

## INDIAN HEALTH CARE AMENDMENTS OF 1987

DECEMBER 8, 1987.—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

together with

### DISSENTING VIEWS

[To accompany H.R. 2290 which on May 5, 1987, was referred jointly to the Committee on Energy and Commerce and the Committee on Interior and Insular Affairs]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2290), entitled, the "Indian Health Care Amendments of 1987", having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

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The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

Page 7, line 10, strike out "338G" and insert in lieu thereof "338F".

Page 7, line 12, strike out "338H." and insert in lieu thereof "338G."

Page 8, line 22, insert "and health promotion and disease prevention services" after "health care".

Page 8, beginning on line 25, strike out "paraprofessional training" and insert in lieu thereof "training for paraprofessionals".

Page 9, line 2, insert "and health promotion and disease prevention services" after "health care".

Page 9, line 11, strike out "particularly—" and all that follows through "evaluated," on line 15 of page 10 (and redesignate paragraph (6) as paragraph (3)).

Page 14, strike out lines 9 through 17 and redesignate succeeding subsections accordingly.

Page 16, line 8, strike out "submitted" and insert in lieu thereof "described".

Page 17, at the end of line 16, insert "and any amounts deposited pursuant to section 204(f) of the Indian Health Care Amendments of 1987".

Page 20, after line 25, add the following: "For the purposes of this subsection, the term 'Service' does not include a tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination Act."

Page 21, line 10, strike out "(a)" and all that follows through line 22 and redesignate succeeding subsections accordingly.

Page 24, line 6, insert "(including activities relating to the prevention, treatment, and control of diabetes under section 204)" after "services".

Page 24, strike out lines 8 through 10, and insert in lieu thereof the following:

"(2) provide for health promotion and disease prevention services under the comprehensive plan described in paragraph (1).

Page 24, at the end of line 21 strike out "," and insert in lieu thereof a period; and strike out line 22 and all that follows through line 16 on page 25 and redesignate succeeding paragraphs accordingly.

Page 25, line 17, strike out "(3)(A) The" and insert in lieu thereof "(2) Each".

Page 25, line 20, strike out "(i)" and insert in lieu thereof "(A)"; strike 21, strike out "(ii)" and insert in lieu thereof "(B)"; and line 23, strike out "(iii)" and insert in lieu thereof "(C)".

Page 265, strike out lines 1 through 8.

Page 26, line 10, strike out "the" and insert in lieu thereof "each"; and line 12, strike out "The" and insert in lieu thereof "Each".

Page 26, after line 21, insert the following:

**DIABETES PREVENTION, TREATMENT, AND CONTROL**

**SEC. 204.** (a)(1) The Secretary, in consultation with the tribes, shall determine—

(A) by tribe and by service unit of the Service, the incidence of, and the types of complications resulting from, diabetes among Indians; and

(B) based on subparagraph (A), the measures (including patient education) each Service unit should take to reduce the incidence of, and prevent, treat, and control the complications resulting from, diabetes among tribes within that service unit.

(2) Within eighteen months after the date of enactment of the Indian Health Care Amendments of 1987, the Secretary shall prepare and transmit to the President and the Congress a report describing the determinations made and measures taken under paragraph (1) and making recommendations for additional funding to prevent, treat, and control diabetes among Indians.

(b) The Secretary shall screen each Indian who receives services from the Service for diabetes and for conditions which indicate a high risk that the individual will become diabetic. Such screening may be done by a tribe or tribal organization operating health care programs for facilities with funds from the Service under the Indian Self-Determination Act.

(c)(1) The Secretary shall continue to maintain during fiscal years 1988 through 1991 each of the following model diabetes projects which are in existence on the date of enactment of the Indian Health Care Amendments of 1987:

- (A) Claremore Indian Hospital in Oklahoma;
- (B) Fort Totten Health Center in North Dakota;
- (C) Sacaton Indian Hospital in Arizona;
- (D) Winnebago Indian Hospital in Nebraska;
- (E) Albuquerque Indian Hospital in New Mexico;
- (F) Perry, Princeton, and Old Town Health Centers in Maine; and
- (G) Bellingham Health Center in Washington.

(2) The Secretary shall establish in fiscal year 1989, and maintain during fiscal years 1989 through 1991, a model diabetes project in each of the following locations:

- (A) the Navajo Reservation;
- (B) the Papago Reservation;
- (C) the States of Alaska, Minnesota, and Montana;
- (D) the Zuni Reservation; and
- (E) the States of California, Oregon, and Utah.

(d) The Secretary shall—

(1) employ in each area office of the Service at least one diabetes control officer who shall coordinate and manage on a full-time basis activities within that area office for the prevention, treatment, and control of diabetes; and

(2) establish in each area office of the Service a registry of patients with diabetes to track the incidence of diabetes and the complications from diabetes in that area.

(e) There is authorized to be appropriated such sums as may be necessary to carry out the provisions of this section. Funds appropriated under subsection (c) in any fiscal year shall be in addition to base resources appropriated to the Service for that year.

Page 26, line 22, strike out "(f)(1)(A)" and insert in lieu thereof the following (and make conforming changes to the succeeding paragraphs and cross references therein):

NATIVE HAWAIIAN HEALTH PROMOTION AND DISEASE  
PREVENTION

SEC. 205. (a)(1).

Page 36, line 17, insert "(but not through a tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination Act)" and "Service".

Page 38, after line 4, insert the following:

(f) Any amount recovered pursuant to subsection (a) shall be deposited into the Indian Health Care Improvement Fund.

Page 38, strike out lines 5 through 20.

Page 43, strike out line 9 and all that follows through line 6 on page 44, and insert in lieu thereof the following (and redesignate succeeding subsections accordingly):

SEC. 302. (a)(1) The Congress reaffirms the primary re-

Page 48, line 22, strike out "(b)(2)" and insert in lieu thereof "(a)(2)".

Page 49, line 3, strike out "(b)(2)" and insert in lieu thereof "(a)(2)".

Page 52, strike out line 15 and all that follows through line 5 on page 53.

Page 53, strike out lines 12 through 15 (redesignate succeeding sections accordingly and make conforming changes to cross references).

Page 65, after line 3, insert the following:

MANAGEMENT INFORMATION SYSTEM

Page 66, line 23, strike out "1989" and insert in lieu thereof "1988".

Page 73, strike out lines 2 through 9 and insert in lieu thereof the following:

SEC. 712. (a) The Secretary of Health and Human Services shall not—

(1) remove a member of the National Health Service Corps from a health facility operated by the Indian Health Service or by a tribe or tribal organization

under contract with the Indian Health Service under the Indian Self-Determination Act, or

(2) withdraw funding used to support such member, unless the Secretary, acting through the Service, has ensured that the Indians receiving services from such member will experience no reduction in services.

(b) The amendment made by subsection (a) of this section shall take effect as of January 1, 1988.

Page 78, line 22, strike out "area office" and insert in lieu thereof "service unit".

Page 79, line 2, strike out "area office" and insert in lieu thereof "service unit".

Page 79, beginning on line 7, strike out "syndrome" and all that follows through line 13, and insert in lieu thereof "syndrome in each service unit of the Service to one per one thousand live births."

Page 81, strike out line 23 and all that follows through line 22 of page 82 (all of section 711) and redesignate succeeding sections accordingly.

Page 83, strike out lines 2 and 3, and insert in lieu thereof "the pending litigation in McNabb against Heckler (628 F. Supp. 544 (D. Mont. 1986); affirmed, McNabb against Bowen (No. 86-3711 (9th Cir. 1987))."

Page 83, line 6, strike out "district court decision" and insert in lieu thereof "district and appellate court decisions".

Page 84, after line 14, add the following new sections:

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

SEC. 713. Title VII, as amended by section 710 of this Act, is further amended by adding at the end thereof the following new section:

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

"SEC. 717. (a) The Secretary, through the Service, shall make grants to the Eight 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.

"(b) There are authorized to be appropriated to carry out this section \$250,000 for each of the fiscal years 1988 and 1989."

**STUDY WITH RESPECT TO NUCLEAR RESOURCE DEVELOPMENT  
HEALTH HAZARDS**

SEC. 714. (a) The Secretary of Health and Human Services (acting through the Director of the Indian Health Service), the Secretary of the Interior (acting through the Bureau of Indian Affairs), and the Secretary of Energy shall jointly conduct a study for the purpose of determining—

- (1) the number of active nuclear resource development sites on Indian land in the United States;
  - (2) the Federal agencies that carry out Federal responsibilities with respect to each such site;
  - (3) the health hazards that exist as a result of such sites;
  - (4) the remedial actions which have been undertaken with respect to such health hazards;
  - (5) remedial actions that are needed with respect to such health hazards; and
  - (6) the amount of funds that would be necessary each year to implement and maintain such needed remedial actions and the date by which the remedial actions would be implemented if sufficient funds were to be provided for the remedial actions.
- (b) Not later than two years after the date of the enactment of this Act, a report shall be submitted to the Congress describing the findings and conclusions made as a result of carrying out the study required in subsection (a).

**RESTRICTIONS ON THE USE OF INDIAN HEALTH SERVICE  
APPROPRIATIONS**

**SEC. 715. (a)** Unless otherwise specifically provided, any restriction placed on the use of appropriations for Indian health services shall not be interpreted—

- (1) to apply to the use of funds other than such appropriated funds by an entity with a contract with the Indian Health Service;
  - (2) to prohibit the support of litigation with such other funds; or
  - (3) to prohibit the support of public support for or opposition to any legislative proposal with such other funds.
- (b) The Service may not offset or limit the amount of funds obligated to any entity under contract with the Service because of the use of funds, other than funds appropriated to the Indian Health Service, by such entity for the purposes described in paragraphs (1) through (3) of subsection (a).

Page 84, strike out line 15 and all that follows through line 8 on page 92.

**PURPOSE AND SUMMARY**

The Committee bill would revise and extend, through fiscal year 1991, the Indian Health Care Improvement Act. The central purpose of the Act is to raise the health status of the American Indian and Native Alaska people to a parity with that of the general population. The authorizations of appropriations contained in the Act expired on October 1, 1984.

The Committee bill would revise and extend current programs to increase the supply of Indian health professionals, to construct and renovate health facilities, to operate and maintain sanitation facilities, and to provide health care and referral facilities to urban Indi-

ans. The Committee bill would also authorize new initiatives relating to health promotion and disease prevention, diabetes prevention and control, health services for Native Hawaiians, and supplemental funding for tribes deficient in health care resources. In addition, the bill would elevate the Indian Health Service (IHS) to the level of an agency within the Public Health Service of the Department of Health and Human Services; the Director of the IHS would be appointed by the President, subject to confirmation by the Senate.

The authorizations under the Committee bill would, according to the Congressional Budget Office, total \$66 million in fiscal year 1988, \$92 million in fiscal year 1989, \$95 million in fiscal year 1990, and \$99 million in fiscal year 1991.

#### BACKGROUND AND NEED FOR THE LEGISLATION

The Indian Health Care Improvement Act, Public Law 94-437, was enacted in 1976. It is one of several statutory authorities on which appropriations for Indian health are based. (The other major authorities are The Snyder Act, 25 U.S.C. Sec. 13; The Transfer Act, 42 U.S.C. Sec. 2001 et seq.; and the Indian Self-Determination Act, 25 U.S.C. Sec. 450f et seq.)

The Indian Health Care Improvement Act was enacted in response to documented deficiencies in the health status of the Indian people. The legislation authorized additional funds for Indian health care, in part to reduce unmet needs under existing programs, and in part to establish specific new initiatives, such as health manpower training and urban projects. A major purpose of the 1976 Act was to raise the health status of the American Indian and Alaska Native people, over a seven year period, to a level comparable to that of the general U.S. population. In 1980, the Congress revised and extended the legislation through September 30, 1984.

The Committee has twice reported, and the House has twice approved, legislation to revise and extend the Indian Health Care Improvement Act. In the 98th Congress, the Committee ordered reported a similar bill, the Indian Health Care Amendments of 1984, H.R. 4567 (H. Rept. 98-763, Part 2), which would have revised and extended the Act through fiscal year 1987. The conference report on this legislation, S. 2166 (H. Rept. 98-1126), was approved by both the House and the Senate. However, on October 19, 1985, the President announced his decision to withhold approval of S. 2166.

In the 99th Congress, the Committee again ordered reported a similar bill, the Indian Health Care Amendments of 1985, H.R. 1426 (H. Rept. 99-94, Part 2), which would have revised and extended the Indian Health Care Improvement Act through fiscal year 1989. On September 18, 1986, the House passed H.R. 1426, as amended. On October 18, 1986, the last day of the 99th Congress, the Senate agreed to the House provisions with amendments, and the House took no further action.

The need for this legislation is as pressing now as it was during the 98th Congress. Based on an exhaustive analysis of the available data, the Office of Technology Assessment (OTA) concluded that "the health of American Indians on average has improved on many

measures over the past 15 years, but in almost every IHS service area and on almost every measure it is still far behind that of the U.S. all races population." Indian Health Care at 151 (April, 1986).

Indians die younger than other U.S. populations. According to OTA, from 1980 to 1982, the age-adjusted mortality rate (from all causes) for American Indians and Alaska Natives was 1.4 times that of the U.S. all races. Of all deaths in the general U.S. population in 1981, only 5.5 percent occurred in those under age 25, and only 32.2 percent occurred in those under age 65. Among American Indians and Alaska Natives, the corresponding percentages were 19 percent in the under 25 age group and 61.6 percent in the under 65 age group.

Indians are more likely than the rest of the U.S. population to die of tuberculosis, chronic liver disease and cirrhosis, accidents, diabetes, pneumonia and influenza, homicide, and suicide. The age-adjusted tuberculosis death rate for American Indians and Alaska Natives in 1980 to 1982 was seven times greater than that for the general U.S. population. In the same years, the age-adjusted Indian death rate from chronic liver disease and cirrhosis was more than four times greater than that for the general population; for diabetes, nearly 3 times greater; and for pneumonia and influenza, more than two times greater.

The causes of this differential in health status are numerous. Among the major contributing factors are the lack of adequate water supply and sewage disposal systems; the high incidence of poverty and unemployment among the Indian population; the prevalence of alcohol and other substance abuse; a lack of access to health care practitioners and facilities; and a shortage of financial resources to meet identified health needs.

In the view of the Committee, the Federal Government has a responsibility to assure that the health status of the Indian people is at parity with that of the general U.S. population. The purpose of the Indian Health Care Improvement Act, as amended by the Committee, is to discharge that responsibility.

#### TITLE I. INDIAN HEALTH MANPOWER

##### *Indian health professionals*

Title I of the Indian Health Care Improvement Act contains a number of different programs designed to increase the number of Indian health professionals; recruitment, preparatory scholarship, extern, and continuing education programs. In addition, section 338G of the Public Health Service Act authorizes an Indian health scholarship program to finance the training of Indians to become physicians, osteopaths, dentists, veterinarians, nurses, optometrists, podiatrists, pharmacists, clinical psychologists, public health personnel, and allied health professionals. Upon graduation, scholarship recipients have an obligation to deliver care to Indian people, either through the IRS, a tribally-operated program, and urban Indian clinic, or private practice in health manpower shortage area.

In fiscal year 1987, an appropriation of \$563,000 for the recruitment program was used to make grants to five universities to identify Indians interested in returning to their tribes to provide serv-

ices as health professionals. An appropriation of \$1,848,000 for the preparatory scholarship program was used to fund 161 scholarships for compensatory education to enable Indian students to qualify for health professions schools. An appropriation of \$3,612,000 for the health professions scholarship program was used to fund 315 scholarships. Finally, an appropriation of \$995,000 for the extern program was used to provide employment for Indians enrolled in health professions schools with IHS, tribal, or urban Indian health programs during nonacademic periods. The continuing education program did not receive a separate appropriation, but was instead funded with \$100,000 from the IHS clinical services budget.

Under the Committee bill, the recruitment program would be reauthorized at the following levels: \$550,000 in fiscal year 1988, \$600,000 in fiscal year 1989, \$650,000 in fiscal year 1990, and \$700,000 in fiscal year 1991. The preparatory scholarship program would be revised to prohibit the Secretary from denying, on the basis of scholastic achievement, scholarship assistance to an eligible applicant who has been admitted to, or maintained good standing at, an accredited institution. The program would be reauthorized at the following levels: \$3 million in fiscal year 1988, \$3.7 million in fiscal year 1989, \$4.4 million in fiscal year 1990, and \$5.1 million in fiscal year 1991. The extern program would be reauthorized at \$300,000 in fiscal year 1988, \$350,000 in fiscal year 1989, \$400,000 in fiscal year 1990, and \$450,000 in fiscal year 1991. The continuing education allowances program would be reauthorized at \$500,000 for fiscal year 1988, \$526,300 for fiscal year 1989, \$553,800 in fiscal year 1990, and \$582,500 in fiscal year 1991.

The Committee bill would revise the authorization for the Indian health scholarship program, currently found at section 338G of the Public Health Service Act, and recodify the program at section 104 of the Indian Health Care Improvement Act. Under current law, applicants who are Indians are to be accorded priority in the award of scholarships. In view of the continuing shortage of Indian health professionals and the limited scholarship resources available, the Committee bill provides that only Indians would be eligible to receive scholarships. The authorization levels provided by the Committee bill would be \$5.1 million in fiscal year 1988, \$6 million in fiscal year 1989, \$7.1 million in fiscal year 1990, and \$8.234 million in fiscal year 1991.

#### *Native Hawaiian health scholarships*

The Committee bill would establish a health professions scholarship program for Native Hawaiians. Authorization levels would be set at \$1.8 million for each of the fiscal years 1988 through 1991. Native Hawaiians are defined as citizens who are descendents of the aboriginal people who, prior to 1778, lived in Hawaii. The program would be operated on the same principles as the Native Health Service Corps (NHSC) Scholarship program; thus, Native Hawaiians receiving scholarship assistance would, upon completion of their education as a physician, dentist, nurse, or other health professional, provide services in a health manpower shortage area for a specified period. This program would not be administered by the IHS; instead, the Committee expects that this program would

