

SIGNIFICANT ITEMS IN HOUSE, SENATE, AND CONFERENCE
APPROPRIATIONS COMMITTEES REPORTS

2000 House Report Language (106-222)

Mental health -- The Committee expects the Service to distribute the program increase (of \$2,489,000) above the 1999 level to a limited number of projects rather than distributing it equally to all tribes. Such an approach will enable the Service to focus on the most pressing needs.

Action Taken or to be Taken

The funds will be distributed in a competitive grant process in conjunction with the Department of Justice under a White House Initiative to address Mental Health concerns in the American Indian and Alaska Native community.

Rate of amputations among Native Americans -- The Committee is concerned about the high rate of amputations among Native Americans. The Service should develop a meaningful plan of action to augment and strengthen its podiatry care program and address the shortage of commissioned officers in the podiatry field. The IHS should work with other institutions, including the American Podiatric Medical Association, the Centers for Disease Control and Prevention and the National Institutes of Health in developing this plan.

Action Taken or to be Taken

The IHS will establish a national committee to develop a plan of action for the podiatry program. As described, there is a critical shortage of podiatric manpower and a lack of consistent guidelines and standards regarding footcare and education for providers. In addition, there is a need for education of the patient and facilitation of their access to the footcare that is available for them. These issues will be addressed by the committee.

Infant mortality in Shoalwater Bay Tribe -- The Committee continues to be concerned about the infant mortality crisis in the Shoalwater Bay Tribe and expects the Service to work closely with the tribe, the State, the Centers for Disease Control and Prevention and other agencies to identify the causes of and potential solutions for infant mortality.

Action Taken or to be Taken

The Washington State Department of Health, Pacific County Health Department, and the Shoalwater Bay Tribe together asked the Centers for Disease Control (CDC) for an Epi-Aid to Shoalwater Bay Tribe to help assess a reported excess in (a) the incidence of molar pregnancies among both Shoalwater Bay Tribe and non-Shoalwater Bay Tribe women in Pacific County, and (b) the rate of miscarriages among Shoalwater Bay Tribe women. CDC agreed and the Epi-Aid began in December 1999 and was completed in several weeks.

The data collected during this Epi-Aid are still being analyzed and reviewed by all parties involved. The Tribal government is adamant about keeping the news media out of this and requested that nothing--

neither data nor preliminary interpretations of the data--be released or talked about until the report is final and the Tribe agrees. The Tribe considers these data and preliminary interpretations to be confidential.

Joint Venture Construction Program -- The fiscal year 2001 budget should address the advisability of reinstituting a joint venture facilities construction program in the context of overall priorities. The Committee notes that this is another area of need that has fallen through the cracks as funding increases have concentrated on addressing the contract support cost shortfall.

Action Taken or to be Taken

The Indian Health Service, in consultation with tribes, proposed funding for the Joint Venture Construction Program (JVCP) in the fiscal year 2001 budget. However, funding for the JVCP was not included because of the overall budget constraints and funding priorities. The IHS has moved forward with developing, in concert with the tribes, a methodology to conduct the JVCP in the event that the Congress appropriates funding. Under the proposed methodology, following an appropriation for the JVCP, project proposals will be requested from interested tribes, for national competition pursuant to the conditions stipulated in the authorization. Since it is estimated that the capital outlay of Federal construction funds could be reduced by approximately 80 percent by the JVCP, it appears that the JVCP is needed to help address the construction backlog.

The IHS will begin the process of making needed revisions of its health facilities construction priority system starting this year. How the JVCP will be integrated with the existing IHS health facilities construction priority system will be addressed during the methodology development.

Contract Support Costs -- The Committee expects the IHS to continue to work with the tribes and the legislative committees of jurisdiction to find an acceptable solution to the contract support cost funding problem. The Committee believes the basic "fairness" question needs to be addressed with respect to how to distribute limited funds between and among various programs and the management of those programs.

Action Taken or to be Taken

Contract support cost (CSC) funds were distributed in fiscal year 1999 in a manner that addressed Congressional concerns over the inequity in CSC funding. Congress appropriated an increase of \$35 million for contract support costs in the fiscal year 1999 appropriation. Based on Congressional guidance and the results of extensive agency consultation with Indian tribal governments, the IHS adopted an allocation methodology for the distribution of the \$35 million in a manner that was a departure from past Agency allocation methods. The increase was distributed to tribes that have assumed IHS programs in recent years without receiving any CSC for those assumptions (i.e., tribes on the Indian self-determination fund "queue"). Specifically the funding methodology allocated the increase to those tribes that had the greatest overall CSC need for all programs administered through self-determination contracts and compacts.

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2000 Conference Report Language (106-479)

Contract Support Costs -- The lack of a resolution to the contract support cost distribution disparity in IHS continues to be a great concern. The Service is strongly encouraged to continue its work with the tribes to resolve the discrepancies that exist currently and ensure that these costs can be funded fairly. Any resolution to the issues should not be made at the expense of funding for medical services and facilities for non-contracting and non-compacting tribes.

Action Taken or to be Taken

The IHS and representatives of tribal governments have worked together during fiscal year 1999 to develop a revised IHS policy on CSC that will become effective in fiscal year 2000. The new policy will abandon much of the historic approach to allocating CSC in the IHS and will implement new allocation provisions designed to further reduce CSC funding disparities among tribes.

Standardized Construction of Staff Quarters -- The Service needs to develop a standardized methodology for construction of staff quarters. That methodology should assume the use of uniform building code approved modular housing unless there is a compelling reason why such housing is not appropriate. The methodology should be applied fairly to all quarters projects on the priority list and should encourage tribal funding and alternative financing. The Service should address the new methodology in their 2001 budget request.

Action Taken or to be Taken

The current methodology of requesting full funding for quarters with the annual funding request for the associated hospital or health center replacement projects is in response to quarters management concerns raised by the 1990 Office of Inspector General's (OIG) report. The OIG was concerned that IHS had been completing health care facilities in remote locations without adequate housing for new staff, and that the Quarters Construction Priority System was not addressing the need quickly enough to ensure that housing would be available for new staff when a facility opened. Although the current methodology includes staff quarters, 5 projects remain on the Quarters Construction Priority List which has not been funded.

The IHS is considering how best to address this concern expressed by Congress. Tribal financing of quarters projects has been discussed with some of the tribes affected. Creating a uniform methodology for all quarters projects will be done in consultation with the tribes and in conjunction with the revisions to the entire health care facilities priority system.

In planning and designing quarters, IHS uses the administrative guidance provided in the Office of Management and Budget (OMB) Circular No. A-45 which requires that a program plan and design for a project be described in a Program Justification Document for Quarters (PJDQ) and a Program of Requirements for Quarters (PORQ). Modular housing units will be used where these prove to be economical and meet OMB standards,

including conformance with the space authorized in the approved PJDQ and the construction standards in the approved PORQ.

Facilities Construction System -- The Service should work closely with the tribes and the Administration to make needed revisions to the facilities construction priority system. Given the extreme need for new and replacement hospitals and clinics, there should be a base funding amount, which serves as a minimum annual amount in the budget request. Issues which need to be examined in revising the current system include, but are not limited to, projects funded primarily by the tribes, anomalies such as extremely remote locations like Havasupai, recognition of projects that involve no or minimal increases in operational costs such as the Portland area pilot project, and alternative financing and modular construction options. The Service in re-examining the current system for construction of health facilities should develop a more flexible and responsive program can be developed that will more readily accommodate the wide variances in tribal needs and capabilities.

Action Taken or to be Taken

The IHS is considering how best to address the concern of Congress. In FY 2000, with tribal participation, the IHS will work towards improving the current IHS Health Facilities Construction Priority System Methodology. The request to make needed revisions to the health facilities construction priority system is consistent with the desires of the tribes based on their proposed mark-up of Public Law 94-437, which is up for reauthorization. The tribal consultation process is expected to take considerable time.