

DEPARTMENT OF THE INTERIOR AND RELATED
AGENCIES APPROPRIATIONS BILL, 1991

OCTOBER 16 (legislative day OCTOBER 2), 1990.—Ordered to be printed

Mr. Byrd, from the Committee on Appropriations,
submitted the following

REPORT

[To accompany H.R. 5769]

The Committee on Appropriations, to which was referred the bill (H.R. 5769) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 1991, and for other purposes, reports the same to the Senate with various amendments and presents herewith information relative to the changes recommended:

AMOUNTS IN NEW BUDGET (OBLIGATIONAL) AUTHORITY, FISCAL YEAR 1991	
Amount of bill passed by House	\$11,884,143,000
Amount of decrease by Senate	184,272,000
Total of bill as reported to Senate	11,699,871,000
Estimates considered by House	9,856,902,000
Estimates considered by Senate	9,856,902,000
Over the budget estimate, 1991	1,842,969,000
Over appropriations, 1990	+ 290,273,000

methods of storage, a conceptual plan for storage and distribution facilities for the additional oil, and a preliminary cost estimate for the construction plan.

The Committee has deleted language proposed by the House which would have restricted the Department's authority to lease petroleum products and storage facilities as recently authorized in Public Law 101-383.

SPR PETROLEUM ACCOUNT

Appropriations, 1990.....	\$224,310,000
Budget estimate, 1991.....	119,935,000
House allowance.....	119,935,000
Committee recommendation:	
Fiscal year 1991.....	196,188,000
Fiscal year 1992.....	

The Committee recommends no new purchases of oil for the strategic petroleum reserve and, consequently, has included no additional funds for petroleum acquisition in fiscal year 1991, a decrease of \$119,935,000 below both the budget estimate and the House allowance. The Committee believes that further purchase of oil for the SPR at this time would place undesirable pressure on world supplies of petroleum and would add to the upward price trends while providing little marginal reserve capacity to the existing oil stockpile.

The Committee understands that the Department has temporarily halted purchases of oil for the SPR due to the Persian Gulf crisis. Existing appropriated balances, together with an advance appropriation of \$108,458,000 made in 1990 for fiscal year 1991 and estimated excess receipts from the naval petroleum reserves, will leave a total of approximately \$261,500,000 available should the administration determine that the resumption of SPR oil purchases is prudent. These available funds would permit a fill rate of 57,000 barrels per day for the last one-half of fiscal year 1991, assuming oil prices of \$25 per barrel. Additionally, the Committee has recommended an advance appropriation of \$196,188,000 for the first quarter of fiscal year 1992 which will permit oil purchases at a rate of 100,000 barrels per day, or nearly double the fill rate earlier this year. This higher fill rate assumes that oil prices will have exceeded to the \$21.50 range by the beginning of fiscal year 1992. If petroleum prices remain significantly higher than these estimates, the Department should report to the Committees on Appropriations regarding the Secretary's plans for resuming purchases of petroleum for the SPR.

The Committee is aware of the administration's plans to sell up to 5,000,000 barrels of oil from the SPR in a test procedure authorized by the recently enacted Energy Policy and Conservation Act Amendments of 1990 (Public Law 101-383).

As authorized under 42 U.S.C. 6241, receipts from the test sale will be used by the Department to purchase oil to restock the Reserve within a 12-month period. This replenishment, and the receipt funds to accomplish it, are in addition to the fill rates and funding noted earlier under this section.

Last, while the Committee recognizes the unlikely ability that the United States may have to draw down its strategic stockpiles of petroleum during fiscal year 1991, no funds have been provided specifically for such emergency operations because the Department has permanent authority under the Omnibus Budget Reconciliation Act of 1981, 42 U.S.C. 6247 to use balances in the SPR petroleum acquisition account, as necessary, for this purpose. These balances would include receipts from the sale of petroleum, thereby self-financing drawdown operations.

ENERGY INFORMATION ADMINISTRATION

Appropriations, 1990.....	\$64,319,000
Budget estimate, 1991.....	66,608,000
House allowance.....	68,608,000
Committee recommendation:	
Fiscal year 1991.....	68,853,000

The Committee recommends an appropriation of \$68,853,000, an increase of \$2,245,000 over the budget estimate and \$245,000 over the House allowance. The recommended increase, requested by the administration to support work on the national energy strategy, includes \$950,000 to enhance EIA's energy supply modeling capability, \$525,000 to augment EIA's energy end-use data base, \$220,000 for renewable energy data collection and analysis, and \$550,000 for EIA to establish a propane price and inventory data system.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

INDIAN HEALTH SERVICES

Appropriations, 1990.....	\$1,178,337,000
Budget estimate, 1991.....	1,278,924,000
House allowance.....	1,419,700,000
Committee recommendation:	
Fiscal year 1991.....	1,414,500,000

The Committee recommends an appropriation of \$1,414,500,000, an increase of \$135,576,000 over the budget estimate, \$5,200,000 below the House level, and \$236,163,000 above the fiscal year 1990 appropriation. The Committee remains concerned about the provision of basic health care services for Indians. Backlogs in a number of IHS program areas have resulted in attention to only the most critical of health emergencies. Recommended allowances are contained in the following table:

	Budget estimate	Committee reappropriation	Change
Hospital and health clinic programs.....	\$157,988,000	\$836,770,000	+ \$678,782,000
Dental health.....	36,000,000	42,880,000	+ 6,880,000
Mental health.....	22,798,000	24,796,000	+ 1,998,000
Alcoholism.....	34,880,000	39,887,000	+ 5,007,000
Maintenance and repair.....	12,420,000	13,010,000	+ 590,000
Contract care.....	250,794,000	265,196,000	+ 34,402,000
Sanitation.....	27,576,000	29,128,000	+ 1,552,000
Public health nursing.....	16,462,000	17,338,000	+ 876,000
Health education.....	5,196,000	7,282,000	+ 2,086,000
Community health representatives.....	32,826,000	34,686,000	+ 1,860,000

such changes without prior approval of the Committee. All language is included prohibiting such actions without requiring advance approval of the Committee. The Committee does not object to IHS' consideration of alternative means of structuring its organization that would be presented to the Committee for approval. However, the Committee intends that any such considerations involve full participation, input, and review by the tribes affected by any existing and any proposed arrangements, and that IHS clearly identify the programs, funding, and staff affected by any such proposal, and how existing services would be affected.

The Committee has recommended increased funding in many sections of the IHS budget. It is the Committee's expectation that these increased funds will be continued in future budgets, unless specifically identified as one-time funding.

Hospitals and clinics.—The Committee recommends a level of \$836,770,000 for hospitals and clinics, an increase of \$78,782,000 above the budget request.

The recommendations provided by the Committee continue the efforts of Congress in recent years to provide resources to keep pace with the cost increases that have eroded the base of Indian health services. The ability of the Indian Health Service to maintain constant levels of service has been affected by failure to budget fully for growth in the population eligible for IHS services, general and special pay increases, medical inflation, and other factors. The recommendations which follow attempt to address many of these concerns by restoring much of the eroded IHS base. Consequently, it is the expectation of the Committee that these increases be treated as recurring for purposes of future budgets, and also, that those future budgets identify clearly how the budget request addresses the various cost factors from year to year.

Within the total provided for hospitals and clinics, the Committee recommends the following increases: \$13,313,000 to fund inflation costs fully; \$4,702,000 to address the anticipated costs of the fiscal year 1991 Federal pay raise; \$8,958,000 for special pay increases, which are to be allocated among all eligible employment categories, not just physicians; \$24,309,000 for services to address the growth in the IHS service population; \$19,000,000 to fund the Indian health care improvement fund at the level authorized for fiscal year 1991; \$2,000,000 for the loan repayment program to help with recruitment and retention, with these funds also to be used for dentists and other eligible staffing positions, such as nurses; \$1,500,000 for no more than three demonstration projects of joint ventures between tribes and IHS; and \$5,000,000 for the Alaska Community Health Aide Program. The Committee has addressed the nursing initiative under the manpower subactivity.

The Committee expects IHS to distribute the funds provided for the Indian health care improvement fund prior to allocating the other funding increases provided.

It is the Committee's understanding that the budget request continues funding for the model diabetes program begun in fiscal year 1990, including participation by the Zuni Pueblo, since the budget justification contains no base adjustment to the contrary.

The Committee is concerned about the allocation of resources by the Indian Health Service. Many tribes have questioned the re-

	Budget estimate	Committee recommendation	Change
Immunization.....	1,188,000	1,218,000	+30,000
Urban health projects.....	14,129,000	14,770,000	+641,000
Indian health manpower.....	12,600,000	15,600,000	+3,000,000
Tribal management.....	4,131,000	4,257,000	+126,000
Direct operations.....	49,936,000	47,682,000	-2,254,000
Total, Indian Health Services.....	1,278,924,000	1,414,500,000	+135,576,000

The Committee has not concurred in proposed bill language that would establish separate appropriation accounts for tribal and Federal health administration. The Committee remains unpersuaded that separate appropriation accounts will foster more tribal contracting, and concurs with the House that sufficient funds to enable tribes to manage their health programs will do more to fulfill the objectives of self-determination. Administrative actions to pursue this separation of programs will not be tolerated by the Committee. The Committee wishes to express its rejection of sentiment expressed informally by IHS that tribal decisions to engage in Public Law 93-638 contracts for the operation of health programs somehow represent a willingness on the part of the tribe to tolerate a less than acceptable level of health care for its members in exchange for fiscal control. The Committee maintains that tribal self-determination and the highest possible standard of health care are not mutually exclusive elements.

The Committee has included, as recommended by the House, bill language directing that funds be apportioned to the IHS as appropriated. The Committee is concerned that despite consistent rejections by the Congress of the proposed separation of Federal and tribal health administration accounts, separate accounting systems are being established for this very purpose.

As in prior years the Committee has included bill language to extend deferral of implementation of the proposed IHS eligibility regulations until a budget is submitted and enacted which reflects the increased costs associated with the regulations.

The Committee wishes to remind IHS of the reprogramming guidelines with respect to reorganizations. Any reorganization of operations, even without a change in funding, represents a significant departure from the program described in the agency's budget justification. As such, IHS is expected to request and receive approval from the Committee before implementing any reorganization of its programs.

The Committee is concerned that despite these clear directions with respect to reorganizations and reprogrammings, IHS has failed to solicit the Committee's advance approval before proceeding with the realignment and reassignment of certain functions. In addition, the Committee is concerned that inadequate attention is being paid by the IHS to the manner in which reorganizations and realignments affect the tribes whose interests the IHS was created to serve.

Specifically, the Committee is concerned that attempts may be made to restructure the current functioning of the Tucson area office of IHS. In order to assure that no actions are taken to affect

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The recommendations provided by the Committee continue the efforts of Congress in recent years to provide resources to keep pace with the cost increases that have eroded the base of Indian health services. The ability of the Indian Health Service to maintain constant levels of service has been affected by failure to budget fully for growth in the population eligible for IHS services, general and special pay increases, medical inflation, and other factors. The recommendations which follow attempt to address many of these concerns by restoring much of the eroded IHS base. Consequently, it is the expectation of the Committee that these increases be treated as recurring for purposes of future budgets, and also, that those future budgets identify clearly how the budget request addresses the various cost factors from year to year.

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The Committee is concerned about the allocation of resources by the Indian Health Service. Many tribes have questioned the re-

source allocation methodology [RAM] used by the IHS. The Committee directs IHS to continue to review and improve the RAM and coordinate with the tribes on revisions to the methodology to ensure that funds are equitably distributed. The Committee expects IHS to report, by February 1, 1991, on its consultation with the tribes and modified methodology. The Committee anticipates that among the factors, IHS will examine indicators other than years of productive life lost, such as higher costs of providing health care in isolated areas, and the lack of other health care resources in such areas.

This concern about allocation also extends to the proposed use of funds for staffing increases for fiscal year 1991. The Committee notes that of 68 new positions requested for fiscal year 1991, only 8 of these positions are likely to be involved in the direct provision of health care services to Indians. While the support functions which comprise the health care delivery system are unquestionably a critical element, the Committee is concerned about an overemphasis on analytic and related administrative positions at a time when many health services are being deferred due to a lack of resources. The Committee expects IHS to continue to address the allocation of resources so that the funding for service units for the Lac Courte Oreilles and Sault Saint Marie Chippewa Indians more closely approaches the average for the Bemidji area.

The funds provided for growth in service population are intended to be allocated equitably and are to be used to address tribal and area priorities. For example, the Winnebago Tribe of Nebraska has identified as one of its top priorities continued funding under the dependency unit which has previously received funding under the hospitals and clinics line-item. Other priorities which have been brought to the attention of the Committee include the Native Americans in health care program of the Lac du Flambeau Tribe; the substance abuse and prevention treatment program of the Eight Northern Pueblos; the health programs of the Quileute Tribe; and the diabetes awareness and prevention treatment program of the Cheyenne River Sioux Tribe.

The Committee is aware of concerns regarding the funding for the Carl Curtis Nursing Home, operated by the Omaha Tribe of Nebraska. The Committee directs IHS to work with the tribe regarding the funding for their health care programs and to report to the Committee by March 1, 1991, with a status update of the tribe's health programs.

The Committee is aware of unique situation of the Oneida Nation with respect to the distribution of its tribal members in six noncontiguous counties in New York. This situation has, as indicated by the House, caused a problem with defining the health services delivery area for the tribe. IHS is to continue working with the Oneida Nation to address this problem.

The funding of \$1,500,000 provided for a joint venture is to demonstrate the potential of cooperative efforts between IHS and tribes wherein IHS contributes funding toward the costs associated with equipping and operating facilities. The Committee expects the costs of facility construction to be met fully by the tribes, and to provide such facilities lease-free to the IHS. It is the Committee's expectation that projects considered under this initiative be intended to re-

place existing IHS out-patient facilities, that consideration be given to facilities for which a program of requirements document detailing program assumptions, staffing requirements, and space needs has been prepared, and that evidence of tribal endorsement for the cooperative endeavor be available. The Committee expects the IHS to keep the Committee informed fully about the progress of this demonstration, including notification of the tribes selected, and identification of the costs requested for each project and the amount which IHS could meet within the funding provided. The Committee expects IHS to provide a status report on this project no later than January 15, 1991. The Committee does not intend for this demonstration project to allow IHS to ignore the needs of smaller tribes, such as the Nez Perce. The Committee expects IHS to continue working with small tribes to determine how best to address their facility requirements.

Dental health.—The Committee recommends a total of \$42,880,000, an increase of \$6,880,000 above the budget request and a decrease of \$599,000 when compared to the House level. The increases include \$424,000 to fund inflation fully; \$301,000 to address the anticipated fiscal year 1991 pay increase; and \$1,155,000 for growth in the IHS service population. The Committee has also recommended an increase of \$5,000,000 to be to reduce the level of unmet need, since IHS has indicated that approximately only 32 percent of Indians and Alaska Natives receive dental care on an annual basis, as compared to an estimate of 57 percent for the general population.

Within the funds provided for dental health, the Committee has no objection to the use of some of these funds to purchase and deploy mobile dental units, as appropriate.

The Committee expects IHS to report, as requested by the House, no later than February 1, 1991, detailing dental program needs, associated costs, and priorities for funding those needs. The IHS is currently meeting only about one-third of needed dental services.

Mental health.—The Committee recommends a total of \$24,796,000, an increase of \$1,998,000 above the budget request and a decrease of \$2,503,000 when compared to the House recommendation. The level recommended by the Committee includes increases of \$328,000 to address inflation increases; \$166,000 for anticipated fiscal year 1991 pay costs; \$171,000 for special pay increases, available for all eligible job classifications; \$733,000 for service population growth; \$100,000 for the Hopi child sexual abuse project; and \$500,000 for the Navajo child sexual abuse project.

Within the funding requested, the Committee understands that at least \$1,800,000 is continued, as provided in fiscal year 1990, for indigent Indians in North Dakota (\$1,000,000) and South Dakota (\$800,000), to be used for the purpose of contracting for mental health and chemical treatment services, whether such treatment services are based upon a diagnosis of mental illness, or chemical dependency, or both, from the North Dakota Department of Human Services and the State of South Dakota for those placed in State government treatment facilities by IHS and not for any other purpose. The Committee fully expects IHS to allocate the funds for the purposes and the amounts stated. The Committee will not tolerate the blatant disregard of its direction by IHS as occurred in

Contract care.—The Committee recommends a total of \$285,196,000, an increase of \$34,402,000 over the budget request and an increase of \$3,894,000 compared to the House level.

The funding recommended by the Committee includes the following increases: \$10,000,000 to address the shortfall in contract care services; \$5,000,000 to conduct services which have been deferred due to shortfalls in prior years; \$6,341,000 for inflationary cost increases; \$9,000 for anticipated fiscal year 1991 pay increases; \$8,052,000 for service population growth; \$5,000,000 for increased contract care demands in the Phoenix and Tucson areas as a consequence of recent court rulings affecting the provision of health care services for on-reservation Indians who are medically needy or medically indigent and who have been referred off reservation for services. The Committee expects these increases to be treated as recurring costs, and it is also the Committee's expectation that the Phoenix and Tucson areas will be considered on the same basis in the allocation of the general increases as are the other IHS areas.

Sanitation.—The Committee recommends a level of \$29,128,000, an increase of \$876,000 over the budget request. The increase includes \$429,000 for inflationary cost increases, \$885,000 for population growth, and \$238,000 for anticipated fiscal year 1991 pay increases.

Public health nursing.—The Committee recommends a total of \$17,338,000, which includes increases of \$200,000 for inflation, \$148,000 for fiscal year 1991 pay costs, and \$528,000 for service population growth.

Health education.—The Committee recommends a total of \$7,282,000, an increase of \$2,086,000 over the budget request and an increase of \$1,367,000 when compared to the House level. The increases recommended by the Committee include \$93,000 for education, \$26,000 for pay costs, \$300,000 for a smokeless tobacco education/prevention initiative (not to be limited to Alaska), \$500,000 for AIDS prevention and training, \$167,000 for population growth, and \$1,000,000 for the development of tribal action plans to address alcohol and drug abuse in tribal communities.

Community health representatives.—The Committee recommends a total of \$34,686,000, which represents an increase of \$810,000 over the budget request for inflation and \$1,050,000 for population growth.

Immunization.—The Committee recommends a total of \$1,218,000, an increase of \$30,000 over the budget request, and the same as the House allowance. The increased funds are provided to address inflationary increases for the Alaska hepatitis B and *Hae-mophilus influenzae* immunization program.

Urban health.—The Committee recommends a total of \$14,770,000, an increase of \$641,000 over the budget request, and a decrease of \$2,500,000 when compared to the House level. The increase recommended by the Committee includes \$341,000 for inflation, and \$300,000 for AIDS education and prevention activities.

As with other increases provided in fiscal year 1990, as the budget justification contains no base adjustment to the contrary, the Committee understands that the increases of \$200,000 for the Flagstaff urban program and \$350,000 for the Phoenix urban program are recurring in fiscal year 1991, and should be treated as

fiscal year 1990. Accordingly, IHS is to report bimonthly to the Committee regarding its expenditure of these funds for both mental health and chemical treatment under the mental health activity.

While these funds are provided under that appropriate services be it is the Committee's full expectation that appropriate chemical and alcohol abuse as well as mental health. If IHS ascertains that expended by abuse of funds for chemical and alcohol abuse would be expedited by transferring funds from the mental program to the relevant chemical and alcohol abuse activities, a reprogramming transfer should be proposed identifying the basis for allocating the funds between chemical and alcohol abuse and mental referrals.

The Committee recommendation includes funds to continue the Hopi child sexual abuse project and to begin similar efforts to address these tragic circumstances in the Navajo Nation. With respect to the Hopi project, the Committee expects the tribe, in conjunction with IHS and BIA, to provide an assessment on future areas to be addressed, the roles to be conducted by the various parties (tribal, IHS, BIA), and a cost estimate. The Committee expects, prior to expenditure of any of the funds provided for the Navajo project, a similar comprehensive planning effort, developed jointly with IHS and BIA, designating the specific program objectives, timeframe from program accomplishment, delegation of responsibilities among the tribal, IHS, and BIA programs, and a cost estimate.

Alcoholism.—The Committee recommends a total of \$39,887,000, an increase of \$5,007,000 above the budget request, and an increase of \$3,121,000 when compared to the House level.

The funding recommended by the Committee includes \$882,000 to fund inflation fully; \$4,000 to address anticipated fiscal year 1991 Federal pay increases; \$900,000 for operating costs for the Gallup Alcohol Crisis Center in Gallup, NM; \$100,000 to expand treatment programs for the Navajo Nation; and \$200,000 for the Gallup demonstration program, which is continued in the base; \$1,121,000 for population growth, and \$2,000,000 for expanded treatment, training, prevention, and education regarding fetal alcohol syndrome and fetal alcohol effect. Of these funds, \$200,000 is to be made available to the Alaska Area Native Health Service for the Federal contribution toward a joint Federal-State-local effort to address public inebriation in the Anchorage area. These funds are to be matched by contributions from the State of Alaska (\$600,000) and the municipality of Anchorage (\$900,000). Additionally, \$250,000 is to be made available for the Raven community development project in Alaska, to be used for intensive training for community members to address the ravages of alcoholism and substance abuse in local communities. The Committee is also aware of proposals to develop a residential treatment center for pregnant women with alcohol abuse problems in the northern plains States, and expects IHS to work with the affected tribes to pursue the feasibility of such a center on a demonstration basis.

Maintenance and repair.—The Committee recommends an increase of \$590,000 for inflation, for a total program of \$13,010,000.

such in future budgets. It is also the Committee's expectation that these programs be eligible for any general program increases for the urban health program as would be any of the other urban health programs. As with other urban programs, Phoenix may use a portion of its funds to address its space requirements.

Manpower.—The Committee recommends a total of \$15,600,000, an increase of \$3,000,000 over the budget request and House allowance. The increase consists of an additional \$2,000,000 for nursing programs, as authorized in section 112 of the Indian Health Care Improvement Act Amendments (Public Law 100-713) and an additional \$1,000,000, to be divided between the recruitment programs (\$200,000) and the preparatory scholarships (\$800,000) authorized in Public Law 100-713.

The Committee is aware of various efforts underway by tribal organizations and medical institutions to improve the educational preparation and recruitment and retention of health care professionals who serve Indian communities. With the funds provided for Indian health manpower, the IHS is to continue working cooperatively in the development of such programs that may contribute to the quality of care received by American Indians and Alaska Natives. Of the funds provided, \$500,000 is to be made available for the physician recruitment program to serve native Americans that is proposed by the University of South Dakota.

Tribal management.—The Committee recommends a total of \$4,257,000, an increase of \$126,000 over the budget request, and the same as the House level. The increased funds are to be used for inflationary cost increases for this program.

Direct operations.—The Committee recommends a total of \$47,682,000, a decrease of 2,254,000 from the budget request and \$7,000,000 below the House level. The recommendation includes increases of \$1,339,000 for inflation, \$504,000 for anticipated fiscal year 1991 pay increases, and \$903,000 for special pay act costs, to be distributed to all eligible job classifications; and decreases of \$2,000,000 for the quality management initiative and \$3,000,000 for administrative reductions and efficiencies in the headquarters function. The Committee has deleted funding for the quality management initiative until such time as IHS can identify quantifiable goals and objectives for this program, and actively involves tribal governments in the reassessment and improvement of IHS services. The reduction for headquarters is proposed to instill immediate and identifiable improvements to the excessive overhead and bureaucratic layering within IHS. The Committee, as well as others, have expressed concern about the ability of IHS to respond in a timely manner to report directives and requests for information. Rather than improving, this situation has deteriorated, so the Committee is proposing a reduction in headquarters to improve this situation.

The Committee continues to remain concerned about the lack of sufficient information contained in the IHS budget justification to sufficiently explain the programs of the Indian Health Service. As indicated in the Committee's recommendations for several of the IHS line-items, the budget failed to identify funds specifically provided by the Congress in prior years. It is the Committee's expectation that future budget justifications will include specific identifica-

tion, in the proper section of the budget, regarding the position from year to year of specific funds provided to IHS. It is also the Committee's expectation that IHS clearly identify the assumptions used in the budget with respect to inflation, population growth, pay costs, facilities staffing funding, and accomplishments against stated objectives or shortfalls for the most recently completed fiscal year.

As indicated by the House, IHS should include details on major programs, such as the Community Health Aide Program, the Loan Repayment Program, the Indian health care improvement fund, the catastrophic health emergency fund, the projects funded under the alcoholism and urban health programs, and many others. The information should include, but is not limited to, basic program descriptions, funding contained in the prior, current, and budget year, and how any changes from the current to budget year are to be used.

It is also the Committee's expectation that the various sections of the IHS budget justification will more clearly identify and quantify unmet needs and the specific funding and actions proposed in the budget to address such requirements. Priority areas requiring such attention include dental health; drug and alcohol abuse treatment and prevention, including fetal alcohol syndrome and infant mortality; AIDS treatment, prevention, and education; and diabetes.

As part of its annual budget justification submission to the Congress, the Committee expects the Indian Health Service to provide a full accounting of all positions within the organization. It is the Committee's expectation that the budget justification will contain information regarding the distribution of the positions, including an indication of job functions and funding levels, for each element of the IHS organizational chart. For example, the Committee will expect a clear identification of the personnel and funding resources dedicated to the Office of the Director; the Office of Administration and Management (including its various divisions); the Office of Planning, Evaluation and Legislation (including its various divisions); the Office of Tribal Activities (including its various divisions); the Office of Health Programs (including its various divisions); the Office of Environmental Health and Engineering (including its various divisions); the Office of Health Program Research and Development (including its various divisions); and the Office of Information Resources Management (including its various divisions). The Committee also expects that the functional responsibilities of the various IHS area offices and the headquarters west office will be clearly identified, along with the relevant staffing and budgetary information.

Bill language.—The Committee has included language under general provisions to make permanent the extension of Federal tort claims protection to tribal Public Law 93-638 contractors.

INDIAN HEALTH FACILITIES

Appropriations, 1990.....	\$71,633,000
Budget estimate, 1991.....	13,156,000
House allowance.....	167,236,000
Committee recommendation.....	165,956,000

The Committee recommends an appropriation of \$165,956,000, an increase of \$152,800,000 above the budget estimate, \$1,280,000 below the House allowance, and \$94,323,000 above the fiscal year 1990 appropriation. The following table summarizes the Committee's recommendations:

	Budget estimate	Committee recommendation	Change
Hospitals:			
New and replacement.....	\$3,156,000	\$42,460,000	+ \$39,304,000
Repair and improvement.....	10,000,000	10,000,000	
Subtotal.....	13,156,000	52,460,000	+ 39,304,000
Outpatient care facilities.....			
.....		27,138,000	+ 27,138,000
.....		12,500,000	+ 12,500,000
.....		72,238,000	+ 72,238,000
.....		1,620,000	+ 1,620,000
Regional treatment centers.....			
.....	13,156,000	165,956,000	+ 152,800,000
Total.....			

With respect to the leasing of facilities, the Committee has revised bill language included in previous appropriation bills regarding the use of leased space for the conduct of tribal programs. The Committee requires that IHS report to the Appropriations Committees of the House and Senate no later than 30 days after the end of each quarter of the fiscal year regarding proposed changes to the existing leasing arrangements, or proposals for new leases, for both IHS and tribally contracted programs. By complying with this directive, IHS will be able to keep the Committees informed of programs where new or expanded leases are contemplated. The Committees will review these reports, and will notify IHS if further information is required before proceeding with any particular lease. It is not the Committee's intention that IHS enter into any new leasing arrangements prior to notifying the Committee of such intention by including these items on the stated quarterly reports. Further, the Committee recommends that the IHS develop and clearly communicate to the tribes the methodology by which requests for additional lease space will be considered and ranked. It is the Committee's intent that funds remaining after completion of health facilities construction projects funded under the Indian Health Service [IHS] facilities appropriation (in this and prior years) be available to the IHS for reprogramming to other projects on the health facilities construction priority list. Consistent with the Committee's reprogramming guidelines, the IHS shall have authority to reprogram up to \$250,000 to other facilities projects without advance approval of the Committee. Reprogramming requests exceeding \$250,000 are to be referred to the Committee for approval. It is the Committee's expectation that

annual budget submission to the Congress will contain information regarding those funds, and the affected projects, for which reprogrammings were executed in the prior year, and an identification of potential projects for which reprogrammings are anticipated in the coming year.

Hospitals/new and replacement.—The Committee recommends increases of \$1,000,000 to complete design and site development for the replacement Anchorage Native Medical Center, AK; an increase of \$12,982,000, for a total of \$16,138,000 to complete the Pine Ridge, SD, hospital; and an increase of \$25,322,000 to begin construction of the Kotzebue, AK, hospital.

Outpatient care facilities.—The Committee recommends increases of \$18,403,000 for construction at Belcourt, ND, and \$8,735,000 for the facility at Tohatchi, NM.

Personnel quarters.—The Committee recommends \$8,000,000 for construction of personnel quarters at Pine Ridge, SD and \$4,500,000 for Barrow, AK personnel quarters.

Regional youth treatment centers.—The Committee recommends increases of \$1,000,000 for completion of rehabilitation of the facilities in the Phoenix and Tucson areas, for facilities located at Schurz, NV, and Gila River, AZ; \$400,000 to complete renovation of the Alaska area treatment centers in Sitka and Fairbanks, AK; and \$220,000 to complete design for the Inland Tribal Consortium to be constructed in Spokane, WA.

Sanitation.—The Committee recommends a total of \$72,238,000; which includes increases of \$35,000,000 to address the sanitation facility requirements of newly constructed or renovated homes; \$30,000,000 to begin addressing the backlog of needed sanitation projects for existing homes; and, for the completion of sanitation projects begun previously, \$2,123,000 for the Rocky Boys Reservation of the Chippewa-Cree Tribe, \$2,115,000 for the Cattaraugus Reservation of the Seneca Tribe, \$250,000 for Fort Berthold, and \$2,750,000 for the Navajo new lands to replace funds previously reprogrammed to address emergency shortfalls elsewhere. Of the funds provided for newly constructed or renovated homes, the Committee expects the IHS to work cooperatively with the BIA to ensure that the requisite sanitation facilities are provided for the replacement or renovated homes provided to the Havasupai Tribe as a result of the recent flood.

The Committee expects IHS to give high priority within the sanitation funds provided to emergency and unscheduled needs.

The Committee is aware of possible ground water contamination problems at the Gibson Terrace portion of the Fort Hall Reservation in Idaho, and directs the IHS to conduct an assessment of this situation and report to the Committee, along with a recommendation and cost estimate of the steps necessary to resolve this problem.

The Committee is aware of misunderstanding between the community of Nelagoney, OK, and the Indian Health Service regarding the community's water source project. The Committee is concerned about this impasse and expects IHS to continue to work with the community in an effort to help allow this project to move forward toward completion.