paragraph (2) and by striking out "(1)";

(D) in subsection (d)(3)(B), by striking out "this subsection" and inserting in lieu thereof "this section"; and

(E) in subsection (k)(6), by striking out the first sentence and in the second sentence by striking out "subsection" and inserting in lieu thereof "section".

TITLE III—HEALTH FACILITIES

SEC. 301. HEALTH FACILITIES CLOSURE AND PRIORITIES.

Section 301 of the Act (25 U.S.C. 1631) is amended—

(1) in subsection (b)(1)—

(A) in the material preceding subparagraph (A), by striking out "other" before "outpatient";

(B) by striking out "and" at the end of subparagraph (D);

(C) by striking out the period at the end of subparagraph (E) and inserting in lieu thereof a semicolon; and

(D) by adding at the end the following new subparagraphs:

"(F) the level of utilization of such hospital or facility by all eligible Indians; and

"(G) the distance between such hospital or facility and the nearest operating Service hospital.";

(2) by striking out subsection (c) and redesignating subsections (d) and (e) as subsections (c) and (d), respectively;

(3) in subsection (c)(1) (as redesignated by paragraph (2) of this subsection), by amending the material preceding subparagraph (A) to read as follows—

"(c)(1) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report which sets forth—"; and

(4) by striking out paragraph (2) of subsection (c) (as redesignated by paragraph (2)) and redesignating paragraphs (3), (4), and (5) of such subsection as paragraphs (2), (3), and (4), respectively.

SEC. 302. SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES.

Section 302 of the Act (25 U.S.C. 1632) is amended—

(1) by amending subsection (e) to read as follows:

"(e)(1) The Secretary may provide financial assistance to Indian tribes and communities in an amount equal to the Federal share of the costs of operating, managing, and maintaining the facilities provided under the plan described in subsection (c).

"(2) For the purposes of paragraph (1), the term 'Federal share' means 80 percent of the costs described in paragraph (1).

"(3) With respect to Indian tribes with fewer than 1,000 enrolled members, the non-Federal portion of the costs of operating, managing, and maintaining such facilities may be provided, in part, through cash donations or in kind property, fairly evaluated.";

(2) in subsection (f)(1), by striking out "subsection (h)" and inserting in lieu thereof "this section"; and

(3) in subsection (g)—

(A) in paragraph (1), by striking out "The Secretary" through "report" and inserting in lieu thereof the following: "The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 801, a report"; and

(B) by striking out paragraph (2) and redesignating paragraphs (3), (4), (5), and (6) as paragraphs (2), (3), (4), and (5), respectively.

SEC. 303. AMBULATORY CARE FACILITIES GRANT PROGRAM.

Section 306 of the Act (25 U.S.C. 1636) is amended to read as follows:

"GRANT PROGRAM FOR THE CONSTRUCTION, EXPANSION, AND MODERNIZATION OF SMALL AMBULATORY CARE FACILITIES

"SEC. 306. (a)(1) The Secretary, acting through the Service, shall make grants to tribes and tribal organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services to eligible Indians. A grant made under this section may cover up to 100 percent of the costs of such construction, expansion, or modernization. For the purposes of this section, the term 'construction' includes the replacement of an existing facility.

"(2) A grant under paragraph (1) may only be made to a tribe or tribal organization operating an Indian health facility (other than a facility owned or constructed by the Service, including a facility originally owned or constructed by the Service and transferred to a tribe or tribal organization) pursuant to a contract entered into under the Indian Self-Determination Act.

"(b)(1) A grant provided under this section may be used only for the construction, expansion, or modernization (including the planning and design of such construction, expansion, or modernization) of an ambulatory care facility—

"(A) located apart from a hospital;

"(B) not funded under section 301; and

"(C) which, upon completion of such construction, expansion, or modernization will—

"(i) have a total capacity appropriate to its projected service population;

"(ii) serve no less than 500 eligible Indians annually; and

"(iii) provide ambulatory care in a service area (specified in the contract entered into under the Indian Self-Determination Act) with a population of not less than 2,000 eligible Indians.

"(2) The requirements of clauses (ii) and (iii) of paragraph (1)(C) shall not apply to a tribe or tribal organization applying for a grant under this section whose tribal government offices are located—

"(A) on an island; and

"(B) more than 75 miles from the tribal government offices of the nearest other Indian tribe.

"(c)(1) No grant may be made under this section unless an application for such a grant has been submitted to and approved by the Secretary. An application for a grant under this section shall be submitted in such form and manner as the Secretary shall by regulation prescribe and shall set forth reasonable assurance by the applicant that, at all times after the construction, expansion, or modernization of a facility carried out pursuant to a grant received under this section—

"(A) adequate financial support will be available for the provision of services at such facility;

"(B) such facility will be available to eligible persons without regard to ability to pay or source of payment; and

"(C) such facility will, as feasible without diminishing the quality or quantity of services provided to eligible persons, serve non-eligible persons on a cost basis.

"(2) In awarding grants under this section, the Secretary shall give priority to tribes and tribal organizations that demonstrate—

"(A) a need for increased ambulatory care services; and

"(B) insufficient capacity to deliver such services.

"(d) If any facility (or portion thereof) with respect to which funds have been paid under this section, ceases, at any time after completion of the construction, expan-

sion, or modernization carried out with such funds, to be utilized for the purposes of providing ambulatory care services to eligible Indians, all of the right, title, and interest in and to such facility (or portion thereof) shall transfer to the United States.".

SEC. 304. INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT.

(a) AWARDING OF GRANTS.—Section 307 of the Act (25 U.S.C. 1637) is amended—

(1) in subsection (a), by striking "The Secretary" and inserting "Subject to subsection (c)(3), the Secretary"; and

(2) in subsection (c)(3), by amending subparagraph (B) to read as follows:

"(B) Beginning October 1, 1994, the Secretary may enter into contracts or award grants under this section taking into consideration applications received under this section from all service areas. In entering into such contracts and awarding such grants, the Secretary shall give priority to service units identified in subparagraph (A) that meet the criteria specified in paragraph (1) and that have not received funding under this section. The Secretary may not award a greater number of such contracts or grants in one service area than in any other service area until there is an equal number of such contracts or grants awarded with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria specified in paragraph (1).".

(b) REPORTS.—Section 307(h) of the Act (25 U.S.C. 1637(h)) is amended to read as follows:

"(h)(1) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1997, an interim report on the findings and conclusions derived from the demonstration projects established under this section.

"(2) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted to the Congress under section 801 for fiscal year 1999, a final report on the findings and conclusions derived from the demonstration projects established under this section, together with legislative recommendations.".

SEC. 305. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Title III of the Act is amended by adding at the end the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 308. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".

(b) CONFORMING AMENDMENTS.—Title III of the Act is amended—

(1) in section 302, by striking out subsection (h); and

(2) in section 307, by striking out subsection (i).

TITLE IV—ACCESS TO HEALTH SERVICES

SECTION 401. TREATMENT OF PAYMENTS TO INDIAN HEALTH SERVICE FACILITIES UNDER MEDICARE AND MEDICAID PROGRAMS.

(a) MEDICARE PROGRAM.—Section 401 of the Act (42 U.S.C. 1395qq note) is amended to read as follows:

"TREATMENT OF PAYMENTS UNDER MEDICARE PROGRAM

"SEC. 401. (a) Any payments received by a hospital or skilled nursing facility of the Service for services provided to Indians eligible for benefits under title XVIII of the Social Security Act shall not be considered in determining appropriations for health care and services to Indians.

"(b) Nothing in this Act authorizes the Secretary to provide services to an Indian beneficiary with coverage under title XVIII of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.".

(b) MEDICAID PROGRAM.—(1) Section 402 of the Act is amended to read as follows:

"TREATMENT OF PAYMENTS UNDER MEDICAID PROGRAM

"SEC. 402. (a) Notwithstanding any other provision of law, payments to which any facility of the Service (including a hospital, nursing facility, immediate care facility for the mentally retarded, or any other type of facility which provides services for which payment is available under title XIX of the Social Security Act) is entitled

under a State plan by reason of section 1911 of such Act shall be placed in a special fund to be held by the Secretary and used by him (to such extent or in such amounts as are provided in appropriation Acts) exclusively for the purpose of making any improvements in the facilities of such Service which may be necessary to achieve compliance with the applicable conditions and requirements of such title. In making payments from such fund, the Secretary shall ensure that each service unit of the Service receives at least 80 percent of the amounts to which the facilities of the Service, for which such service unit makes collections, are entitled by reason of section 1911 of the Social Security Act, if such amount is necessary for the purpose of making improvements in such facilities in order to achieve compliance with the conditions and requirements of title XIX of the Social Security Act. This subsection shall cease to apply when the Secretary determines and certifies that substantially all of the health facilities of such Service in the United States are in compliance with such conditions and requirements.

"(b) Any payments received by such facility for services provided to Indians eligible for benefits under title XIX of the Social Security Act shall not be considered in determining appropriations for the provision of health care and services to Indians.".

(2) The increase (from 50 percent) in the percentage of the payments from the fund to be made to each service unit of the Service specified in the amendment made by paragraph (1) shall take effect beginning with payments made on January 1, 1993.

SEC. 402. REPORT.

Section 403 of the Act (25 U.S.C. 1671 note) is amended by striking out "The Secretary" and all that follows through "section 701" and inserting in lieu thereof the following: "The Secretary shall submit to the President, for inclusion in the report required to be transmitted to the Congress under section 801,".

SEC. 403. GRANTS TO AND CONTRACTS WITH TRIBAL ORGANIZATIONS.

Section 404(b)(4) of the Act (25 U.S.C. 1622) is amended to read as follows:

"(4) develop and implement—

"(A) a schedule of income levels to determine the extent of payments of premiums by such organizations for coverage of needy individuals; and

"(B) methods of improving the participation of Indians in receiving the benefits provided under titles XVIII and XIX of the Social Security Act.".

SEC. 404. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Title IV of the Act is amended by adding at the end the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 406. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".

(b) CONFORMING AMENDMENTS.—Section 404 of the Act is amended by striking out subsection (c).

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

SEC. 501. GRANT AUTHORITY.

(a) IN GENERAL.—Section 502 of the Act (25 U.S.C. 1651) is amended—

(1) by striking "contracts with" and inserting the following: "contracts with, or make grants to,";

(2) by inserting after "enters into with" the following: ", or in any grant the Secretary makes to,"; and

(3) by amending the title to read as follows:

"CONTRACTS WITH, AND GRANTS TO, URBAN INDIAN ORGANIZATIONS".

(b) CONFORMING AMENDMENTS.—(1) Section 503 of the Act (25 U.S.C. 1653) is amended—

(A) in subsection (a), in the material preceding paragraph (1)—

(i) by inserting ", or make grants to," after "contracts with"; and

(ii) by inserting "or grant" after "such contract";

(B) in subsection (b)—

(i) in the material preceding paragraph (1), by inserting "or receive grants" after "enter into contracts"; and

(ii) in paragraph (5), by inserting "or to meet the requirements for receiving a grant" after "Secretary";

(C) in subsection (c)(1), by inserting before the period at the end the following: "or receiving grants under subsection (a)";

(D) in subsection (d)(1), by inserting before the period at the end the following: "or receiving grants under subsection (a)";

(E) in subsection (e)(1), by inserting before the period at the end the following: "or receiving grants under subsection (a)";

(F) in subsection (f), by inserting "or receiving grants under subsection (a)" after "this section"; and

(G) by amending the title to read as follows:

"CONTRACTS AND GRANTS FOR THE PROVISION OF HEALTH CARE AND REFERRAL SERVICES".

(2) Section 504 of the Act (25 U.S.C. 1654) is amended—

(A) by striking "SEC. 504." and all that follows through the end of subsection (a) and inserting the following:

"SEC. 504. (a) Under authority of the Act of November 2, 1921 (25 U.S.C. 13), popularly known as the Snyder Act, the Secretary, through the Service, may enter into contracts with, or make grants to, urban Indian organizations situated in urban centers for which contracts have not been entered into, or grants have not been made, under section 503. The purpose of a contract or grant made under this section shall be the determination of the matters described in subsection (b)(1) in order to assist the Secretary in assessing the health status and health care needs of urban Indians in the urban center involved and determining whether the Secretary should enter into a contract or make a grant under section 503 with respect to the urban Indian organization which the Secretary has entered into a contract with, or made a grant to, under this section.";

(B) in subsection (b)—

(i) in the material preceding paragraph (1), by inserting ", or grant made," after "contract entered into"; and

(ii) in paragraph (2), by striking "within one year" and all that follows through the period at the end and inserting the following: ", or carry out the requirements of the grant, within one year after the date on which the Secretary and such organization enter into such contract, or within one year after such organization receives such grant, whichever is applicable.";

(C) in subsection (c), by inserting ", or grant made," after "entered into"; and

(D) by amending the heading to read as follows:

"CONTRACTS AND GRANTS FOR THE DETERMINATION OF UNMET HEALTH CARE NEEDS".

(3) Section 505 of the Act (25 U.S.C. 1655) is amended—

(A) in subsection (a), by inserting "compliance with grant requirements under this title and" before "compliance with,";

(B) in subsection (b)—

(i) by inserting "or received a grant" after "entered into a contract"; and

(ii) by inserting before the period at the end the following: "or the terms of such grant";

(C) in subsection (c)—

(i) by inserting "the requirements of a grant or complied with" after "complied with";

(ii) by inserting "or grant" after "such contract" each place it appears;

(iii) by inserting "or make a grant" after "enter into a contract"; and

(iv) by inserting "or grant" after "whose contract";

(D) in subsection (d), by inserting "or grant" after "a contract" each place it appears; and

(E) by amending the heading to read as follows:

"EVALUATIONS; RENEWALS".

(4) Section 506 of the Act (25 U.S.C. 1656) is amended—

(A) in subsection (b), by inserting "or grants" after "any contracts";

(B) in subsection (d), by inserting "or grant" after "contract" each place it appears;

(C) in subsection (e)—

(i) by inserting ", or grants to," after "Contracts with"; and

(ii) by inserting "or grants" after "such contracts"; and
(D) by amending the heading to read as follows:

"OTHER CONTRACT AND GRANT REQUIREMENTS".

(5) Section 507 of the Act (25 U.S.C. 1657) is amended—
(A) in subsection (a)—
(i) in the material preceding paragraph (1), by inserting ", or a grant received," after "entered into"; and
(ii) in paragraphs (1) and (2), by inserting "or grant" after "contract" each place it appears; and
(B) in subsections (b) and (c), by inserting "or grant" after "contract" each place it appears.
(6) Section 509 of the Act (25 U.S.C. 1659) (as amended by section 902(5)(A) of this Act) is amended by inserting "or grant recipients" after "contractors" each place it appears.

SEC. 502. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Title V of the Act is amended by inserting after section 510 (as redesignated by section 902(5)(B) of this Act) the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 511. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".
(b) CONFORMING AMENDMENTS.—Title V of the Act (25 U.S.C. 1650 et seq.) is amended—
(1) in section 503—
(A) in subsection (c), by striking out "(c)(1)" and inserting "(c)" and by striking out paragraph (2);
(B) in subsection (d), by striking out paragraph (4);
(C) in subsection (e), by striking out paragraph (4); and
(D) in subsection (f), by striking out paragraph (5); and
(2) in section 509 (as redesignated by section 902(5)(A) of this Act), by striking out the last sentence.

TITLE VI—ORGANIZATIONAL IMPROVEMENTS

SEC. 601. INDIAN HEALTH SERVICE.

Section 601(c) of the Act (15 U.S.C. 1661(c)) is amended—
(1) in paragraph (2), by striking out "and" after the semicolon;
(2) in paragraph (3), by striking out the period at the end and inserting in lieu thereof "; and"; and
(3) by adding at the end the following new paragraph:
"(4) all scholarship and loan functions carried out under title I.".

SEC. 602. AUTHORIZATION OF APPROPRIATIONS.

Title VI of the Act (25 U.S.C. 1661 et seq.) is amended by adding at the end the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 603. There are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".

TITLE VII—SUBSTANCE ABUSE PROGRAMS

SEC. 701. REDESIGNATION OF EXISTING TITLE VII.

(a) TITLE HEADING.—Title VII of the Act (25 U.S.C. 1671 et seq.) is redesignated as title VIII and the title heading is amended to read as follows:

"TITLE VIII—MISCELLANEOUS"

(b) REDESIGNATION OF SECTIONS.—Sections 701 through 720 of the Act (25 U.S.C. 1671 et seq) are hereby redesignated as sections 801 through 820, respectively.
(c) CONFORMING AMENDMENTS.—The Act is amended—

(1) in section 207(a), by striking out "section 713" and inserting in lieu thereof "section 813";

(2) in section 307(e), by striking out "section 713" and inserting in lieu thereof "section 813"; and

(3) in section 405(b)—

(A) in paragraph (1), by striking out "sections 402(c) and 713(b)(2)(A)" and inserting in lieu thereof "sections 402(a) and 813(b)(2)(A)"; and

(B) in paragraph (4), by striking out "section 402(c)" each place it appears and inserting in lieu thereof "section 402(a)".

(d) REFERENCES.—Any reference in a provision of law other than the Indian Health Care Improvement Act to sections redesignated by subsection (b) shall be deemed to refer to the section as so redesignated.

SEC. 702. SUBSTANCE ABUSE PROGRAMS.

(a) IN GENERAL.—The Act is amended by inserting after title VI the following new title:

"TITLE VII—SUBSTANCE ABUSE PROGRAMS

"INDIAN HEALTH SERVICE RESPONSIBILITIES

"SEC. 701. The Memorandum of Agreement entered into pursuant to section 4205 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411) shall include specific provisions pursuant to which the Service shall assume responsibility for—

"(1) the determination of the scope of the problem of alcohol and substance abuse among Indian people, including the number of Indians within the jurisdiction of the Service who are directly or indirectly affected by alcohol and substance abuse and the financial and human cost;

"(2) an assessment of the existing and needed resources necessary for the prevention of alcohol and substance abuse and the treatment of Indians affected by alcohol and substance abuse; and

"(3) an estimate of the funding necessary to adequately support a program of prevention of alcohol and substance abuse and treatment of Indians affected by alcohol and substance abuse.

"INDIAN HEALTH SERVICE PROGRAM

"SEC. 702. (a) COMPREHENSIVE PREVENTION AND TREATMENT PROGRAM.—(1) The Secretary, acting through the Service, shall provide a program of comprehensive alcohol and substance abuse prevention and treatment which shall include—

"(A) prevention, through educational intervention, in Indian communities;

"(B) acute detoxification and treatment;

"(C) community-based rehabilitation;

"(D) community education and involvement, including extensive training of health care, educational, and community-based personnel;

"(E) residential treatment programs for pregnant and post partum women and their children; and

"(F) prevention, intervention, treatment, and relapse prevention programs that specifically address the cultural, historical, social, and child care needs of female Indians, regardless of age.

"(2) The target population of such a program shall be the members of Indian tribes. Additionally, efforts to train and educate key members of the Indian community shall target employees of health, education, judicial, law enforcement, legal, and social service programs.

"(3) Of the amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not less than 33 percent shall be used to carry out the programs described in paragraph (1)(F).

"(b) CONTRACT HEALTH SERVICES.—(1) The Secretary, acting through the Service, may enter into contracts with public or private providers of alcohol and substance abuse treatment services for the purpose of assisting the Service in carrying out the program required under subsection (a).

"(2) In carrying out this subsection, the Secretary shall provide assistance to Indian tribes to develop criteria for the certification of alcohol and substance abuse service providers and accreditation of service facilities which meet minimum standards for such services and facilities as may be determined pursuant to section 4205(a)(3) of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2411(a)(3)).

"INDIAN HEALTH SERVICE YOUTH PROGRAM

"SEC. 703. (a) DETOXIFICATION AND REHABILITATION.—The Secretary shall develop and implement a program for acute detoxification and treatment for Indian youth who are alcohol and substance abusers. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes on a referral basis. These regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community.

"(b) TREATMENT CENTERS OR FACILITIES.—(1) The Secretary shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, a youth regional treatment center in each area under the jurisdiction of an area office. For the purposes of this subsection, the area offices of the Service in Tucson and Phoenix, Arizona, shall be considered one area office and the area office in California shall be considered to be two area offices, one office whose jurisdiction shall be considered to encompass the northern area of the State of California, and one office whose jurisdiction shall be considered to encompass the remainder of the State of California.

"(2) For the purpose of staffing and operating such centers or facilities, funding shall be pursuant to the Act of November 2, 1921 (25 U.S.C. 13).

"(3) Notwithstanding any other provision of this title, the Secretary may, from amounts authorized to be appropriated for the purposes of carrying out this section, make funds available to the Tanana Chiefs Conference, Incorporated, for the purpose of leasing, constructing, renovating, operating and maintaining a residential youth treatment facility in Fairbanks, Alaska.

"(4) A youth treatment center constructed or purchased under this subsection shall be constructed or purchased at a location within the area described in paragraph (1) agreed upon (by appropriate tribal resolution) by a majority of the tribes to be served by such center.

"(c) FEDERALLY OWNED STRUCTURES.—

"(1) The Secretary, acting through the Service, shall, in consultation with Indian tribes—

"(A) identify and use, where appropriate, federally owned structures suitable as local residential or regional alcohol and substance abuse treatment centers for Indian youth; and

"(B) establish guidelines for determining the suitability of any such federally owned structure to be used as a local residential or regional alcohol and substance abuse treatment center for Indian youth.

"(2) Any structure described in paragraph (1) may be used under such terms and conditions as may be agreed upon by the Secretary and the agency having responsibility for the structure.

"(d) REHABILITATION AND AFTERCARE SERVICES.—

"(1) The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement within each Service service unit community-based rehabilitation and follow-up services for Indian youth who are alcohol or substance abusers which are designed to integrate long-term treatment and to monitor and support the Indian youth after their return to their home community.

"(2) Services under paragraph (1) shall be administered within each service unit by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff shall include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives.

"(e) INCLUSION OF FAMILY IN YOUTH TREATMENT PROGRAM.—In providing the treatment and other services to Indian youth authorized by this section, the Secretary shall provide for the inclusion of family members of such youth in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out subsection (d) shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection.

"(f) MULTIDRUG ABUSE STUDY.—(1) The Secretary shall conduct a study to determine the incidence and prevalence of the abuse of multiple forms of drugs, including alcohol, among Indian youth residing on Indian reservations and in urban areas and the interrelationship of such abuse with the incidence of mental illness among such youth.

"(2) The Secretary shall submit a report detailing the findings of such study, together with recommendations based on such findings, to the Congress no later than two years after the date of the enactment of this section.

"TRAINING AND COMMUNITY EDUCATION

"SEC. 704. (a) COMMUNITY EDUCATION.—The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement within each service unit a program of community education and involvement which shall be designed to provide concise and timely information to the community leadership of each tribal community. Such program shall include education in alcohol and substance abuse to political leaders, tribal judges, law enforcement personnel, members of tribal health and education boards, and other critical members of each tribal community.

"(b) TRAINING.—The Secretary shall, either directly or by contract, provide instruction in the area of alcohol and substance abuse, including instruction in crisis intervention and family relations in the context of alcohol and substance abuse, youth alcohol and substance abuse, and the causes and effects of fetal alcohol syndrome to appropriate employees of the Bureau of Indian Affairs and the Service, and to personnel in schools or programs operated under any contract with the Bureau of Indian Affairs or the Service, including supervisors of emergency shelters and halfway houses described in section 4213 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2433).

"(c) COMMUNITY-BASED TRAINING MODELS.—In carrying out the education and training programs required by this section, the Secretary, acting through the Service and in consultation with tribes and Indian alcohol and substance abuse prevention experts, shall develop and provide community-based training models. Such models shall address—

"(1) the elevated risk of alcohol and substance abuse faced by children of alcoholics;

"(2) the cultural and multigenerational aspects of alcohol and substance abuse prevention and recovery; and

"(3) community-based and multidisciplinary strategies for preventing and treating alcohol and substance abuse.

"GALLUP ALCOHOL AND SUBSTANCE ABUSE TREATMENT CENTER

"SEC. 705. (a) GRANTS FOR RESIDENTIAL TREATMENT.—The Secretary shall make grants to the Navajo Nation for the purpose of providing residential treatment for alcohol and substance abuse for adult and adolescent members of the Navajo Nation and neighboring tribes.

"(b) PURPOSES OF GRANTS.—Grants made pursuant to this section shall (to the extent appropriations are made available) be used to—

"(1) provide at least 15 residential beds each year for adult long-term treatment, including beds for specialized services such as polydrug abusers, dual diagnosis, and specialized services for women with fetal alcohol syndrome children;

"(2) establish clinical assessment teams consisting of a clinical psychologist, a part-time addictionologist, a master's level assessment counselor, and a certified medical records technician which shall be responsible for conducting individual assessments and matching Indian clients with the appropriate available treatment;

"(3) provide at least 12 beds for an adolescent shelterbed program in the city of Gallup, New Mexico, which shall serve as a satellite facility to the Acoma/Canoncito/Laguna Hospital and the adolescent center located in Shiprock, New Mexico, for emergency crisis services, assessment, and family intervention;

"(4) develop a relapse program for the purposes of identifying sources of job training and job opportunity in the Gallup area and providing vocational training, job placement, and job retention services to recovering substance abusers; and

"(5) provide continuing education and training of treatment staff in the areas of intensive outpatient services, development of family support systems, and case management in cooperation with regional colleges, community colleges, and universities.

"(c) CONTRACT FOR RESIDENTIAL TREATMENT.—The Navajo Nation, in carrying out the purposes of this section, shall enter into a contract with an institution in the Gallup, New Mexico, area which is accredited by the Joint Commission of the Accreditation of Health Care Organizations to provide comprehensive alcohol and drug treatment as authorized in subsection (b).

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

"(1) to carry out the purposes of subsection (b)(1)—

"(A) $400,000 for fiscal year 1993;

"(B) $400,000 for fiscal year 1994; and
"(C) $500,000 for fiscal year 1995;
"(2) to carry out the purposes of subsection (b)(2)—
"(A) $100,000 for fiscal year 1993;
"(B) $125,000 for fiscal year 1994; and
"(C) $150,000 for fiscal year 1995;
"(3) to carry out the purposes of subsection (b)(3)—
"(A) $75,000 for fiscal year 1993;
"(B) $85,000 for fiscal year 1994; and
"(C) $100,000 for fiscal year 1995;
"(4) to carry out the purposes of subsection (b)(4), $150,000 for each of fiscal years 1993, 1994, and 1995; and
"(5) to carry out the purposes of subsection (b)(5)—
"(A) $75,000 for fiscal year 1993;
"(B) $90,000 for fiscal year 1994; and
"(C) $100,000 for fiscal year 1995.

"REPORTS

"SEC. 706. (a) COMPILATION OF DATA.—The Secretary, with respect to the administration of any health program by a Service service unit, directly or through contract, including a contract under the Indian Self-Determination Act, shall require the compilation of data relating to the number of cases or incidents in which any of the Service personnel or services were involved and which were related, either directly or indirectly, to alcohol or substance abuse. Such report shall include the type of assistance provided and the disposition of these cases.

"(b) REFERRAL OF DATA.—The data compiled under subsection (a) shall be provided annually to the affected Indian tribe and Tribal Coordinating Committee to assist them in developing or modifying a Tribal Action Plan under section 4206 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2471 et seq.).

"(c) COMPREHENSIVE REPORT.—Each service unit director shall be responsible for assembling the data compiled under this section and section 4214 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2434) into an annual tribal comprehensive report. Such report shall be provided to the affected tribe and to the Director of the Service who shall develop and publish a biennial national report based on such tribal comprehensive reports.

"URBAN INDIAN PROGRAM

"SEC. 707. (a) GRANTS.—The Secretary may make grants for the provision of health-related services in prevention of, treatment of, rehabilitation of, or school and community-based education in alcohol and substance abuse in urban centers to those urban Indian organizations with whom the Secretary has entered into a contract under title V of this Act.

"(b) GOALS OF GRANT.—Each grant made pursuant to subsection (a) shall set forth the goals to be accomplished pursuant to the grant. The goals shall be specific to each grant as agreed to between the Secretary and the grantee.

"(c) CRITERIA.—The Secretary shall establish criteria for the grants made under subsection (a), including criteria relating to the—
"(1) size of the urban Indian population;
"(2) accessibility to, and utilization of, other health resources available to such population;
"(3) duplication of existing Service or other Federal grants or contracts;
"(4) capability of the organization to adequately perform the activities required under the grant;
"(5) satisfactory performance standards for the organization in meeting the goals set forth in such grant, which standards shall be negotiated and agreed to between the Secretary and the grantee on a grant-by-grant basis; and
"(6) identification of need for services.

"The Secretary shall develop a methodology for allocating grants made pursuant to this section based on such criteria.

"(d) TREATMENT OF FUNDS RECEIVED BY URBAN INDIAN ORGANIZATIONS.—Any funds received by an urban Indian organization under this or any other Act for substance abuse prevention, treatment, and rehabilitation shall be subject to the criteria set forth in subsection (c).

"FETAL ALCOHOL SYNDROME GRANTS

"SEC. 708. (a) The Secretary may make grants to Indian tribes to establish fetal alcohol syndrome programs as provided in this section for the purposes of meeting the health status objective specified in section (3)(b)(27).

"(b)(1) Grants made pursuant to this section shall be used to—

"(A) identify and provide alcohol and substance abuse treatment to high-risk women;

"(B) develop and provide community training, education, and prevention programs relating to fetal alcohol syndrome; and

"(C) develop, encourage, and where necessary, provide for special services and education programs for fetal alcohol syndrome and fetal alcohol effect victims.

"(2) The Secretary shall establish criteria for the review and approval of applications for grants under this section.

"(c) The Secretary shall provide assistance to Indian tribes in the development, printing, and dissemination of education and prevention materials on fetal alcohol syndrome.

"(d) Of the amounts appropriated each fiscal year for the purposes of carrying out this section—

"(1) not more than $220,000 shall be used for the purposes of carrying out subsection (c); and

"(2) at least 10 percent shall be used to make grants to urban Indian organizations.

"PUEBLO SUBSTANCE ABUSE TREATMENT PROJECT FOR SAN JUAN PUEBLO, NEW MEXICO

"SEC. 709. The Secretary, acting through the Service, shall continue to make grants, through fiscal year 1995, to the 8 Northern Indian Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 710. Except as provided in section 705(d), there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out the provisions of this title.".

(b) REDESIGNATION AND REPEAL OF EXISTING PROVISIONS.—

(1) REDESIGNATION.—The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by redesignating section 4224 as section 4208A.

(2) REPEAL.—Part 6 of the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2471 et seq.), as amended by paragraph (1), is hereby repealed.

TITLE VIII—MISCELLANEOUS

SEC. 801. REPORTS.

Section 801 of the Act (25 U.S.C. 1671) (as redesignated by section 701(b) of this Act) is amended to read as follows:

"REPORTS

"SEC. 801. The President shall, at the time the budget is submitted under section 1105 of title 31, United States Code, for each fiscal year transmit to the Congress a report containing—

"(1) a report on the progress made in meeting the objectives of this Act, including a review of programs established or assisted pursuant to this Act and an assessment and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and ensure a health status for Indians, which are at a parity with the health services available to and the health status of, the general population;

"(2) a separate statement which specifies the amount of funds requested to carry out the provisions of section 201;

"(3) a separate statement of the total amount obligated or expended in the most recently completed fiscal year to achieve each of the objectives described in section 814, relating to infant and maternal mortality and fetal alcohol syndrome;

"(4) reports required pursuant to sections 3(d), 108(n), 203(b), 209(k), 301(c), 302(g), 403, and 817(a);

"(5) for fiscal year 1997, the interim report required pursuant to section 307(h)(1); and

"(6) for fiscal year 1999, the reports required pursuant to sections 307(h)(2) and 821(g).".

SEC. 802. REGULATIONS.

Section 802 of the Act (25 U.S.C. 1672) (as redesignated by section 701(b) of this Act) is amended to read as follows:

"REGULATIONS

"SEC. 802. Prior to any revision of or amendment to rules or regulations promulgated pursuant to this Act, the Secretary shall consult with Indian tribes and appropriate national or regional Indian organizations and shall publish any proposed revision or amendment in the Federal Register not less than sixty days prior to the effective date of such revision or amendment in order to provide adequate notice to, and receive comments from, other interested parties.".

SEC. 803. EXTENSION OF TREATMENT OF ARIZONA AS A CONTRACT HEALTH SERVICE DELIVERY AREA.

Section 808 of the Act (25 U.S.C. 1678) (as redesignated by section 701(b) of this Act) is amended by striking out "1991" and inserting in lieu thereof "2000".

SEC. 804. INFANT AND MATERNAL MORTALITY; FETAL ALCOHOL SYNDROME.

Section 814 of the Act (25 U.S.C. 1680d) (as redesignated by section 701(b) of this Act) is amended—

(1) by striking out "(a)"; and

(2) by striking out subsection (b).

SEC. 805. REALLOCATION OF BASE RESOURCES.

Section 817(a) of the Act (25 U.S.C. 1680(g)) (as redesignated by section 701(b) of this Act) is amended by striking out "Secretary has submitted to the Congress" and inserting in lieu thereof the following: "Secretary has submitted to the President, for inclusion in the report required to be transmitted to the Congress under section 801,".

SEC. 806. CHILD SEXUAL ABUSE TREATMENT PROGRAMS.

Section 819 of the Act (25 U.S.C. 1680i) (as redesignated by section 701(b) of this Act) is amended to read as follows:

"CHILD SEXUAL ABUSE TREATMENT PROGRAMS

"SEC. 819. (a) The Secretary and the Secretary of the Interior shall, for each fiscal year through fiscal year 1995, continue the demonstration programs involving treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation.

"(b) Beginning October 1, 1995, the Secretary and the Secretary of the Interior may establish, in any service area, demonstration programs involving treatment for child sexual abuse, except that the Secretaries may not establish a greater number of such programs in one service area than in any other service area until there is an equal number of such programs established with respect to all service areas.".

SEC. 807. TRIBAL LEASING.

Section 820 of the Act (25 U.S.C. 1680j) (as redesignated by section 701(b) of this Act) is amended to read as follows:

"TRIBAL LEASING

"SEC. 820. Indian tribes providing health care services pursuant to a contract entered into under the Indian Self-Determination Act may lease permanent structures for the purpose of providing such health care services without obtaining advance approval in appropriation Acts.".

SEC. 808. EXTENSION OF TRIBAL MANAGEMENT DEMONSTRATION PROJECT TERMINATION DATE IN CERTAIN CASES.

Section 818(d) of the Act (25 U.S.C. 1680h(d)) (as redesignated by section 701(b) of this Act) is amended—

(1) in paragraph (1), by inserting before the period at the end the following: ", or, in the case of a demonstration project for which a grant is made after September 30, 1990, three years after the date on which such grant is made"; and

(2) in paragraph (2), by striking "1994" and inserting "1996".

SEC. 809. LONG-TERM CARE DEMONSTRATION PROJECT.

Title VIII of the Act (as redesignated by subsections (a) and (b) of section 701 of this Act) is amended by adding at the end the following new section:

"LONG-TERM CARE DEMONSTRATION PROJECT

"SEC. 821. (a) The Secretary, acting through the Service, may enter into contracts with, or make grants to, Indian tribes or tribal organizations providing health care services pursuant to a contract entered into under the Indian Self-Determination Act, to establish demonstration projects for the delivery of home- and community-based services to functionally disabled Indians.

"(b)(1) Funds provided for a demonstration project under this section shall be used only for the delivery of home- and community-based services (including transportation services) to functionally disabled Indians.

"(2) Such funds may not be used—

"(A) to make cash payments to functionally disabled Indians;

"(B) to provide room and board for functionally disabled Indians;

"(C) for the construction or renovation of facilities or the purchase of medical equipment; or

"(D) for the provision of nursing facility services.

"(c) Not later than 180 days after the date of the enactment of this section, the Secretary, after consultation with Indian tribes and tribal organizations, shall develop and issue criteria for the approval of applications submitted under this section. Such criteria shall ensure that demonstration projects established under this section promote the development of the capacity of tribes and tribal organizations to deliver, or arrange for the delivery of, high quality, culturally appropriate home- and community-based services to functionally disabled Indians;

"(d) The Secretary shall provide such technical and other assistance as may be necessary to enable applicants to comply with the provisions of this section.

"(e) At the discretion of the tribe or tribal organization, services provided under a demonstration project established under this section may be provided (on a cost basis) to persons otherwise ineligible for the health care benefits of the Service.

"(f) The Secretary shall establish not more than 24 demonstration projects under this section. The Secretary may not establish a greater number of demonstration projects under this section in one service area than in any other service area until there is an equal number of such demonstration projects established with respect to all service areas from which the Secretary receives applications during the application period (as determined by the Secretary) which meet the criteria issued pursuant to subsection (c).

"(g) The Secretary shall submit to the President, for inclusion in the report which is required to be submitted under section 801 for fiscal year 1999, a report on the findings and conclusions derived from the demonstration projects conducted under this section, together with legislative recommendations.

"(h) For the purposes of this section, the following definitions shall apply:

"(1) The term 'home- and community-based services' means one or more of the following:

"(A) Homemaker/home health aide services.

"(B) Chore services.

"(C) Personal care services.

"(D) Nursing care services provided outside of a nursing facility by, or under the supervision of, a registered nurse.

"(E) Respite care.

"(F) Training for family members in managing a functionally disabled individual.

"(G) Adult day care.

"(H) Such other home- and community-based services as the Secretary may approve.

"(2) The term 'functionally disabled' means an individual who is determined to require home- and community-based services based on an assessment that uses criteria (including, at the discretion of the tribe or tribal organization, activities of daily living) developed by the tribe or tribal organization.

"(i) There are authorized to be appropriated for each of the fiscal years 1993, 1994, 1995, 1996, and 1997 such sums as may be necessary to carry out this section. Such sums shall remain available until expended.".

SEC. 810. RESULTS OF DEMONSTRATION PROJECTS.

Title VIII of the Act (as redesignated by subsections (a) and (b) of section 701 and amended by section 809 of this Act) is amended by adding at the end the following new section:

"RESULTS OF DEMONSTRATION PROJECTS

"SEC. 822. The Secretary shall provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under this Act.".

SEC. 811. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Title VIII of the Act (as redesignated by subsections (a) and (b) of section 701 and amended by section 810 of this Act) is amended by adding at the end the following new section:

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 823. Except as provided in section 821, there are authorized to be appropriated such sums as may be necessary for each fiscal year through fiscal year 2000 to carry out this title.".

(b) CONFORMING AMENDMENTS.—Title VIII of the Act (25 U.S.C. 1671 et seq.) (as redesignated by subsections (a) and (b) of section 701 of this Act) is amended—

(1) in section 807 (as redesignated by section 701(b) of this Act), by striking out subsection (f); and

(2) in section 818 (as redesignated by section 701(b) of this Act), by striking out subsection (e).

TITLE IX—TECHNICAL CORRECTIONS

SEC. 901. REPEAL OF EXPIRED REPORTING REQUIREMENTS.

The Act is amended—

(1) in section 116, by striking out subsection (d);

(2) in section 204(a)—

(A) by striking out paragraph (2);

(B) by striking out "(a)(1)" and inserting in lieu thereof "(a)";

(C) by redesignating subparagraphs (A) and (B) as paragraphs (1) and (2), respectively; and

(D) in paragraph (2) (as redesignated by this subparagraph (C)), by striking out "subparagraph (A)" and inserting in lieu thereof "paragraph (1)";

(3) in section 602, by striking out subsection (a)(3); and

(4) by striking out section 803 (as redesignated by section 701(b) of this Act).

SEC. 902. OTHER TECHNICAL CORRECTIONS.

The Act is amended—

(1) in section 4(c), by striking out "sections 102, 103, and 201(c)(5)," and inserting in lieu thereof the following: "sections 102 and 103,";

(2) in title I—

(A) in section 102(b)(1), by striking ": *Provided,* That the" and inserting in lieu thereof ". The";

(B) in section 105(c), by striking out "Department of Health, Education, and Welfare" and inserting in lieu thereof "Department of Health and Human Services";

(C) in section 108(d)(1)(A), by striking out "Indian Health" and inserting in lieu thereof "Indian health"; and

(D) in section 108(i), by striking out "Service manpower programs" and inserting in lieu thereof "health professional programs of the Service".

(3) in title II—

(A) by striking out "**sec. 209. mental health prevention and treatment services.**" and inserting in lieu thereof the following:

"MENTAL HEALTH PREVENTION AND TREATMENT SERVICES

"SEC. 209."; and

(B) in section 209, by redesignating subsections (c) through (l) as subsections (b) through (k), respectively;

(4) in title III—

(A) by striking out "**sec. 307. indian health care delivery demonstration project.**" and inserting in lieu thereof the following:

"INDIAN HEALTH CARE DELIVERY DEMONSTRATION PROJECT

"SEC. 307."; and

(B) in section 301(d) (as redesignated by section 301(2) of this Act), by striking out "sections 102 and 103(b)" and inserting in lieu thereof "section 102";

(5) in title V—

(A) by striking out "**sec. 409. facilities renovation.**" and inserting in lieu thereof the following:

"FACILITIES RENOVATION

"SEC. 509."; and

(B) by striking out "**sec. 511. urban health programs branch.**" and inserting in lieu thereof the following:

"URBAN HEALTH PROGRAMS BRANCH

"SEC. 510.";

(6) in section 601(c)(3)(D), by striking out "(25 U.S.C. 2005, et seq.)" and inserting in lieu thereof "(42 U.S.C. 2005 et seq.)";

(7) in section 601(d)(1)(C), by striking out "appropriate" and inserting in lieu thereof "appropriated";

(8) in section 813(b)(2)(A) of the Act (25 U.S.C. 1680c(b)(2)(A)) (as redesignated by section 701(b) of this Act), by striking out "section 402(c)" and inserting in lieu thereof "section 402(a)"; and

(9) by amending the heading for section 816 of the Act (25 U.S.C. 1680f) (as redesignated by section 701(b)) to read as follows:

"INDIAN HEALTH SERVICE AND DEPARTMENT OF VETERANS AFFAIRS HEALTH FACILITIES AND SERVICES SHARING".

PURPOSE AND SUMMARY

The Committee bill would revise and extend through fiscal year 2000 the Indian Health Care Improvement Act. The Act, which expires this fiscal year, is one of the basic statutory authorities for the provision of health care by the Federal government to American Indians and Alaska Natives. It sets forth policy relating to the delivery of health care services to Indians on reservations and in urban areas, the training and deployment of health professionals, the construction and renovation of health care and sanitation facilities, and the conduct of demonstrations.

The health status of American Indians and Alaska Natives is substantially inferior to that of the U.S. population as a whole. To increase the years of healthy life among Indians and to reduce health disparities between Indians and other groups of Americans, the Committee bill would set forth 56 specific objectives for improvement of the health status of Indians and urban Indians by the year 2000. These objectives are derived from "Healthy People 2000," issued by the Department of Health and Human Services in 1990. Responsibility for monitoring and annual reporting on progress toward these objectives would rest with the Indian Health Service (IHS).

The bill would revise the Indian Health Care Improvement Act to give the IHS and the tribes and tribal organizations the program and policy tools they need to improve the health status of Indians, ranging from an increased emphasis on the training and recruitment of primary care practitioners to the prevention and treatment of alcohol and substance abuse. To facilitate the appropriation of funds sufficient to enable the IHS and the tribes to achieve these health status objectives, the bill would authorize the appro-

priation of such sums as are necessary for each fiscal year through FY 2000.

Background and Need for the Legislation

The Federal government has a unique historical and legal relationship with the Indian people, whose health status is substantially inferior to that of the general U.S. population. There are approximately 1.6 million American Indians and Alaska Natives, of whom about one third live on reservations or historic trust lands, and about half live in urban areas. The Indian population is diverse, encompassing numerous tribes and over 400 Federally-recognized nations, each with its own traditions and cultural heritage. The Federal government has a long-standing responsibility to provide health care services to American Indians and Alaska Natives.

The Federal government's role in meeting the health care needs of Indians is shaped by a number of different statutory authorities, including the Indian Health Care Improvement Act. The IHCIA authorizes funding for (1) increasing the number of health professionals serving Indians, (2) increasing the patient care resources of the Indian Health Service (IHS), (3) upgrading IHS hospitals and other health facilities, (4) building safe water and sanitary waste disposal facilities, and (5) making health services accessible to Indians residing in urban areas. First enacted in 1976 in an effort to improve the health status of Indians, the IHCIA expires in FY 1992. While the health status of the Indian people has improved since 1976, it remains inferior to that of the U.S. population as a whole, as documented by the Office of Technology Assessment in "Indian Health Care" (1986).

In 1990, the Department of Health and Human Services issued "Healthy People 2000," a statement of health promotion and disease prevention objectives for the nation for the coming decade. The Department notes that, relative to other populations, the American Indian and Alaska Native population is young and impoverished, with more than 1 in 4 living below the poverty level. The Department goes on to explain: "One reason for the youthfulness of the population is the large proportion of the population who die before age 45. Most of the excess deaths—those that would not have occurred if American Indian death rates were comparable to those of the total population—can be traced to 6 causes: unintentional injuries, cirrhosis, homicide, suicide, pneumonia, and complications of diabetes." The Department's 1991 report, "Health Status of Minorities and Low-Income Groups: third Edition," documents the higher death rates and shorter life expectancies of American Indians and Alaska Natives vis-a-vis the U.S. White population.

The IHCIA is administered by the Indian Health Service (IHS) within the Public Health Service of the Department of Health and Human Services. The IHS considers itself responsible for providing care to "approximately one and one half million" American Indians and Alaska natives living on or near reservations in 33 different States. In FY 1992, appropriations to the IHS totalled $1.558 billion. Of this amount, $1.216 billion was applied to clinical services (both direct and contract care), $166.4 million to facilities con-

struction, $15.6 million to urban Indians, and $160 million to miscellaneous purposes.

The IHS delivers health care to eligible Indians through three different mechanisms. It does so directly through its own facilities, including (as of October 1, 1991) 42 hospitals, 65 health centers, 4 school health centers, and 52 smaller health stations. In addition, it contracts with tribes and tribal groups to deliver services; as of October 1, 1991, these contractors operated 8 hospitals, 93 health centers, 3 school health centers, 63 smaller health stations and satellite clinics, and 172 Alaska village clinics. Finally, the IHS funds (as of October 1, 1991) 34 urban Indian organizations operating programs in 41 sites to deliver outpatient health and referral services to urban Indians. Where services are not offered directly through IHS or tribal facilities, limited funds are available in each area for the purchase of care on a contract basis from non-Federal, nontribal hospitals, clinics, physicians and dentists.

The Committee recognizes that the task of improving the health status of American Indians and Alaska Natives, begun with enactment of the IHCIA in 1976, is not yet complete. The Department's "Healthy People 2000" sets forth 85 health status objectives for the U.S. population generally, including 31 targetted specifically at American Indians and Alaska Natives. The Committee bill would revise and reauthorize the IHCIA through FY 2000 to enable the IHS and the tribes to achieve both the targetted and some non-targetted objectives over the next 8 years.

These revisions include: a refocussing of the current scholarship and loan repayment programs on the training, recruitment, and retention of primary care practitioners; the modification of the existing resource deficiency fund to eliminate deficiencies in health status among the tribes, beginning with those having the greatest deficiencies; the establishment of a new grant program for the construction and modernization of small, tribally-operated ambulatory care facilities; and the expansion of health care delivery demonstration projects. The Committee bill would also revise and extend, and incorporate into the IHCIA, many of the program authorities currently found in the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986.

HEARINGS

The Committee's Subcommittee on Health and the Environment and the Committee on Interior and Insular Affairs jointly held one day of hearings on November 12, 1991, on H.R. 3724, the Indian Health Amendments of 1991. Testimony was received from Dr. Everett Rhoades, Director, Indian Health Service, and from witnesses representing the California Rural Indian Health Board, Hoopa Valley Indian Rancheria, Cherokee Nation of Oklahoma, Norton Sound Health Corporation, Leech Lake Reservation Tribal Council, American Academy of Pediatrics, National Indian Health Board, National Organization for Fetal Alcohol Syndrome, Northwest Portland Area Indian Health Board, and National Congress for American Indians.

COMMITTEE CONSIDERATION

On March 26, 1992 the Subcommittee on Health and the Environment met in open session to consider the bill H.R. 3724. The bill was amended and ordered reported, by voice vote, a quorum being present. On April 7, 1992, the Committee on Energy and Commerce met in open session and ordered reported the bill H.R. 3724, with amendments, by voice vote, a quorum being present.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 2(l)(3)(A) of rule XI of the Rules of the House of Representatives, no oversight findings or recommendations have been made by the Committee.

COMMITTEE ON GOVERNMENT OPERATIONS

Pursuant to clause 2(l)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Operations.

COMMITTEE COST ESTIMATE

In compliance with clause 7(a) of rule XIII of the Rules of the House of Representatives, the Committee believes that the costs which would be incurred in carrying out the Committee bill would be the following outlays as estimated by the Congressional Budget Office: $616 million in FY 1993, $844 million in FY 1994, $1,055 million in FY 1995, $1,191 million in FY 1996, and $1,259 million in FY 1997.

BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, April 30, 1992.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3724, Indian Health Amendments of 1992, as ordered reported by the House Committee on Energy and Commerce on April 7, 1992. Enactment of H.R. 3724 would not affect direct spending or receipts. Therefore, pay-as-you-go procedures would not apply to this bill.

If you wish further details on this estimate, we will be pleased to provide them.

Sincerely,

JAMES L. BLUM
(For Robert D. Reischauer, Director).

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 3724.
2. Bill title: Indian Health Amendments of 1992.

3. Bill status: As ordered reported by the House Committee on Energy and Commerce on April 7, 1992.

4. Bill purpose: To amend the Indian Health Care Improvement Act to authorize appropriations for Indian health programs, and for other purposes.

5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1993	1994	1995	1996	1997
Estimated authorization levels:					
Recruitment	1	1	1	1	1
Health professions preparatory scholarships	4	4	4	4	5
Health professions scholarships	9	9	10	10	11
Extern program	1	1	1	1	2
Continuing education	2	2	2	3	3
Nursing program	3	3	3	3	3
Retention bonuses	(1)	(1)	(1)	(1)	(1)
Nursing residency	1	1	1	1	2
Community health representative	41	42	44	46	48
IHS loan repayment	10	11	11	12	12
Advanced training and research	1	1	1	1	1
INMED	(1)	(1)	(1)	(1)	(1)
Matching grants	1	1	1	1	1
Community health aide	21	21	22	23	24
Tribal Health Administration	6	6	6	6	7
Scholarship and loan repayment recovery fund	(1)	(1)	(1)	(1)	(1)
Catastrophic fund	16	16	17	17	18
Health promotion/disease prevention	3	3	3	4	4
Diabetes	6	6	6	6	7
Mental health	29	30	31	32	33
Hospice study	(1)	.....	.....	.....	.....
Managed care study	(1)	.....	.....	.....	.....
California contract health service demonstration	1	1	1	1	1
Screening mammographies	2	2	2	2	3
Indian adolescents	(1)	(1)	(1)	(1)	(1)
Safe water and sanitary waste	158	164	171	178	185
Ambulatory care facilities	52	54	56	59	61
IHS demonstration project	0	0	16	53	40
Medicaid/Medicare collections	101	105	109	114	119
Programs to improve participation in Medicare and Medicaid	2	2	2	2	2
Urban Indian Program	16	17	18	18	19
Comprehensive prevention and treatment	44	45	47	49	51
IHS Youth Program	43	45	47	49	51
Training/education	3	3	3	3	3
Gallup centers	1	1	1	.....	.....
Urban Substance Abuse Programs	(1)	(1)	(1)	(1)	(1)
Fetal alcohol syndrome	318	330	343	357	372
Pueblo substance abuse	(1)	(1)	(1)	.....	.....
Arizona	25	35	45	55	65
Child sexual abuse treatment	1	1	1	1	2
Tribal management demonstration projects	1	1	2	2	2
Long-term care demonstration	6	3	116	121	126
Total estimated authorization	930	971	1,148	1,238	1,284
Estimated outlays:					
Recruitment	1	1	1	1	1
Health professions preparatory scholarships	3	4	4	4	5
Health professions scholarships	7	9	10	10	10
Extern Program	1	1	1	1	1
Continuing education	2	2	2	3	3
Nursing Program	2	3	3	3	3
Retention bonuses	(1)	(1)	(1)	(1)	(1)

[By fiscal years, in millions of dollars]

	1993	1994	1995	1996	1997
Nursing residency	1	1	1	1	1
Community health representative	31	40	43	45	47
IHS loan repayment	8	10	11	11	12
Advanced training and research	1	1	1	1	1
INMED	(1)	(1)	(1)	(1)	(1)
Matching grants	1	1	1	1	1
Community health aide	16	20	22	23	24
Tribal Health Administration	4	5	6	6	7
Scholarship and loan repayment recovery fund	(1)	(1)	(1)	(1)	(1)
Catastrophic fund	12	15	17	17	18
Health promotion/disease prevention	2	3	3	3	4
Diabetes	4	6	6	6	6
Mental health	22	28	31	32	33
Hospice study	(1)				
Managed care study	(1)				
California contract health service demonstration	(1)	1	1	1	1
Screening mammographies	2	2	2	2	3
Indian adolescents	(1)	(1)	(1)	(1)	(1)
Safe water and sanitary waste	52	102	133	163	176
Ambulatory care facilities	17	34	44	54	58
IHS demonstration project	0	0	15	44	41
Medicaid/Medicare collections	77	99	108	113	117
Programs to improve participation in Medicare and Medicaid	2	2	2	2	2
Urban Indian Program	12	16	17	18	19
Comprehensive prevention and treatment	33	43	47	49	51
IHS Youth Program	33	42	46	48	50
Training/education	2	3	3	3	3
Gallup centers	1	1	1	(1)	(1)
Urban substance abuse programs	(1)	(1)	(1)	(1)	(1)
Fetal alcohol syndrome	241	311	339	353	368
Pueblo substance abuse	(1)	(1)	(1)	(1)	(1)
Arizona	19	31	42	54	62
Child sexual abuse treatment	(1)	1	1	1	1
Tribal Management demonstration projects	1	1	2	2	2
Long-term care demonstration	5	4	89	114	125
Total estimated outlays	616	844	1,055	1,191	1,259

(1) Less than $500,000.

Note.—Estimates may not add to totals due to rounding.

This cost estimate assumes an implementation date of October 1, 1992.

The costs of this bill fall within budget function 550.

Basis of estimate: The following sections describe the individual programs. Unless otherwise indicated, the bill authorizes appropriations of such sums as may be necessary for each of fiscal years 1993 through 1997 for these programs.

Health professions recruitment

H.R. 3724 would reauthorize funding for the Health Professions Recruitment Program, which identifies and assists Indians with a potential for success in the health professions. This program was funded at $.5 million in fiscal year 1992. The bill also would require each Indian Health Service (IHS) area office to assign one individual to be responsible on a full-time basis for recruitment activities. The additional cost of salaries to fulfill this requirement would be $.4 million in fiscal year 1993, increasing to $.6 million in fiscal year 1997. CBO estimated the fiscal year 1993 through 1997

authorization amounts by adding the estimated cost of the new provision to the 1992 appropriation, and adjusting the total for projected inflation.

Health professions preparatory scholarships

H.R. 3724 would reauthorize funding for the Health Professions Preparatory Scholarship Program, which awards scholarship grants for college pre-medical study. This program funded 227 scholarships in fiscal year 1992 for full-time study, with an appropriation of $3.2 million. The bill also would allow grants for part-time students. Assuming that the IHS receives half as many applications for part-time as for full-time study, and that the same percentage of applicants are awarded grants in the future as for 1992, the additional cost of part-time scholarships would be $600,000 in fiscal year 1993. The bill authorizes appropriations of such sums as may be necessary through fiscal year 2000 for this program. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adding the estimated cost of scholarships for part-time students to the 1992 appropriation amount, and adjusting the total for projected inflation.

Health professions scholarships

The bill would reauthorize funding for Indian Health Professions Scholarships, which are given to Indians enrolled full time in health professions schools in exchange for service in the IHS upon graduation. This program funded 451 scholarships in fiscal year 1992, with an appropriation of $8 million. The bill also would allow scholarships for part-time students, and would add a placement office. Assuming that the IHS receives half as many applications for part-time as for full-time study, and that the same percentage of applicants are awarded grants in the future as for 1992, the additional cost of part-time scholarships would be $400,000 in fiscal year 1993. Assuming that the placement office would be run by a director and four support staff, the placement office would cost $200,000 in fiscal year 1993. The bill authorizes appropriations of such sums as may be necessary through fiscal year 2000 for this program. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adding the estimated cost of scholarships for part-time students and of the placement office to the 1992 appropriation amount, and adjusting the total for projected inflation.

Extern Program

H.R. 3724 would reauthorize funding for the IHS Extern Program, which provides employment to scholarship recipients during the nonacademic period of the year. This program was funded at $1.2 million in fiscal year 1992. The bill authorizes appropriations of such sums as may be necessary through fiscal year 2000 for this program. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the 1992 appropriation for projected inflation.

Continuing education allowances

The bill would reauthorize funding for Continuing Education Allowances, which enable IHS health professionals employed in

remote areas to take leave of their duty stations for professional consultation and training courses. In fiscal year 1992, $.8 million in continuing education allowances was appropriated for physicians, $.6 million for dentists, and $.7 million for nurses. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the total 1992 appropriation for projected inflation.

Nursing Program

The bill would reauthorize funding for the Nursing Program, which provides grants to programs and schools of nursing in order to increase the number of nurses who deliver health care services to Indians. This program was funded at $1 million in fiscal year 1992. The bill also would authorize the establishment and development of clinics operated by nurses, midwives, or nurse practitioners to provide primary health care to Indians. Assuming the establishment and development of several clinics, this provision would cost $1.6 million in fiscal year 1993, increasing to $1.8 million in fiscal year 1997. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adding the estimated costs of the new provisions to the fiscal year 1992 appropriation, and adjusting the total for projected inflation.

Retention bonuses

The bill would reauthorize funding for retention bonuses for physicians or nurses serving in a position for which recruitment or retention of personnel is difficult. The bill also would require that not less than 25 percent of the retention bonuses awarded each year be awarded to nurses. This program was not funded in fiscal year 1992. Based on information from the IHS, this program would cost $.4 million in fiscal year 1993, increasing to $.5 million in fiscal year 1997.

Nursing residency

H.R. 3724 would authorize establishment of a program to enable nurses working in an Indian health program to pursue advanced training in exchange for obligated service in an Indian health program. According to the IHS, this program already exists and was funded at $1.1 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Community health representative

H.R. 3724 would reauthorize funding for the Community Health Representative Program, which trains Indians as health paraprofessionals in order to provide health care to Indian communities. This program was funded at $39 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

IHS loan repayment

The bill would reauthorize funding for the IHS Loan Repayment Program for health professionals, which makes payments on educational loans in exchange for service in the IHS. This program was

funded at $5.9 million in fiscal year 1992. The bill would raise the loan repayment limit from $25,000 to $35,000 for each year of obligated service. In addition, the bill would require payments to the health professionals for tax expenses resulting from the loan repayment. The bill also would add podiatric medicine to the list of specialties covered by the program. According to information from the IHS, these changes would increase the cost of the loan repayment program by $4.1 million in fiscal year 1993, increasing to $4.8 million in fiscal year 1997. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the 1992 appropriation for projected inflation, and adding the estimated cost of the new provision.

Advanced training and research

H.R. 3724 would reauthorize funding for Advanced Training and Research, which enables health professionals who have worked in an Indian health program to pursue advanced training or research in areas of study for which a need exists. The program requires participants to serve in an Indian health program after completing the training or research program. This program was not funded in fiscal year 1992. Based on information from the IHS, this program would cost $1 million in fiscal year 1993, increasing to $1.2 million in fiscal year 1997.

INMED

H.R. 3724 would reauthorize funding for the Indians into Medicine program (INMED), which provides grants to colleges and universities in order to attract Indians to the medical profession. The INMED program was funded at $.4 million in fiscal year 1992. The bill also would require that one of the grants be provided to a nursing program, and one of the grants be provided to a mental health program. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Matching grants

The bill would authorize assistance to Indian tribes and tribal organizations for educating Indians to serve as health professionals in Indian communities. Grants to tribes would cover 40 percent of the cost of scholarships given to eligible Indians. Based on information from the IHS, the federal share of the cost of these scholarships would be $1 million in fiscal year 1993, increasing to $1.2 million in fiscal year 1997.

Community Health Aide Program

H.R. 3724 would authorize funding of a program to train Alaska Natives as health aides, and use such aides in the provision of health services to Alaska Natives living in villages in rural Alaska. According to the IHS, this program already exists, and was funded at $20 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Tribal Health Program Administration

The bill would authorize the Secretary of Health and Human Services (HHS) to provide training in the administration and planning of tribal health programs. According to the IHS, these activities are being carried out through the Tribal Grant Management Program. This program was funded at $5.4 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Scholarship and loan repayment recovery fund

H.R. 3724 would authorize establishment of a fund to make payments to entities to which a scholarship recipient or a loan repayment program participant who breached their contract with the IHS had been assigned. The bill authorizes annual appropriations to the fund equal to the amounts collected from individuals who breached their scholarship or loan repayment contracts with the IHS, and the amount of interest accruing during the preceding fiscal year on obligations held in the fund. According to the IHS, $189,000 was collected from individuals who had breached their scholarship or loan repayment contract. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1991 amount for projected inflation, and adding estimated interest accruing on the obligations held in the fund.

Catastrophic health emergency fund

H.R. 3724 would reauthorize funding for the Catastrophic Health Emergency Fund, which meets the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses. Currently, victims who would otherwise be eligible for payments from the fund must accrue $10,000 of medical costs per year before receiving assistance. The bill would increase the minimum level of medical costs from $10,000 to $20,000, thus decreasing the number of eligible cases. According to the IHS, $14 million was paid out in 1991 to cases with costs greater than $20,000. CBO estimated fiscal year 1993 through 1997 costs by adjusting the fiscal year 1991 amount of eligible cases by projected inflation.

Health promotion and disease prevention

The bill would reauthorize funding for Health Promotion and Disease Prevention Services. These services were funded at $3 million in final year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Diabetes prevention, treatment, and control

H.R. 3724 would reauthorize funding for Diabetes Prevention, Treatment and Control. These activities were funded at $5.5 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Mental health prevention and treatment

The bill would reauthorize funding for Mental Health Prevention and Treatment Services. These services were funded at $27.5 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Hospice care feasibility study

H.R. 3724 would authorize funding for a study to assess the feasibility of providing hospice care to terminally ill Indians and to determine the most efficient means of providing such care. Based on information from the IHS, CBO estimates that this study would cost $.3 million in fiscal year 1993.

Managed care feasibility study

The bill would authorize funding for a study to assess the feasibility of allowing Indian tribes in certain circumstances to purchase managed care coverage. Based on information from the IHS, CBO estimates that this study would cost $.1 million in fiscal year 1993.

California Contract Health Services Demonstration Program

H.R. 3724 would authorize establishment of a demonstration program to evaluate the use of a contract care intermediary to provide health services to high-cost cases. Information from the IHS indicates that this program would cost $.6 million in fiscal year 1993, increasing to $.7 million in fiscal year 1997.

Coverage of screening mammography

The bill would authorize funding to provide screening mammographies to Indian women 35 years of age or older. Based on information from the IHS, CBO estimates that this provision would cost $2.2 million in fiscal year 1993, increasing to $2.6 million in fiscal year 1997.

Indian and Urban Indian Adolescents

H.R. 3724 would require the IHS to disseminate information regarding models for delivery of comprehensive health care services to Indian adolescents, and provide technical assistance in implementing the models. According to the IHS, these activities would cost less than $.5 million in each of fiscal years 1993 through 1997.

Safe water and sanitary waste disposal facilities

H.R. 3724 would reauthorize funding for assistance in providing safe water and sanitary waste facilities to Indian communities. The bill also would authorize federal funding for 80% of the costs of operating, managing and maintaining the facilities. In fiscal year 1992, $75 million was appropriated for construction of safe water and sanitary waste disposal facilities. Based on information from the IHS, the federal share of the cost of operating, managing, and maintaining the facilities would be approximately $80 million in fiscal year 1993, increasing to $94 million in fiscal year 1997. CBO estimated the fiscal year 1993 through 1997 authorization amounts

by adjusting the fiscal year 1992 appropriation for projected inflation, and adding the estimated cost of the new provision.

Ambulatory Care Facilities Grant Program

The bill would authorize funding for construction, expansion, or modernization of IHS ambulatory care facilities. Based on information from the IHS, CBO estimates that this program would cost $52 million in fiscal year 1993, increasing to $61 million in fiscal year 1997.

Indian health care delivery demonstration program

The bill would reauthorize funding for Indian Health Care Delivery Demonstration Projects to test alternative means of delivering health care and services through health facilities to Indians. The bill would authorize the Secretary of HHS to make grants for demonstration projects that would begin in fiscal year 1995 and end in fiscal year 1997. Based on information from the IHS, CBO estimates that these grants would cost $16 million in fiscal year 1995, $53 million in fiscal year 1996, and $40 million in fiscal year 1997.

Treatment of payments under Medicaid Program

H.R. 3724 would reauthorize the use of Medicaid and Medicare payments to improve IHS facilities. According to the IHS, Medicaid and Medicare payments to IHS facilities totaled $97.2 million in fiscal year 1991. Assuming that authorizations will equal the amounts collected in each year, CBO estimated fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1991 collections for projected inflation.

Programs to improve participation in Medicare and Medicaid

H.R. 3724 would reauthorize funding for programs to assist individual Indians to enroll in Medicare and/or Medicaid. This program was not funded in fiscal year 1992. According to the IHS, each of its business offices would hire one additional staff person to provide the necessary assistance. The cost of salaries for additional staff would be $2 million in fiscal year 1993, increasing to $2.3 million in fiscal year 1997.

Urban Indians

The bill would reauthorize funding for health services for urban Indians. These services were funded at $16 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Comprehensive prevention and treatment

H.R. 3724 would authorize funding for a program of comprehensive alcohol and substance abuse prevention and treatment. According to the IHS, this program already exists, and was funded at $42 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Indian Health Service Youth Program

The bill would authorize funding for a substance abuse treatment and rehabilitation program targeted at Indian youths. The activities included in this program were funded in fiscal year 1992 at a total of $43 million. In each case, CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation. The following sections describe the different activities and the fiscal year 1992 funding levels.

The bill would authorize funding for regional treatment centers to provide acute detoxification and treatment services to Indian youth who are alcohol and substance abusers. This program was funded at $12 million in fiscal year 1992.

The bill would authorize funding for construction or renovation, staffing and operation of a youth regional treatment centers in each Indian health service area. This program was funded at $3.5 million in fiscal year 1992.

The bill would authorize funding for development and implementation within each service unit of community-based rehabilitation and follow-up services for Indian youth who are alcohol or substance abusers. This program was funded at $17 million in fiscal year 1992.

The bill would authorize funding for the inclusion of family members in treatment or other programs where appropriate. The bill also requires that not less than 10% of funds appropriated for rehabilitation and aftercare services is used to fund this provision. This program was funded at $8.8 million in fiscal year 1992.

The bill would authorize funding for a study to determine the incidence and prevalence of abuse of multiple forms of drugs among Indian youths and the interrelationship of such abuse with incidence of mental illness. Based on information provided by the IHS, this study would cost $.4 million, and would require 2 years to complete.

Training and community education

H.R. 3724 would authorize funding for a program of education to provide information to community leadership. The bill also would authorize funding for training in alcohol and substance abuse for certain employees of the Bureau Indian Affairs and the Indian Health Service. These activities were funded in fiscal year 1992 at $2.5 million. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Gallup Alcohol and Substance Abuse Treatment Center

H.R. 3724 would authorize funding for grants to the Navajo Nation to provide residential alcohol and substance abuse treatment for adult and adolescent members of the Navajo Nation and neighboring tribes. The bill specifies authorization levels for each of fiscal years 1993 through 1995 for these grants. The following sections discuss the grants and their corresponding funding levels.

The bill would authorize funding for residential beds for adult long-term treatment at $.4 million in fiscal year 1993, $.4 million fiscal year 1994, and $.5 million in fiscal year 1995.

The bill would authorize funding for establishment of clinical assessment teams to conduct individual assessments in order to match Indian clients with appropriate treatments. The bill authorizes appropriations of $100,000 in fiscal year 1993, $125,000 in fiscal year 1994, and $150,000 in fiscal year 1995 for these activities.

The bill would authorize funding for an adolescent sheltered program for emergency crisis services, assessment, and family intervention. The bill authorizes appropriations of $75,000 in fiscal year 1993, $85,000 in fiscal year 1994, and $100,000 in fiscal year 1995 for this program.

The bill would authorize funding for a relapse program to identify sources of job training and opportunity, and provide vocational training, job placement and job retention services to recovering substance abusers. The bill authorizes appropriations of $150,000 in each of fiscal years 1993 through 1997 for this program.

The bill would authorize funding for continuing education of treatment staff in intensive outpatient services, development of family support systems, and case management in cooperation with regional colleges, community colleges, and universities. The bill authorizes appropriations of $75,000 in fiscal year 1993, $90,000 in fiscal year 1994, and $100,000 in fiscal year 1995.

Urban Substance Abuse Program

H.R. 3724 would authorize funding for health-related services in prevention, treatment, or rehabilitation of, or education in alcohol and substance abuse to urban Indian organizations. This program was funded at $.4 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Infant and maternal mortality; fetal alcohol syndrome

H.R. 3724 would reauthorize funding for programs to reduce the rate of infant mortality, maternal mortality, and fetal alcohol syndrome among Indians. According to the IHS, these programs were funded at $305 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Pueblo substance abuse treatment project

The bill would authorize funding for continuation of grants to the Eight Northern Indian Pueblos Council to provide substance abuse treatment services to Indians through fiscal year 1995. These grants were funded at $.2 million in fiscal year 1992. CBO estimated the fiscal year 1993 through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation.

Arizona

The bill would reauthorize funding for the designation of Arizona as a contract health service delivery area through fiscal year 2000. According to the IHS, because this provision was only partially funded, only urgent or emergency care services were provided.

Also, about 60 percent of those eligible under this designation were covered in the past due to funding constraints. If the program is fully funded to cover all eligible Indians, and if the increase is phased in over five years, this provision would cost $25 million in fiscal year 1993, increasing to $65 million in fiscal year 1997.

Child Sexual Abuse Treatment Programs

H.R. 3724 would reauthorize funding for Child Sexual Abuse Treatment Programs. The bill would authorize continuation of the demonstration programs involving treatment of children who have been sexually abused. The treatment would continue to be provided through certain tribes, through fiscal year 1995. Based on information from the IHS, these continuations would cost $.6 million in fiscal year 1993, increasing to $.7 million in fiscal year 1995. The bill also would authorize establishment in any service area of demonstratin programs involving treatment of children for sexual abuse, beginning in fiscal year 1996. Based on information from the IHS, this program would cost $1.4 million in fiscal year 1996, and $1.5 million in fiscal year 1997.

Tribal management demonstration projects

The bill would reauthorize funding for demonstration projects for tribal management of health care services, and would extend the funding for certain projects. Information from the IHS indicates that these provisions would cost $1.2 million in fiscal year 1993, increasing to $1.9 million in fiscal year 1997.

Long-term care demonstration project

H.R. 3724 would authorize establishment of not more than 24 demonstration projects for the delivery of home and community-based services to functionally disabled Indians. According to an IHS survey, approximately 8% of the Indian population is functionally disabled. Assuming that 250,000 Indians are included in demonstration projects, there would be 20,000 functionally disabled people served by these projects. According to the IHS, the projects would be phased in over several years. In the first year, functional assessments, training, and technical assistance would cost a total of $6 million in fiscal year 1993. In the second year, planning and feasibility studies, training, and technical assistance would cost a total of $3 million in fiscal year 1994. In the third through fifth years, services to the functionally disabled, administration costs, and technical assistance would cost $116 million in fiscal year 1995, increasing to $126 million in fiscal year 1997.

This estimate assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

6. Pay-as-you-go considerations: The Budget Enforcement Act of 1990 sets up pay-as-you-go procedures for legislation affecting direct spending or receipts through 1995. None of the provisions of H.R. 3724 would affect direct spending or receipts. Therefore, this bill has no pay-as-you-go implications.

7. Estimated cost to State and local government: The Safe Water and Sanitary Waste Program and the Matching Grants Program

both require non-federal matching funds. Grant recipients are required to make non-federal contributions at the rates detailed in the estimate. Non-federal constributions could come from state and local governments.

8. Estimate comparison: None.

9. Previous CBO estimate: None.

10. Estimate prepared by: Connie Takata.

11. Estimate approved by: C.G. Nuckols, Assistant Director for Budget Analysis.

Inflationary Impact Statement

Pursuant to clause 2(l)(B)(4) of rule XI of the Rules of the House of Representatives, the Committee states that the enactment of the bill would not have an inflationary impact on prices and costs in the operation of the national economy. The Committee believes that, by focussing the efforts of the Indian Health Service on improving the health status of American Indians and Alaska Natives through the provision of preventive and primary care services, the bill is likely in the long run to result in a reduction in the rate of increase in spending on costly inpatient hospital services for this population, thereby reducing inflationary pressures on prices and costs in the national economy.

Section-by-Section Analysis and Discussion

Section 1—Short title

The short title of the Committee bill is the "Indian Health Amendments of 1992."

Section 2—Amendments to Indian Health Care Improvement Act

Except where otherwise provided, the Committee bill modifies the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.)

Section 3—Findings; policy; and definitions

The Committee bill amends section 3 of the IHCIA to declare that the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, is to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.

The bill further provides that it is the intent of Congress that the Nation meet 56 specific health status objectives with respect to Indians and urban Indians by the year 2000. These objectives, such as reducing the infant mortality rate to no more than 8.5 per 1,000 live births, are derived from "Healthy People 2000," issued by the Department of Health and Human Services in 1990.

The bill directs the Secretary of Health and Human Services to include in the annual report required to be transmitted to the Congress under section 801 a description of the progress made toward meeting each of the specified objectives on an area-by-area basis. The Committee expects that these reports will provide the information necessary to enable the authorizing and appropriations committees of the Congress to make any mid-course adjustments that may be necessary to assure the attainment of these objectives in all

IHS areas. The Committee bill clarifies that this section should not be construed to authorize the Secretary to direct an Indian tribe to allocate its health care resources in a specific manner.

TITLE I—INDIAN HEALTH PROFESSIONALS

Section 101—Purpose

The Committee bill amends section 101 of the IHCIA to clarify that the purpose of this title is to increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to Indians, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of primary health care to the Indian people.

Section 102—Health professions

The Committee bill revises and extends through FY 2000 the current Indian health professions programs to focus the programs on the development of primary care practitioners, i.e., those in the practice of family medicine, internal medicine, pediatrics, obstetrics and gynecology, podiatric medicine, nursing dentistry, and mental health.

(a) Recruitment Program

The Committee bill amends section 102 of the IHCIA, which authorizes the health professions recruitment program for Indians, to direct the Secretary to make grants to educational institutions and Indian tribes or tribal organizations to identify Indians with the potential to become health professionals, particularly in the area of primary care. The bill emphasizes enrollment in courses of study rather than schools.

(b) Preparatory Scholarship Program

The bill amends section 103 of the IHCIA, which authorizes the health professions preparatory scholarship program for Indians, to give preference to students interested in pursuing a primary care profession and to allow scholarships to be made to students who are attending school on a part-time basis. The Committee bill also clarifies that no applicant shall be denied a scholarship solely because he or she may be eligible for assistance or benefits under any other Federal program.

(c) Health professions scholarships

The bill amends section 104 of the IHCIA, which authorizes Indian health professions scholarships to expand the number of primary care practitioners to Indians, Indian tribes, tribal organizations, and urban Indian organizations. The bill clarifies that a scholarship recipient may, at his or her election, meet the service requirement by serving in a program which is located on the reservation of the tribe which the recipient is enrolled, or which is serving that tribe. The Committee bill allows for the granting of scholarships to part-time as well as full-time students and prohibits the denial of scholarship assistance solely because an applicant is also eligible for assistance or benefits under another Federal program. Finally, the bill directs the Secretary to establish a Placement

Office to develop and implement a national policy for IHS placement of scholarship recipients.

(e) Extern Program

The Committee bill amends section 105 of the IHCIA, which authorizes the IHS extern programs, to give priority to students enrolled in a course of study involving primary care.

Section 103—Breach of contract provisions relating to Indian health scholarships

The Committee bill amends section 104 of the IHCIA, which authorizes the Indian health professions scholarship program, to incorporate the same sanctions for breach of contract that currently apply to the IHS loan repayment program under section 108 of the IHCIA and to the National Health Service Corps scholarship and loan repayment programs under section 338E of the Public Health Service Act. These sanctions would apply to individuals who enter into scholarship contracts on or after the date of enactment.

Section 104—Nursing

(a) Continuing education allowances

The Committee bill amends section 106 of the IHCIA, which authorizes continuing education allowances, to clarify that nurses are eligible to receive such allowances.

(b) Training for nurse midwives and nurse practitioners

The Committee bill amends section 112 of the IHCIA, which authorizes the IHS nursing program, to allow the Secretary to award grants to establish and develop clinics operated by nurses, nurse midwives, or nurse practitioners to provide primary health care services to Indians. The bill also requires that, beginning with FY 1992, not less than $1 million of the amounts appropriated for section 112 each fiscal year be used to provide grants for nurse midwifery and practitioner training programs.

(c) Retention bonus for nurses

The Committee bill amends section 117 of the IHCIA, which authorizes retention bonuses to physicians and nurses serving in the IHS, to require that, beginning with FY 1992, not less than 25 percent of retention bonuses awarded each year be awarded to nurses.

(d) Residency Program

The Committee bill adds a new section 118 to the IHCIA to direct the Secretary, through the IHS, to establish a program to enable nurses who have worked in an Indian health program for at least one year to pursue advanced training through a combination of education and work study. Individuals receiving assistance for educational costs under this program will incur a service obligation and are subject to sanctions for failure to fulfill this obligation.

Section 105—Maintenance of Community Health Representative Program

The Committee bill amends section 107 of the IHCIA, which authorizes the Committee Health Representative program, to clarify that the Secretary is required not just to develop, but also to maintain, a curriculum for CHR training, continuing education, and systems for supervising and evaluating CHRs. The bill also clarifies that the CHR training curriculum, in providing instruction and practical experience in health promotion and disease prevention activities, must give appropriate consideration to lifestyle factors that have an impact on Indian health status, such as alcoholism, family dysfunction, and poverty.

Section 106—Changes to Indian Health Service Loan Repayment Program

The Committee bill amends section 108 of the IHCIA, which authorizes the IHS Loan Repayment program, to focus the program on assuring an adequate supply of primary care practitioners. The bill conforms the IHS loan repayment program with that of the National Health Service Corps by raising the amount of loan repayment that an individual can receive in any year to $35,000, and by requiring that each loan repayment recipient also be given an additional amount equal to 39 percent of the loan repayment amount to offset the individual's tax liability resulting from the loan repayment. The bill also requires that, beginning with FY 1992, not less than 25 percent of loan repayment contracts be awarded to nurses, nurse practitioners, or nurse midwives, and not less than an additional 10 percent be awarded to mental health professionals. The 25 and 10 percent set-asides would not apply to the extent that the Secretary does not receive a sufficient number of qualified applicants. The section also requires the Secretary report to the Congress annually on the numbers and kinds of scholarship and loan repayment contracts entered into each year.

Section 107—Recruitment Activities

The Committee bill amends section 109 of the IHCIA, which authorizes reimbursement for travel expenses for recruitment, to direct the Secretary to assign one individual in each area office to be responsible for recruitment on a full-time basis.

Section 108—Advancement training and research

The Committee bill amends section 111 of the IHCIA, which authorizes the program for advanced training and research, to require that individuals participating in this program who fail to fulfill their service obligations be subject to the same penalties as those who breach scholarship or loan repayment contracts.

Section 109—Inmed Program

The Committee bill amends section 114(b) of the IHCIA, which authorizes the Indians into Medicine Program, to require the Secretary to award one grant for the establishment of a parallel program for the nursing profession, and another grant for the establishment of a parallel program for the mental-health profession.

Section 110—Matching grants to tribes

The Committee bill adds a new section 119 to the IHCIA to authorize a program of matching grants to Indian tribes and tribal organizations for the operation of scholarship programs to train primary care practitioners to serve the tribes offering the scholarships. The Federal grant would pay 40 percent of the scholarship; the remainder would be paid by the tribe or tribal organization. This program is modelled after the community scholarship program established in section 338L of the Public Health Service Act by the Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527).

Section 111—Community Health Aide Program for Alaska

The Committee bill adds a new section 120 to the IHCIA to direct the Secretary to maintain a Community Health Aide program in Alaska that trains Alaska Natives as health aides and uses them in the provision of health care, health promotion, and disease prevention services to Alaska Natives living in villages in rural Alaska.

Section 112—Tribal Health Program Administration

The Committee bill adds a new section 121 to the IHCIA to provide for the training of individuals in the administration and planning of tribal health programs.

Section 113—Scholarship and Loan Repayment and Recovery Fund

The Committee bill adds a new section 108A to the IHCIA to establish an Indian Health Scholarship and Loan Repayment Recovery Fund. The bill authorizes the IHS to use amounts in the Fund to make payments to tribes, tribal organizations, and other entities to which an IHS scholarship or loan repayment recipient has been assigned but which needs a health professional to provide primary health services due to a breach of contract by the recipient. The affected tribe or entity may use payments from the Fund to recruit and employ a replacement health professional, or to contract with such a professional to provide primary care services. This Fund is patterned after the National Health Service Corps Member Replacement Fund in section 338F of the Public Health Service Act.

Section 114.—Authorization of appropriations

The Committee bill adds a new section 122 to the IHCIA which authorizes the appropriation of such sums as may be necessary for each fiscal year through FY 2000 for all of the program authorities in Title I.

TITLE II—HEALTH SERVICES

Section 201—Health status and resource deficiency status

Under current law, the IHS is directed to use amounts appropriated to the Indian Health Care Improvement Fund to eliminate disparities among tribes with respect to health resources, beginning with the tribes that are most deficient. In the view of the Committee, the Fund should be one of the policy instruments which the IHCIA makes available to the IHS to achieve "Healthy People 2000" health status objectives. Accordingly, the Committee bill

amends section 201 of the IHCIA, which authorizes the Fund, to broaden the purpose of the Fund to encompass the elimination of health status and resource deficiencies of all Indian tribes. "Health status and resource deficiency" means the extent to which (1) health status objectives set forth in section 3 of the IHCIA (as amended by the bill) are not being achieved and (2) the Indian tribe lacks the health resources it needs. The bill requires that, within three years after enactment, the Secretary report to Congress on the extent of health status and resource deficiency for each Indian tribe, and the methodology by which this was determined. The Committee recognizes that data on health status may not be available for all Indian tribes immediately. The Committee therefore expects that, until the necessary data becomes available, the IHS will continue to target the amounts in the Fund on those tribes most deficient in health resources.

Section 202—Catastrophic health emergency fund

The Committee bill amends section 202 of the IHCIA, which authorizes the Catastrophic Health Emergency Fund, to modify the threshold cost for treatment under which a service unit may qualify for reimbursement from the Fund to not less than $20,000 in FY 1992, increased each year thereafter by the increase in the medical care category of the consumer price index for all urban consumers. The Committee bill also eliminates the current $12 million ceiling on the amount authorized to be appropriated to the Fund.

Section 203—Health promotion and disease prevention

The Committee bill amends section 203 of the IHCIA, which directs the Secretary to provide health promotion and disease prevention services to Indians, to require that these services be provided so as to achieve the health objectives set forth in section 3 of the IHCIA (as amended by this bill). The Committee bill also deletes expired demonstration project authority.

Section 204—Diabetes prevention, treatment, and control

The Committee bill amends section 204 of the IHCIA, which authorizes 17 model diabetes projects, to extend the authorization of each of the projects in existence on the date of enactment of the Committee bill through FY 2000. The bill authorizes the Secretary to establish additional model diabetes projects, except that no new project may be located in any IHS service area until all service areas have the same number of projects. Thus, if one service area has two model projects, and all the others have one, no new model project may be located in that service area until two model projects are located in each of the other service areas.

Section 205—Mental health prevention and treatment services

The Committee bill amends section 209 of the IHCIA, which authorizes the provision of mental health prevention and treatment services, to require that any person employed as a psychologist, social worker, or marriage and family therapist to provide mental health care services to Indians in a clinical setting be licensed as

such a practitioner or be working under the supervision of such a licensed practitioner.

Section 206—New studies

(a) Hospice care feasibility study

The Committee bill adds a new section 205 to the IHCIA to direct the Secretary, acting through the IHS and in consultation with tribes, to assess the feasibility and desirability of furnishing hospice care to terminally ill Indians, and to determine the most efficient and effective means of doing so. The Secretary is directed to transmit a report on this study to the Congress within 12 months of enactment.

(b) Managed care feasibility study

The Committee bill adds a new section 210 to the IHCIA to direct the Secretary, acting through the IHS, to assess the feasibility of allowing tribes that do not have inpatient hospitals located on their reservations and are not in close proximity to an IHS hospital to purchase, directly or through the IHS, managed care coverage. The Secretary is directed to transmit a report on this study to the Congress within 12 months of enactment.

(c) California Contract Health Services Demonstration Program

The Committee bill adds a new section 211 to the IHCIA to direct the Secretary to establish a demonstration program to evaluate the use of a contract care intermediary to improve the accessibility of health services to California Indians. The bill designates the California Rural Indian Health Board (CRIHB) as the contract care intermediary for purposes of this demonstration. CRIHB is a tribally controlled nonprofit corporation first established in 1969 that currently provides health care and related services for 23 affiliated tribes and 35,000 Indians in northern and central California. The bill directs the Secretary to enter into a contract with CRIHB to reimburse CRIHB for the costs (including reasonable administrative costs) incurred in purchasing contact health services for California Indians throughout the California contract health service delivery area. Under the demonstration, CRIHB will use the funds appropriated to cover cases that involve more than contract health service costs of more than $1,000 but less than $20,000. The contract care costs for those cases under $1,000 will be paid by the individual tribes from their contract health service funds, as they do under current law. The amounts in excess of $20,000 (the new threshold established by section 202 of the Committee bill) would be paid by the Catastrophic Health Emergency Fund authorized by section 202 of the IHCIA. The remainder would be paid by the demonstration project funds managed by CRIHB. For example, if a particular case costs a tribal contractor $75,000 in hospital and physician charges, the tribe would pay the first $1,000, the Catastrophic Health Emergency Fund would pay $55,000 (the amount in excess of $20,000), and the demonstration project would pay the remaining $19,000.

The Committee anticipates that centralized, statewide management of high-cost cases will result in more efficient use of contract care services in California and in more accurate and timely information on the health care needs of California Indians.

The bill establishes an advisory board composed of representatives of at least 8 of the tribal health programs serving California Indians affected by the demonstration. The representatives must be selected by CRIHB, but at least half must be individuals not affiliated with CRIHB. The function of the board is to advise CRIHB in carrying out the demonstration and to assure that a single standard of access to demonstration project support is afforded to all tribal contractors throughout the State contract health services delivery area.

The demonstration is to begin on January 1, 1993, and terminate on September 30, 1997. The bill authorizes the appropriation of such sums as are necessary for the conduct of this demonstration for each of the fiscal years 1933 through 1997.

Section 207—Coverage of screening mammography

The Committee bill adds a new section 212 to the IHCIA to require the Secretary, through the IHS (and tribal contractors) to provide screening mammography services to Indian and urban Indian women 35 or older at a frequency, determined by the Secretary (in consultation with the Director of the National Cancer Institute) to be appropriate to such women. The services must meet the standards for safety and accuracy applicable to screening mammography services under Medicare.

Section 208—Indian and urban Indian adolescents

The Committee bill adds a new section 213 to the IHCIA to direct the Secretary to disseminate regarding, and encourage the implementation of, models for the delivery of comprehensive health care services to Indian and urban Indian adolescents.

Section 209—Authorization of appropriations

The Committee bill adds a new section 213 to the IHCIA to authorize the appropriation of sums as may be necessary through FY 2000 to carry out the provisions of Title II (other than the California Contract Health Services Demonstration program, which is separately authorized under the bill through FY 1997).

TITLE III—HEALTH FACILITIES

Section 301—Health facilities closure and priorities

The Committee bill amends section 301 of the IHCIA, which authorizes the construction, renovation, and closure of IHS health facilities, to add to the factors that the Secretary must evaluate prior to the closure of a facility (1) the facility's utilization level and (2) the distance between the facility and the nearest operating IHS hospital.

Section 302—Safe water and sanitary waste disposal facilities

The Committee bill amends section 302 of the IHCIA, which authorizes the provision of safe water supply systems and sanitary

sewage and solid waste disposal systems. The bill authorizes the Secretary to provide financial assistance to Indian tribes and communities equal to 80 percent of the costs of operating, managing, and maintaining safe water and sanitary waste disposal facilities. In the case of tribes with fewer than 1,000 enrolled members, the tribal matching percentage may be provided either through cash donations or in-kind property, fairly evaluated.

Section 303—Ambulatory Care Facilities Grant Program

The Committee bill repeals the provisions of section 306 of the IHCIA, which concern the disposition of certain real property relating the Bethel, Alaska hospital, and establishes a new grant program for ambulatory care facilities. The bill authorizes the Secretary to make grants to tribes or tribal organizations for the construction, expansion, or modernization of facilities for the provision of ambulatory care services primarily to eligible Indians. These grants may only be made to tribes or tribal organizations that, under Indian Self-Determination Act contracts, operate health facilities that are not owned or constructed by the IHS, including facilities that were originally owned or constructed by the IHS and transferred to a tribe or tribal organization. Priority in the awarding of these grants must go to otherwise qualified tribes or tribal organizations that demonstrate (1) a need for increased ambulatory care services and (2) insufficient capacity. In this connection, the Committee notes that tribes in California have historically been excluded from IHS funding for ambulatory facility construction and renovation, resulting in insufficient capacity to meet the increasing need for such services among eligible Indians. While the primary target service population of the facilities built, expanded, or modernized with these grant funds is eligible Indians, the bill requires that these facilities also serve ineligible persons on a cost basis, to the extent that this is feasible without diminishing the quality or quantity of services provided to eligible Indians.

Section 304—Indian health care delivery demonstration project

The Committee bill amends section 307 of the IHCIA, which authorizes contracts or grants to Indian tribes or tribal organizations to carry out certain specified health care delivery demonstration projects. The bill allows the Secretary, beginning October 1, 1994, to fund, through grant or contract, demonstration projects from service units other than the 9 specified in current law, so long as priority is given to any service unit among the 9 specified that meet the criteria for approval but have not received demonstration funding. To ensure equal consideration of the needs of tribes in all IHS service areas, the bill prohibits the Secretary from awarding a greater number of contracts or grants in one service area than any other area until there is an equal number of grants or contracts in all the areas from which the Secretary has received qualified applications during whatever application period the Secretary specifies. The bill directs the Secretary to report to the Congress on the results of the demonstration projects.

Section 305—Authorization of appropriations

The Committee bill adds a new section 308 to the IHCIA to authorize the appropriation of such sums as may be necessary for each fiscal year through FY 2000 for the purpose of funding the health facilities, safe water and sanitary waste disposal facilities, ambulatory care facilities, and health care delivery demonstration programs authorized in Title III.

TITLE IV—ACCESS TO HEALTH SERVICES

Section 401—Treatment of payment to Indian Health Service facilities under Medicare and Medicaid Programs

(a) Medicare Program

The Committee bill would amend section 401 of the IHCIA to clarify that payments received by an IHS hospital or skilled nursing facility for services provided to Indians eligible for Medicare are not to be considered in determining appropriations to the IHS.

(b) Medicaid Program

The Committee bill amends section 402 of the IHCIA, which governs the use of Medicaid reimbursements by IHS facilities, to direct the Secretary, effective January 1, 1993, to ensure that each IHS service unit receives at least 80 percent of the amounts to which the IHS facilities (for which the unit makes collections) are entitled under Medicaid, if the funds are necessary for making improvements in the facilities in order to comply with the conditions and requirements of the Medicaid program.

Section 402—Report

The Committee bill amends section 403 of the IHCIA to direct the Secretary to include in the annual report under section 801 an accounting of the amount and use of the Medicare and Medicaid reimbursements received by IHS facilities for services rendered to program beneficiaries.

Section 403—Grants to and contracts with tribal organizations

The Committee bill amends section 404 of the IHCIA, which authorizes a program for tribal organizations to increase participation in Medicare and Medicaid by eligible Indians, to clarify that contractors or grantees are required to develop and implement methods to improve the extent to which eligible Indians receive benefits under the Medicaid and Medicare programs.

Section 404—Authorization of appropriations

The Committee bill adds a new section 406 to the IHCIA to authorize the appropriation of such sums as may be necessary for each fiscal year through FY 2000 for grants and contracts with tribal organizations and the demonstration program for direct billing of Medicare, Medicaid, and other third party payors.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

Section 501—Grant authority

Title V of the IHCIA authorizes the Secretary, through the Branch of Urban Health Programs in the IHS, to enter into contracts with urban Indian organizations to provide health care and referral services to urban Indians. The title sets forth contracts and reporting requirements as well as procedures for evaluating and renewing contracts.

The Committee bill authorizes the IHS to direct resources to urban Indian organizations by grant as well as by contract. The grantmaking process, which is used by other agencies in the Public Health Service to direct resources to entities delivering primary health care, may well be more appropriate to large, stable organizations than the contract process.

Section 502—Authorization of appropriations

Appropriations for urban Indian health programs are authorized under the Snyder Act.

The Committee bill authorizes the appropriation of such sums as are necessary for each fiscal year through FY 2000 for this purpose.

TITLE VI—ORGANIZATIONAL IMPROVEMENTS

Section 601—Indian Health Service

Section 601 of the IHCIA establishes the IHS as an agency within the Public Health Service and directs that it administer all Indian health programs.

The bill adds to the list of responsibilities of the IHS the carrying out of all scholarship and loan functions under Title I of the IHCIA.

Section 602—Authorization of appropriations

The Committee bill authorizes the appropriation of such sums as necessary for each fiscal year through FY 2000 for the IHS to carry out its functions and for the establishment of automated management information systems for the IHS and for each Indian tribe or tribal organization providing health services under contract with the IHS.

TITLE VII—SUBSTANCE ABUSE PROGRAMS

Section 701—Redesignation of existing title VII

Currently, title VII of the IHCIA contains miscellaneous provisions.

The Committee bill redesignates Title VII of Title VIII and inserts a new title relating to substance abuse programs. The provisions of this new Title VII represent a revision and extension of authorities currently found in the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, many of which expire in FY 1992.

Section 702—Substance abuse programs

The Committee bill adds a number of new sections to the IHCIA:

IHS responsibilities

Section 701 specifies the responsibilities of the IHS vis-a-vis the Bureau of Indian Affairs relating to alcohol and substance abuse, including determination of scope of the problem, assessment of resources needed, and an estimate of the funding needed for prevention and treatment.

IHS Program

Section 702 directs the Secretary, through the IHS, to provide a program of comprehensive alcohol and substance abuse prevention and treatment for members of Indian tribes. The IHS, in carrying out this program, is authorized to contract with public or private providers of such services.

IHS Youth Program

Section 703 directs the Secretary to develop and implement a program of acute detoxification and treatment for Indian youth who are alcohol and substance abusers. As part of this program, the Secretary is directed to construct, renovate, or purchase, and appropriately staff and operate, a youth regional treatment center in each area under the jurisdiction of an area office. For this purpose, the area office of California is deemed to be two area offices, so that one youth regional treatment center will be appropriately staffed and operated in the northern area of California, and another will be appropriately staffed and operated in the other area of the State. The Committee intends that each of the two regional treatment centers in California be constructed or purchased at a location agreed to by a simple majority of the tribes in each of the two deemed area offices.

Section 703 further directs the Secretary to develop and implement, within each IHS service unit community-based rehabilitation and follow-up services for Indian youth who are alcohol or substance abusers.

Training and community education

Section 704 directs the Secretary, in cooperation with the Secretary of Interior, to develop and implement within each IHS service unit a program of community education and training relating to alcohol and substance abuse.

Gallup Alcohol and Substance Abuse Treatment Center

Section 705 directs the Secretary to make grants to the Navajo Nation for residential treatment for alcohol and substance abuse for adult and adolescent members of the Nation and neighboring tribes. The grants are to be used to (1) provide at least 15 residential beds for adult long-term treatment, (2) establish clinical assessment teams, (3) provide at least 12 beds for an adolescent shelterbed program in Gallup, New Mexico, (4) develop a relapse program, and (5) provide continuing education and training of treatment staff. The bill further directs the Navajo Nation, in imple-

menting this section, to contract with an accredited institution in the Gallup area to provide comprehensive alcohol and drug treatment. This program is authorized at specified sums through fiscal year 1995.

Reports

Section 706 directs IHS service units to issue annual tribal comprehensive reports reflecting data regarding cases or incidents relating to alcohol or substance abuse.

Urban Indian Program

Section 707 directs the Secretary to make grants to urban Indian organizations operating programs under Title V for the provision of health-related services in the prevention of, treatment of, rehabilitation of, or school and community-based education in alcohol and substance abuse.

Fetal alcohol syndrome grants

Section 708 authorizes the Secretary to make grants to Indian tribes to establish fetal alcohol syndrome programs in order to meet the health status of objective that by the year 2000 the incidence of FAS be reduced to no more than 2 per 1,000 live births. At least 10 percent of the amounts appropriated for this purpose under section 710 must be used to make grants to urban Indian organizations.

Pueblo substance abuse treatment project

Section 709 directs the Secretary to continue to make grants, through FY 1995, to the 8 Northern Indian Pueblos Council, San Juan Pueblo, New Mexico, for the purpose of providing substance abuse treatment services to Indians in need of such services.

Authorization of appropriations

Section 710 authorizes the appropriations of such sums as may be necessary for each fiscal year through FY 2000 to carry out the previous provisions (except section 705(d), which authorizes specified sums through FY 1995 for the Gallup Treatment Center).

TITLE VIII—MISCELLANEOUS

Section 801—Reports

Section 701 of the IHCIA directs the Secretary to report annually to the Congress on the progress made in effecting the purposes of the Act.

The Committee bill directs the President, at the time the budget is submitted for each fiscal year, to transmit to the Congress a report containing the following:

(1) description of the progress made in meeting the objective of the IHCIA;

(2) the amount of funds required to eliminate deficiencies in health status and resources of Indian tribes;

(3) the total amount obligated or expended in the most recently completed fiscal year to achieve the objectives relating to infant and maternal mortality and fetal alcohol syndrome;

(4) a description of the progress made by the IHS toward meeting each of the health objectives described in section 3(b);

(5) information relating to the operation of the IHS scholarship and loan repayment programs specified in section 108(n);

(6) information relating to the provision of health promotion and disease prevention services specified in section 203 (b);

(7) a description of the progress made to address mental health problems of Indian communities;

(8) information relating to health facility priorities as specified in section 301(c);

(9) information relating to sanitation facility priorities and sanitation deficiencies specified in section 301(g);

(10) an accounting of the amount and use of Medicare and Medicaid reimbursements to the IHS; and

(11) the proposed change, if any, in the allocation of IHS base resources among service units.

In addition, the bill would require the inclusion in the report accompanying the FY 1997 budget of the interim findings and conclusions of the Indian health care delivery demonstration projects. The final report on these demonstrations would be required in connection with the FY 1999 budget.

Section 802—Regulations

The Committee bill requires the Secretary, prior to revising or amending any rules or regulations promulgated pursuant to the IHCIA, to consult with Indian tribes and appropriate national or regional Indian organizations, and to publish any proposed changes in the Federal Register with a minimum 60-day comment period.

Section 803—Extension of Treatment of Arizona as a contract health service delivery area

Under current law, the IHS is directed to designate Arizona as a contract health service delivery area through FY 1991.

The Committee bill extends this requirement through FY 2000.

Section 804—Infant and maternal mortality; fetal alcohol syndrome

Under current law, the Secretary is required to achieve specific performance objectives with respect to reducing infant mortality, maternal mortality, and the rate of fetal alcohol syndrome among Indians by January 1, 1994. These objectives were established prior to Healthy People 2000 and represent a step toward the year 2000 objectives set forth in section 3(b)(27), 3(b)(29), and 3(b)(30).

The Committee bill retains these objectives and the associated reporting requirements in order to assure that the IHS makes continuous progress toward the achievement of the year 2000 health objectives.

Section 805—Reallocation of base resources

The Committee bill incorporates the report required of the IHS with respect to any proposed reallocation of base resources into the annual report required under section 801.

Section 806—Child sexual abuse treatment programs

The Committee bill directs the Secretary and the Secretary of Interior to continue, through FY 1995, the demonstration programs involving treatment for child sexual abuse through the Hopi Tribe and the Asiniboine and Sioux Tribes of the Fort Peck Reservation. Effective October 1, 1995, the Secretaries are authorized to establish demonstration programs involving treatment for child sexual abuse in any service area. However, the Secretaries may not establish a greater number of such demonstrations in one service area than in any other service area until there is an equal number of such programs in all service areas.

Section 807—Tribal leasing

The Committee bill clarifies that Indian tribes providing health care services pursuant to a contract entered into under the Indian Self-Determination Act may lease permanent structures for providing such services without obtaining advance approval in appropriation Acts. Under current policy, new leasing is extremely difficult for tribal contractors, who face an 8 to 12 month delay under the IHS lease priority system in addition to the time required to obtain appropriation Act approval. This poses a particular problem for contractors operating small programs in large rural areas that must respond to unanticipated changes in the location or level of need for services. In the view of the Committee, the principle of tribal self-determination is undermined if each and every decision made by a tribe to lease a facility necessary for the provision of health care services must receive prior Congressional approval through the appropriation process. Tribes contracting under the Self-Determination Act are accountable to the Secretary for their delivery of health care services; this accountability should suffice not just for the provision of services, but also for the leasing of needed facilities.

Section 808—Extension of tribal management demonstration project termination date

Under current law, the IHS is directed to make grants to Indian tribes to establish demonstration projects to test a phased approach to assumption by the tribes of the IHS delivery system. The demonstration project terminates on September 30, 1993. The Secretary is required to report on the evaluation of the projects by September 30, 1994.

The Committee bill extends the termination date to three years after the date a grant was made in the case of those projects for which a grant was made after September 30, 1990. The bill also delays the reporting date to September 30, 1996.

Section 809—Long-term care demonstration project

The Committee bill authorizes such sums as are necessary for each of the fiscal years 1993 through 1997, to fund demonstration projects for the delivery of home- and community-based services (including transportation) to functionally disabled Indians (as determined by the tribe or tribal organization). The Secretary, through the IHS, is authorized to fund up to 24 such projects, and

they must all be carried out through contracts or grants with tribes or tribal organizations providing health care services under a contract pursuant to the Indian Self Determination Act.

Section 810—Results of demonstration projects

The Committee bill directs the Secretary to provide for the dissemination to Indian tribes of the findings and results of demonstration projects conducted under the IHCIA.

Section 811—Authorization of appropriations

The Committee bill authorizes the appropriation of such sums as are necessary for each fiscal year through FY 2000 to carry out the provisions of Title VIII of the IHCIA.

TITLE IX—TECHNICAL CORRECTIONS

Section 901—Repeal of expired reporting requirements

The Committee bill repeals reporting requirements that have expired.

Section 902—Other technical corrections

The Committee bill makes other technical corrections.

AGENCY VIEWS

Agency views were submitted to the Committee on H.R. 3724, on April 7, 1992 as follows:

THE SECRETARY OF HEALTH AND HUMAN SERVICES,
Washington, DC, April 7, 1992.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: We wish to express our views on H.R. 3724, the "Indian Health Amendments of 1991". The bill would extend and amend the Indian Health Care Improvement Act.

In summary, H.R. 3724, as introduced, is acceptable to the Administration. We oppose the amendments of the Subcommittee on Health and the Environment because they would mandate new and expanded activities without regard to the professional judgment of the health care community or to objective measures used in determining the appropriate health benefits (years of potential life lost). We are also concerned about the level of expectations raised by certain provisions of H.R. 3724, which could tend to divert resources from higher priority needs. We are similarly concerned about other provisions of the bill to the extent that they are restrictive and thus would limit the ability of the Indian Health Service (IHS) to administer its programs with optimum effectiveness.

H.R. 3724 contains 56 specific objectives to be met by the year 2000, with a requirement that we report annually on the progress made in achieving them. The bill would authorize appropriations of "such sums as may be necessary" through fiscal year 2000. The bill would also create a number of new categorical requirements, including a new contract care demonstration program for Indians in California, a mammography screening program for women 35 years

of age and older on reservations and in urban areas, and a grant program for the construction of small ambulatory care facilities. The bill would also require significant outlays in support of the operation and maintenance of tribal sanitation facilities.

We believe that a number of changes to H.R. 3724 must be made. The Administration would support enactment of H.R. 3724 if the bill were amended to delete the requirements that IHS (1) fund maintenance and sanitation costs of tribal sanitation facilities, (2) contract with a specific entity, the California Rural Indian Health Board, to oversee the delivery of certain health care services, thereby circumventing established, competitive contract procedures, and (3) provide mammography screening for all American Indian women age 35 and older in urban areas. IHS already provides mammography screening on most reservations and is expanding this program. IHS' traditional service population is rural Indians, not urban populations. Urban populations are served by Medicaid, Medicare, and numerous other Public Health Service discretionary programs, as well as State programs.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

LOUIS W. SULLIVAN, M.D.