The original documents are located in Box 2, folder "Health Care Legislation - S. 522 (2)" of the Bradley H. Patterson Files at the Gerald R. Ford Presidential Library.

THE WHITE HOUSE
WASHINGTON

DATE 2/5/76

TO: Dr. Marrs

FROM: SARAH MASSENGALE

HEALTH, EDUCATION, AND WELFARE

SUBJECT: INDIAN HEALTH CARE

SENATE BILL: S. 522 (Jackson (D) Wash.)
HOUSE BILL : H.R. 2525 (Meeds (D) Wash.)

BACKGROUND: S. 522, as introduced, is identical to S. 2938 which was passed by the Senate (voice vote) on 11/25/74. The Administration opposed S. 2938 last year for the same reasons that it opposes S. 522 (see position below). H.R. 2525 is similar to S. 522.

PROVISIONS: S. 522 and H.R. 2525 would authorize new categorical programs and appropriation levels for 7-year and 5-year periods, respectively, to expand and upgrade the services and facilities of Federal Indian health programs. Specifically, the bills would:

-- establish new scholarship programs to recruit, prepare and enroll Indians in health professions schools,
-- provide specific authorization levels for health services (including alcholism and mental health in S. 522) and health facilities,
-- provide for Medicare and Medicaid reimbursements for health services provided in IHS facilities, and
-- establish outreach programs in urban areas to make health services more accessible to the urban Indian population.

ADMINISTRATION OBJECTIONS: The bills would create over 20 new categorical programs for a specific population group. This approach is contrary to the Administration's policy of meeting the health needs of Americans through broad-based programs such as Medicare and Medicaid. All the program activities authorized by the bills can be conducted under existing legislative authority. In addition, the authorization levels are significantly higher than warranted.

The Administration opposes the bills except for the provisions requiring Medicare and Medicaid reimbursements for services provided to eligible beneficiaries in Indian Health Service facilities. Federal assistance for health manpower, health services and upgrading health facilities is being carried out through existing Federal programs (e.g., Interior's Bureau of Indian Affairs already conducts a scholarship program that meets the objectives of the bills) and is adequately funded in the 1976 budget.

11/26/75

SUBJECT: INDIAN HEALTH CARE (PAGE 2)

BUDGET IMPACT: S. 522 would authorize $213 million for the first full year and would add new programs costing $29 million in FY 1976. Over a 7-year period it would authorize a total of $1.25 billion. H.R. 2525 would authorize $191 million for FY 76 and $1.1 billion over a 5-year period. The 1976 budget provides outlays of $322 million for the Indian Health Service, a 175% increase in six years.

STATUS: HEW reported not consistent with to Senate Interior Cte. disapproving all but Title IV of S. 522.

5/16 Senate passed S. 522 (voice vote)

12/9 H. Interior and Insular Affairs subcte approved H.R. 2525 amended

American Academy of Pediatrics

P.O. BOX 1034 • EVANSTON, ILLINOIS 60204
EVANSTON (312) 869-4255 CHICAGO (312) 273-3646

COMMITTEE ON INDIAN HEALTH
1601 N. TUCSON BLVD.,#35
TUCSON, AZ. 85716

FEBRUARY 19, 1976

THE INDIAN HEALTH IMPROVEMENT BILL HAS BEEN PLACED ON THE LIST OF "CONTROVERISAL BILLS" ON WHICH THE INTERIOR COMMITTEE OF THE HOUSE IS HOLDING MONDAY AND TUESDAY MEETINGS.

MR. JOE SKUBITZ, LEADING MINORITY MEMBER OF THE COMMITTE, HAS BEEN LEADING THE OPPOSITION TO THE BILL. I BELIEVE THAT HE HAS BEEN MISINFORMED BY THE ADMINISTRATION AS REGARDS THE NEEDS OF THE INDIAN PEOPLE. THE ADMINISTRATION'S POSITION HAS ALWAYS BEEN THAT NEW LEGISLATION IS NOT NEEDED. THE CRISES IN INDIAN HEALTH HAS DEVELOPED UNDER THE SAME GUIDELINES THAT THE ADMINISTRATION SAYS IT CAN SOLVE. THIS ARGUMENT IS NOT ONLY INCONSISTENT BUT UNREALISTIC. THE PROBLEM IN THE PAST HAS BEEN THAT ONLY THE POLITICALLY POTENT TRIBES HAVE RECEIVED MOST OF THE ATTENTION. THE INDIAN HEALTH BILL HAS ALREADY BEEN COMPROMISED.

WE NATIONAL MEDICAL ORGANIZATIONS (A.A.P., A.C.O.G., A.A.F.P. AND A.M.A.) HAVE BEEN ADVOCATING PASSAGE OF THIS BILL BECAUSE FOR OVER TEN YEARS WE HAVE SEEN THE PROBLEMS DEVELOP AFTER MANY PERSONAL VISITATIONS TO THE AREA INDIAN RESERVATIONS AND ALASKA NATIVE VILLAGES.

AS CHAIRMAN OF THE A.A.P. COMMITTEE ON INDIAN HEALTH, I ASK THAT YOU PLEASE HEED OUR ADVISE, WE ARE POLITICALLY BIPARTISAN AND FEEL THAT THE BILL SHOULD HAVE REMAINED BIPARTISAN. OBVIOUSLY, THE ONLY REAL OPPOSITION TO ADEQUATE INDIAN HEALTH IMPROVEMENT ARE THE BUREAUCRATIC DIE-HARDS IN THE O.M.B. AND H.E.W. WHO EITHER ARE BRUTALLY INDIFFERENT OR ACTIVELY RACIST AGAINST THE AMERICAN INDIAN PEOPLE.

(INDIAN HEALTH CARE IMPROVEMENT ACT - A VERSION REPORTEDLY CLOSE TO HR 7852)

American Academy of Pediatrics

P.O. BOX 1034 • EVANSTON, ILLINOIS 60204
EVANSTON (312) 869-4255 CHICAGO (312) 273-3646

COMMITTEE ON INDIAN HEALTH
1601 N. TUCSON BLVD.,#35
TUCSON, AZ. 85716

MAY 12, 1976

DR. THEODORE MARRS
SPECIAL ASSISTANT TO THE PRESIDENT
THE WHITE HOUSE
WASHINGTON, D.C.

DEAR TED:

AS REQUESTED, HERE ARE THE ENCLOSURES ON THE INDIAN HEALTH IMPROVEMENT BILL. I HOPE THE PRESIDENT CAN BE PERSUADED NOT TO VETO THIS LEGISLATION.

SINCERELY,

SIDNEY R. KEMBERLING, M.D.
CHAIRMAN

SRK/MK
ENCLOSURES

10/4/75

October 9, 1975

Representative James P. Johnson
129 Cannon House Office Building
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Johnson:

I'm writing to ask your support of HR 7852, the Indian Improvement Bill, in the Sub-committee on Indian Health. The bill has the endorsement of the American Academy of Pediatrics. The Academy believes that the passage of this legislation would greatly enhance the health resources and services available to Indian children.

As you know S 522 has passed the Senate by a substantial margin. I hope you will support committee action to bring HR 7852 to the floor of the House of Representatives.

Sincerely,

James E. Strain,
Chairman, District 6
Academy of Pediatrics

JES/rs

copy to Sidney Kemberling, M.D.

11/5/75

JAMES P. JOHNSON
4TH DISTRICT, COLORADO

COMMITTEES:
AGRICULTURE
INTERIOR AND INSULAR AFFAIRS
SELECT COMMITTEE ON INTELLIGENCE

Congress of the United States
House of Representatives
Washington, D.C. 20515

OFFICE ADDRESS:
129 CANNON BUILDING
WASHINGTON, D.C. 20515
(202) 225-4676

DISTRICT OFFICES:
203 FEDERAL BUILDING
FORT COLLINS, COLORADO 80521
(303) 493-9132

FEDERAL BUILDING
GRAND JUNCTION, COLORADO 81501
(303) 243-1736

ROOM 9, 230 MAIN STREET
FORT MORGAN, COLORADO 80701
(303) 867-8909

719 GRAND AVENUE
GLENWOOD SPRINGS, COLORADO 81601
(303) 945-6491

P.O. BOX 21203
DENVER, COLORADO 80221
(303) 427-6439

October 24, 1975

James E. Strain, M.D., P.C.
556 South Jersey Street
Denver, Colorado 80222

Dear Dr. Strain:

Thank you for your recent comments regarding the Indian Health Measure, H.R. 7852. I appreciate your interest and concern.

As you may be aware, H.R. 7852 is substantively the same measure as the original Indian Health legislation of this Congress, H.R. 2525, reflecting the amendments added in the Senate. The Indians Subcommittee, of which I am a member, is scheduled to "mark-up" the bill next week. Several amendments are expected before the Subcommittee, including an authorization for an American Indian School of Medicine and increased funding for Indian mental health and alcoholism programs.

Staff counsel for the Subcommittee expects a bill to be reported to the full House Interior Committee early in November. There is also a good chance that the full committee will draft a "clean bill," or new piece of legislation, encompassing all of the amendments from the House and Senate. It should be ready for reporting to the floor before 1975 adjournment. Given the strong bi-partisan support for this bill, in both chambers of the Congress, and the seventy Members who have already co-sponsored one or another of the versions, prospects for approval are very good.

Sincerely yours,

James P. Johnson
Member of Congress

JPJ/e

Sid - This is Rep Johnson's reply to my letter

October 10, 1975

The Honorable Carl Albert
Speaker of the House
U.S. House of Representatives
The Speakers Rooms
Washington DC 20515

Dear Speaker Albert:

The American Academy of Pediatrics Indian Health Committee, is very interested in the Indian Health Improvement Bill, HR 7852.

I am a member of that Committee, and I feel that we in Oklahoma, with our strong Indian heritage, should give this bill strong support.

I respectfully seek and encourage your support of this legislation.

Sincerely yours,

EMIL F. STRATTON, M. D.

EFS/lw

above letter sent to:
Ted Riwenhoover - Congress of the United States,
Tom Steed House of Representatives
James R. Jones Washington DC 20515
John Jarman
Glen English

TED RISENHOOVER
2D DISTRICT, OKLAHOMA

JOE CARTER
ADMINISTRATIVE ASSISTANT
WASHINGTON OFFICE:
1407 LONGWORTH BUILDING
(202) 225-2701

DISTRICT OFFICES:
PATRICK O'REILLY
FEDERAL BUILDING, ROOM 102
MUSKOGEE, OKLAHOMA 74401
(918) 687-7509

BILL WILLIS
109 EAST DELAWARE
TAHLEQUAH, OKLAHOMA 74464
(918) 456-0591

Congress of the United States
House of Representatives
Washington, D.C. 20515

COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION

SUBCOMMITTEES:
ECONOMIC DEVELOPMENT
INVESTIGATIONS AND REVIEW
PUBLIC BUILDINGS AND GROUNDS

COMMITTEE ON INTERIOR AND INSULAR AFFAIRS

SUBCOMMITTEES:
PUBLIC LANDS
INDIAN AFFAIRS
WATER AND POWER RESOURCES

SELECT COMMITTEE ON AGING

SUBCOMMITTEES:
FEDERAL, STATE AND COMMUNITY SERVICES

March 16, 1976

Emil F. Stratton, M.D.,F.A.A.P.
Memorial Medical Building
443 North 16th Street
Muskogee, Oklahoma 74401

Dear Dr. Stratton:

Thank you for taking the time to write informing me of your concern for the future of the Indian Health Services Bill--H. R. 2525.

It has been my opportunity to be one of the principal workers on this bill as it was considered in both Indian Affairs Subcommittee and full Interior and Insular Affairs Committee, both of which I am a member. You can be assured that I have done everything within my Congressional powers to insure passage of this badly-needed legislation.

In full Interior Committee, we encountered little adamant opposition---the strongest being from Congressman Joe Skubitz of Kansas. We were able to avoid the inclusion of detrimental amendments for the most part. However, I do foresee a considerable floor battle when this is brought to the Floor for final consideration. I am working closely with the House Leadership to enable us to have the greatest chance for success in passing this bill.

Again, thanks for writing and if I may be of service or assistance regarding this or any matter, please do not hesitate to call on me. You have my kindest personal regards.

Sincerely,

Ted

Ted Risenhoover, M.C.

TR:Cjp

TED RISENHOOVER
2D DISTRICT, OKLAHOMA

JOE CARTER
ADMINISTRATIVE ASSISTANT
WASHINGTON OFFICE:
1407 LONGWORTH BUILDING
(202) 225-2701

BILL WILLIS
DISTRICT OFFICE DIRECTOR
ROOM 102, FEDERAL BUILDING
MUSKOGEE, OKLAHOMA 74401
(918) 687-7509

JOHN TENNISON
LABOR LIAISON
TAHLEQUAH DISTRICT OFFICE:
109 EAST DELAWARE
TAHLEQUAH, OKLAHOMA 74464
(918) 456-0591

Congress of the United States
House of Representatives
Washington, D.C. 20515

COMMITTEE ON
EDUCATION AND LABOR

SUBCOMMITTEES:
LABOR STANDARDS
COMPENSATION, MANPOWER, HEALTH AND SAFETY
ELEMENTARY, SECONDARY AND VOCATIONAL EDUCATION

COMMITTEE ON
INTERIOR AND INSULAR AFFAIRS

SUBCOMMITTEES:
PUBLIC LANDS
INDIAN AFFAIRS
WATER AND POWER RESOURCES

SELECT COMMITTEE ON AGING

SUBCOMMITTEE:
FEDERAL, STATE AND COMMUNITY SERVICES

October 28, 1975

Dr. Emil F. Stratton, M. D.
Memorial Medical Building
443 North 16th Street
Muskogee, Oklahoma 74401

Dear Dr. Stratton:

Thank you for writing to inform me of your support for the Indian Health Improvements Bill, H. R. 7852. Please know that I join you in your support of this legislation.

You may be interested to know that I have co-sponsored similar legislation, H. R. 2525, which I have enclosed for your information. I feel that Indians in general have been reluctant to enter health professions at the same rate as other races.

Currently, H. R. 7852 is with the House Interior and Insular Committee's subcommittee on Indian Affairs. I am a member of this subcommittee and we finished hearings on the bill on September 26th. It is now awaiting being reported out of subcommittee back to the full committee for their consideration.

You may be assured that I will continue to do all I can to insure that Indians have the best health opportunities available and to encourage them to enter the health-care profession.

If I may be of service or assistance to you in the future, please do not hesitate to let me know.

Sincerely,

Ted

Ted Risenhoover, M. C.

TR:Cvm

Enclosure

BOB ECKHARDT
8TH DISTRICT, TEXAS

COMMITTEE ON
INTERSTATE AND FOREIGN
COMMERCE

SUBCOMMITTEES:
CONSUMER PROTECTION AND FINANCE
ENERGY AND POWER

COMMITTEE ON
INTERIOR AND INSULAR AFFAIRS

SUBCOMMITTEES:
NATIONAL PARKS AND RECREATION
ENERGY AND THE ENVIRONMENT
MINES AND MINING

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

March 24, 1976

Dr. Emil F. Stratton
Memorial Medical Building
443 North 16th Street
Muskogee, Oklahoma

Dear Dr. Stratton:

Thank you for your letter concerning H.R. 2525, the Indian Health Care Improvement Act. This landmark legislation was approved by the House Interior Committee on March 2, 1976.

Sincerely,

Bob Eckhardt

ALAN STEELMAN
5TH DISTRICT, TEXAS

COMMITTEES:
GOVERNMENT OPERATIONS
INTERIOR AND INSULAR AFFAIRS

Congress of the United States
House of Representatives
Washington, D.C. 20515

WASHINGTON OFFICE:
437 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2231

DALLAS OFFICE:
1100 COMMERCE STREET, SUITE 9C60
DALLAS, TEXAS 75242
(214) 749-7277

March 30, 1976

Dr. Emil F. Stratton
443 North 16th St.
Muskogee, Oklahoma

Dear Dr. Stratton:

Thank you for your letter regarding HR 2525.

I regret that I cannot give you a detailed reply because I have neither the staff nor the facilities to answer mail received from outside of Texas. Please be assured, however, I intend to support on the floor the Indian Health Improvement Act as reported by the full House Interior Committee.

Thank you again for writing.

Sincerely,

ALAN STEELMAN
Member of Congress
5th District, Texas

AS:wsc

The Speaker's Rooms
U. S. House of Representatives
Washington, D. C. 20515

July 22, 1975

Emil F. Stratton, M.D.
Memorial Medical Building
443 N. 16th Street
Muskogee, Oklahoma 74401

Dear Dr. Stratton:

Thank you for your recent letter in support of the Indian Health Care Improvement Act, S.522.

A similar bill, H.R.2525, is currently being considered by the Subcommittee on Indian Affairs of the House Committee on Interior and Insular Affairs. This Subcommittee has been holding field hearings across the country which will wind up in Washington, D.C., in September.

Thank you for having written. I am sure Congressman Risenhoover will want to have your views on this important legislation.

Best wishes.

Sincerely,

Carl Albert

The Speaker

CA/km

JOHN JARMAN
5TH DISTRICT, OKLAHOMA

COMMITTEE:
SCIENCE AND TECHNOLOGY

Congress of the United States
House of Representatives
Washington, D.C. 20515

October 15, 1975

Emil F. Stratton, M. D.
Memorial Medical Building
443 North 16th Street
Muskogee, Oklahoma

Dear Dr. Stratton:

This will acknowledge receipt of your letter of October 10th, which I have read with care. In response, let me report to you that the House Interior and Insular Affairs Committee has completed its hearings on H. R. 7852, the Indian Health Improvement bill and will be meeting in mark-up sessions during the week of October 20th. I intend to discuss your letter with Members serving on the Committee urging that every consideration be given to your views. Rest assured that I will have your position firmly in mind as and when the matter comes before the House for debate and a vote.

With every good wish, I remain,

Sincerely,

JOHN JARMAN, M. C.

JJ:wg

6/16/75

SAM STEIGER
3RD DISTRICT, ARIZONA

2432 RAYBURN BUILDING
WASHINGTON, D.C. 20515
202-225-4576

Congress of the United States
House of Representatives
Washington, D.C. 20515

COMMITTEES:
INTERIOR AND INSULAR AFFAIRS
GOVERNMENT OPERATIONS

DISTRICT OFFICE:
5015 FEDERAL BUILDING
PHOENIX, ARIZONA 85025
602-261-4041

June 10, 1975

Dr. Sidney R. Kemberling, M.D.
Committee on Indian Health
1601 N. Tucson Blvd., #35
Tucson, AZ 85716

Dear Dr. Kemberling

Thank you very much for your recent letter regarding legislation for Indian Health Improvement.

You will be pleased to know that I am going to cosponsor the Senate version.

Many thanks and best wishes.

Sincerely

Sam Steiger

SAM STEIGER, M.C.

SS:jm

3116/74

MORRIS K. UDALL
2D DISTRICT OF ARIZONA

COMMITTEES:
INTERIOR AND INSULAR AFFAIRS
POST OFFICE AND CIVIL SERVICE

Congress of the United States
House of Representatives
Washington, D.C. 20515

August 13, 1974

Dr. Sidney R. Kemberling, M. D.
Chairman, American Academy of Pediatrics
Indian Health Committee
1601 North Tucson Boulevard, #35
Tucson, Arizona 85716

Dear Dr. Kemberling:

I greatly appreciated your recent letter regarding my Indian Health Bill. I have pressed the Indian Affairs Subcommittee to hold hearings on this bill as soon as possible. However, as of this date, they have not yet been scheduled.

Thank you for your continued support.

Sincerely,

Morris K. Udall

em

11/5/75

JAMES P. JOHNSON
4TH DISTRICT, COLORADO

COMMITTEES:

AGRICULTURE

INTERIOR AND INSULAR AFFAIRS

SELECT COMMITTEE ON INTELLIGENCE

Congress of the United States
House of Representatives
Washington, D.C. 20515

OFFICE ADDRESS:
129 CANNON BUILDING
WASHINGTON, D.C. 20515
(202) 225-4676

DISTRICT OFFICES:
203 FEDERAL BUILDING
FORT COLLINS, COLORADO 80521
(303) 493-9132

FEDERAL BUILDING
GRAND JUNCTION, COLORADO 81501
(303) 243-1736

ROOM 9, 230 MAIN STREET
FORT MORGAN, COLORADO 80701
(303) 867-8909

719 GRAND AVENUE
GLENWOOD SPRINGS, COLORADO 81601
(303) 945-6491

P.O. BOX 21203
DENVER, COLORADO 80221
(303) 427-6439

October 24, 1975

James E. Strain, M.D., P.C.
556 South Jersey Street
Denver, Colorado 80222

Dear Dr. Strain:

Thank you for your recent comments regarding the Indian Health Measure, H.R. 7852. I appreciate your interest and concern.

As you may be aware, H.R. 7852 is substantively the same measure as the original Indian Health legislation of this Congress, H.R. 2525, reflecting the amendments added in the Senate. The Indians Subcommittee, of which I am a member, is scheduled to "mark-up" the bill next week. Several amendments are expected before the Subcommittee, including an authorization for an American Indian School of Medicine and increased funding for Indian mental health and alcoholism programs.

Staff counsel for the Subcommittee expects a bill to be reported to the full House Interior Committee early in November. There is also a good chance that the full committee will draft a "clean bill," or new piece of legislation, encompassing all of the amendments from the House and Senate. It should be ready for reporting to the floor before 1975 adjournment. Given the strong bi-partisan support for this bill, in both chambers of the Congress, and the seventy Members who have already co-sponsored one or another of the versions, prospects for approval are very good.

Sincerely yours,

James P. Johnson
Member of Congress

JPJ/e

Sid - This is Rep Johnson's reply to my letter

9/15/75

COMMITTEE ON INTERIOR AND INSULAR AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

September 8, 1975

File

American Academy of Pediatrics
Sidney R. Kemberling, M.D.
1601 N. Tucson Blvd. Suite 35
Tucson, Arizona 85716

Dear Dr. Kemberling:

Thank you for accepting my invitation to testify on H.R. 2525, and related legislation, the Indian Health Care Improvement Act. I have scheduled your appearance before my Subcommittee on September 25, 1975, Thursday, at 10:45 A.M. in 1324 Longworth HOB (main Interior Committee hearing room). As requested, I am scheduling Dr. Nichols, of the American College of Obstetricians to follow you.

I look forward to your testimony, Dr. Kemberling, and I thank you for your interest in this very important piece of legislation.

Sincerely yours,

Lloyd Meeds

Lloyd Meeds,
Chairman,
Indian Affairs Subcommittee

LM/jp
CC: AAP-Va. office.

8/15/75
Talked to ACOG
Nichols —

8/16/75 File
Talk ē Dr. Tody
M. Cole. + Williams

American Academy of Pediatrics

P.O. BOX 1034 • EVANSTON, ILLINOIS 60204
EVANSTON (312) 869-4255 CHICAGO (312) 273-3646

REPLY TO:
R. Don Blim, M.D.
4320 Wornall Road
Kansas City, Missouri 64111

22 March 1976

Willis F. Stanage, M.D.
Yankton Clinic
400 Park Avenue
Yankton, South Dakota 57078

Dear Bill:

Thank you for your letter of 5 March 1976, regarding the Indian Health Bill. I was sorry that I didn't get a chance to talk to you during our district meeting, but your message arrived after the meeting and, when I called, I received a recorded message from your clinic. I tried to get through the answering service but your answering service is almost as effective as is ours in avoiding such attempts. Nevertheless, I was unable to get through - thus missing your message.

I am aware of the activities regarding the Indian Health Bill - I am aware that it passed committee and is headed for the Ways and Means Committee, subsequently the Rules Committee and ultimately to the House. It is my understanding that it will be heard on the floor of the House sometime in April. To my knowledge there are 84 co-sponsors.

As you know, the AAP is becoming more involved in legislative affairs, having formed the Legislative Issues Committee. This committee was scheduled to meet in New Orleans a week or two ago and, undoubtedly, this was one of the items on their agenda. We are developing a mechansim whereby we can communicate with key legislative leaders and indeed with all members of the legislature when appropriate. The mechanisms are being sophisticated by George Degnon and his office and will be coming increasingly effective as demonstrated in the recent override of the Presidential veto of 8063.

(Continued

We'll keep on top of it and do what we can to help the Indian Health Committee.

Thanks very much for your continued interest. I am sorry you won't be in Nebraska on the 27th, but hopefully will see you in Philadelphia in April.

Sincerely,

Don

R. Don Blim, M.D., F.A.A.P.
Chairman, District VI

RDB/a

March 5, 1976

The Honorable Robert W. Kastenmeier (D-Wisc)
House of Representatives
Washington, D.C. 20515

Dear Mr. Kastenmeier:

As a concerned private citizen and also as a member of the American Academy of Pediatrics Committee on Indian Health, I am writing to you concerning the Indian Health Improvement Bill. I would solicit your support of this bill. As a personal observation, it would appear that the bill will alleviate problems that have developed over the years. It is disappointing to see a measure so important in the health and welfare of our Indian people becoming entangled in the web of politics.

Sincerely yours,

W. F. Stanage, M.D.

WFS:fn

Same letter typed and mailed to the following:

Joe Skubitz, (R-Kan)
Keith G. Sebelium (R-Kan)
Virginia Smith, (R-Nebr)

March 5, 1976

R. Don Blim, M.D.
4320 Wornall Road
Kansas City, Missouri 64111

Dear Don:

I am writing to you concerning the Indian Health Bill that evidently is now meeting some opposition in the House of Representatives. Evidently, earlier, a noncontroversial bill, and has now become a controversial bill. I did talk to you about this last October, at which time you had contact with George Degnon, and he felt it was better to wait until the latter part of the year to do anything about it.

I called you last Friday, in Chicago, hoping that you could bring this to the attention of all members of the district, but evidently my message did not get through to you. I have written letters to Representatives Kastenmeier, Skubitz, Sebelium, and Smith. I am sure if people from the states where these representatives are from would write or contact them, this would be more meaningful than anyone else.

I bring this to your attention at the request of Sid Kemberling, and trust you will do what is necessary.

I see the Nebraska Pediatric Society is meeting on the 27th of March, and you are going to be there. Unfortunately, I have a conflict at that time so will not be able to attend.

Sincerely yours,

W. F. Stanage, M.D.

WFS:fn

November 7, 1975

Jean D. Lockhart, M.D.
Director
Department of Committees
The American Academy of Pediatrics
Executive Office
1801 Hinman Avenue
Evanston, Illinois 60204

Dear Jean:

Toby Zimmer called the other day and requested recommendations from the Rapid City meeting. I have very little comment in addition to what we discussed at our final meeting. It appears that some of the major problems were not exactly health problems, except the general aspect they play in recruiting health people. These problems were mainly related to housing and schools. Certainly, these problems must be alleviated in order to upgrade the health care. I think the Area should be commended on using trained midwives and the pediatric nurse practitioner. I would also recommend that the position that the CHR plays in the health team should be evaluated. They should have a more vital role than being used as chauffeurs. I think Mr. Hank Bouker should be commended for presenting such a well organized program. My only true disappointment was the pessimism in the recruiting approach of the Public Health Nurse, Mrs. McArdle.

Sincerely yours,

W. F. Stanage, M.D.

WFS:fn

LARRY PRESSLER
1ST DISTRICT, SOUTH DAKOTA

RESIDENCE:
RURAL ROUTE NO. 1
HUMBOLDT, SOUTH DAKOTA

COMMITTEES:
EDUCATION AND LABOR
SCIENCE AND TECHNOLOGY

Congress of the United States
House of Representatives
Washington, D.C. 20515

WASHINGTON OFFICE:
1238 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2801

DISTRICT OFFICES:
310 FEDERAL BUILDING
ABERDEEN, SOUTH DAKOTA 57401
(605) 225-0250 EXT. 471

317 SOUTH PHILLIPS AVENUE
SIOUX FALLS, SOUTH DAKOTA 57102
(605) 336-2980 EXT. 433

MOBILE VAN—ON THE ROAD

October 22, 1975

W. F. Stanage, M.D.
Yankton Clinic P.A.
400 Park Avenue
Yankton, South Dakota 57078

Dear Dr. Stanage:

Thank you for your letter expressing your support of H.R. 7852, the Indian Health Improvement Act.

I share your views about the importance of improving health care to Indians, and I was distressed at the statistics presented at the hearings on this legislation showing the inadequacies of Indian health care services. The per capita expenditures for Indian health care are 30 to 40 per cent less than those in an average American community; more than half of the Indian Health Service hospitals do not meet accreditation requirements. These statistics are just some of the glaring examples supporting the need for this legislation.

H.R. 7852 is presently pending before the Subcommittee on Indian Affairs of the House Interior Committee. Hearings were completed on this bill September 26. It is expected that the Subcommittee will begin to mark-up this legislation shortly.

I appreciate your taking the time from your busy day to let me hear from you and I look forward to further correspondence on other issues of mutual concern.

Sincerely,

Larry

Larry Pressler
Member of Congress

LP:jr

11/12/75

INTERNAL MEDICINE
T. H. SATTLER, M. D.
R. F. THOMPSON, M. D.
R. I. PORTER, M. D.
W. W. QUICK, M. D.
OBSTETRICS AND GYNECOLOGY
BROOKS RANNEY, M. D.
R. R. THORNTON, M. D.
D. R. HOLZWARTH, M. D.
PEDIATRICS
W. F. STANAGE, M. D.
C. ISBURG, M. D.

YANKTON CLINIC P. A.
400 PARK AVENUE
YANKTON, SOUTH DAKOTA 57078
TELEPHONE 605/665-7822
CLINIC MANAGER
S. A. BRAASTAD

GENERAL SURGERY
C. B. McVAY, M. D.
L. E. SAVAGE, M. D.
K. HALVERSON, M.D.
ORTHOPEDIC SURGERY
J. K. JACKSON, M. D.
R. C. LESHER, M. D.
LABORATORY
J. G. HEEMSTRA, M. S.

November 8, 1975

Sydney Kemberling, M.D.
1601 North Tucson Boulevard
Tucson, Arizona 85716

Dear Syd:

I am enclosing a copy of a letter that I received from our Representative in Congress, Larry Pressler. I am also enclosing a copy of a letter that I sent to Jean Lockhart concerning recommendations at the Rapid City meeting.

If there is anything that we can do out here to facilitate the work of Dr. Weil, in relating to any of the reservations, I would be glad to help. I am sure this also goes for Tom Aceto, who is Chairman of the Department of Pediatrics at South Dakota.

Sincerely yours,

Bill

W. F. Stanage, M.D.

WFS:fn

Enclosures

File C Bill Flagg

HENRY J. NOWAK
37TH DISTRICT, NEW YORK

COMMITTEES:
PUBLIC WORKS AND TRANSPORTATION
DISTRICT OF COLUMBIA

Congress of the United States
House of Representatives
Washington, D.C. 20515

ROOM 1223
LONGWORTH HOUSE OFFICE BUILDING
TELEPHONE: (202) 225-3306

HOME OFFICE:
U.S. COURTHOUSE
BUFFALO, N.Y. 14202
TELEPHONE: (716) 853-4131

October 20, 1975

Dr. Henry P. Staub
Associate Professor of Pediatrics
SUNY at Buffalo
203 Woodbridge Avenue
Buffalo, New York 14214

Dear Dr. Staub:

Thank you for your letter calling my attention to H.R. 2525 and H. R. 7852.

As you may know, the House Subcommittee on Indian Affairs has completed hearings on these and several other Indian health bills, and markup is scheduled October 28 and 29. Although exact predictions are chancey before a bill is reported out, my understanding is that the committee is leaning toward the language of H. R. 7852. It is likely that a clean bill, with the broader coverage of H. R. 7852 and some other refinements, will be introduced when the legislation is reported to full committee.

I do appreciate hearing from you on this matter, and your comments will be most helpful when it reaches the House floor for consideration.

With best wishes and kindest regards,

Sincerely yours,

HENRY J. NOWAK

P.S. I have agreed to co-sponsor the clean bill when it is introduced, and will send you a copy when it is printed.

H.J.N.

11/3/75

Edward J. Meyer Memorial Hospital

Owned and Operated by the County of Erie

462 GRIDER STREET BUFFALO, NEW YORK 14215
AREA CODE 716 894-1212

EDWARD V. REGAN
ERIE COUNTY EXECUTIVE

MARSHALL G. AUSE
HOSPITAL DIRECTOR

Henry P. Staub, M.D., Director
Department of Pediatrics

October 28, 1975

Sidney Kemberling, M.D.
Committee on Indian Health
American Academy of Pediatrics
1601 N. Tucson Blvd. Suite 35
Tucson, Arizona 85716

Dear Sid:

Enclosed is a copy of the letter that I received from Congressman Henry J. Nowak agreeing to sponsor the Indian Health Care Improvement Act H.R. 2525 or H.R. 7852. I wrote to him in response to your telephone call. I will check with Congressman Nowak later regarding follow up.

Sincerely,

Henry P. Staub, M.D.

can

Enclosure

3/5/76
Client

MANUEL LUJAN, JR.
1ST DISTRICT, NEW MEXICO

COMMITTEE:
INTERIOR AND INSULAR AFFAIRS

JOINT COMMITTEE
ATOMIC ENERGY

WASHINGTON OFFICE:
1323 LONGWORTH HOUSE OFFICE BUILDING
AREA CODE 202: 225-6316

Congress of the United States
House of Representatives
Washington, D.C. 20515

DISTRICT OFFICES:
3006 FEDERAL BUILDING AND POST OFFICE
SANTA FE, NEW MEXICO 87501
AREA CODE 505: 988-6521

10001 FEDERAL BUILDING
ALBUQUERQUE, NEW MEXICO 87103
AREA CODE 505: 766-2538

DOUGLAS AND GRAND AVE.
P.O. 1123
LAS VEGAS, NEW MEXICO 87701
AREA CODE 505: 425-7838

February 25, 1976

Alice H. Cushing, M.D.
Associate Professor
Department of Pediatrics
School of Medicine
The University of New Mexico
Albuquerque, New Mexico 87131

Dear Alice,

Thank you for your letter concerning the Indian Health Improvement legislation.

I am not sure where you heard that the Interior Committee is holding this up, but I am sure you will be happy to know that this is not the case. As a matter of fact, it was the subject of hearings yesterday and today by the full Committee, and we will begin work on it again next Tuesday.

I appreciate your taking the time to write, and if I can be of assistance in the future, don't hesitate to call on me.

Sincerely,

Manuel Lujan, Jr.

ML/pap

File

Copy to Dr. Cushing
file in AAP
Indian Health

American Academy of Pediatrics

DEPARTMENT OF GOVERNMENT LIAISON
1800 N. KENT ST., SUITE 1102
ARLINGTON, VIRGINIA 22209
PHONE: 703-525-9560

February 12, 1976

Henry P. Staub, M. D.
Edward J. Meyer Memorial Hospital
462 Grider Street
Buffalo, NY 14215

Dear Dr. Staub:

To answer your letter of January 21, I wish I could send you a more optimistic report than I can on the Indian Health Care Improvement Act. The Subcommittee on Indian Affairs presented its report - a version reportedly close to HR 7852 - to the full Committee on Interior and Insular Affairs on February 3. The next step is for the full Committee to review it, make whatever changes, and to report to the House of Representatives. Unfortunately, there will be a period of delay with this step, apparently because the Administration has some problems with the amounts of money and the time frame of the bill. The full Committee may not consider the bill until Spring.

After the House of Representatives passes a bill, it still must go to House-Senate Conference. Right now, the Indian Affairs staffers are looking toward the summer for some resolution of this.

If I get other information to modify this lack-of-progress report, I will certainly let you know.

Sincerely,

Rebecca Dinkel
Research Assistant

RD:cb
cc: Sidney R. Kemberling, M. D.

3/10/76

State of California

Department of Health

Memorandum

To : Dr. Saul J. Robinson
Dr. Melvin H. Schwartz
Dr. Milton L. Arnold
Dr. Alan E. Shumacher
Dr. Carl A. Erickson
Dr. S. Freudenberger

Date : March 2, 1976

Subject: Information on the Indian Health Care Improvement Act (HR, 2525).

From : Theodore A. Montgomery, M.D.

Recently I received a telephone call from Dr. Sid Kemberling, Chairman of the National Committee on Indian Health, AAP, regarding the Indian Health Care Improvement Act (HR 2525).

Attached is some further detail about the bill that I just received from the Academy's Washington office.

The bill is stuck in the Interior Committee and as much help as can be mustered is needed to get it moving again.

There are 5 California congressmen on the committee. Would you write to your representative if he is on the committee. If you know him personally, so much the better.

A copy of Sid Kemberling's letter that he plans to send to several congressmen is attached.

TAM:gc

Attachment

cc: Dr. Kemberling

File

3/26/76

ALAN STEELMAN
5TH DISTRICT, TEXAS

COMMITTEES:
GOVERNMENT OPERATIONS
INTERIOR AND INSULAR AFFAIRS

Congress of the United States
House of Representatives
Washington, D.C. 20515

WASHINGTON OFFICE:
437 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2231

DALLAS OFFICE:
1100 COMMERCE STREET, SUITE 9C60
DALLAS, TEXAS 75202
(214) 749-7277

March 10, 1976

William B. Brendel, M.D., F.A.A.P.
906 Basse Road
San Antonio, Texas 78212

Dear Dr. Brendel:

Thank you for your letter regarding HR 2525, the Indian Health Care Improvement Act.

You will be glad to know that, even though this bill was placed on the "controversial" calendar, it was approved by the full Interior Committee on March 6. Floor action has not yet been scheduled.

I voted in favor of this bill, which passed virtually intact. The committee adopted one of the amendments offered by Mr. Skubitz, which would reduce Title II (health services) authorizations by $5.1 million (to $390 million over 7 fiscal years). I supported Mr. Skubitz' amendment to reduce the program from seven to three years, because I felt that it would be helpful to review the program, and possibly increase funding, sooner than the bill provides for. However, this amendment was defeated.

The only other amendments to the legislation were either minor or of a technical nature. You may be interested to know that the committee approved the bill with a two to one majority of Republicans present for the markup.

Your views and suggestions are always welcome. Please feel free to let me know if I may be of assistance in the future.

Sincerely,

ALAN STEELMAN
Member of Congress
5th District, Texas

Ed: I spoke to him personally Bill

AS/kb

ABRAHAM KAZEN, JR.
23D DISTRICT, TEXAS

1514 LONGWORTH HOUSE OFFICE BUILDING

File

COMMITTEES:
ARMED SERVICES
INTERIOR AND INSULAR AFFAIRS

Congress of the United States
House of Representatives
Washington, D.C. 20515

March 30, 1976

Dr. William B. Brendel
906 Basse Road
San Antonio, Texas 78212

Dear Dr. Brendel:

Thank you for your letter expressing interest in H.R. 2525 -- Indian Health Care Improvment Act. This bill has been favorably reported out of the Committee on the Interior, on which I serve. When this measure came before the full Committee, I gave it my full support, and will urge my colleagues in the House to do likewise when it is brought to the House floor.

With every good wish, I am

Sincerely yours,

ABRAHAM KAZEN, JR., M.C.

AK,Jr:pm

TED RISENHOOVER
2D DISTRICT, OKLAHOMA

JOE CARTER
ADMINISTRATIVE ASSISTANT
WASHINGTON OFFICE:
1407 LONGWORTH BUILDING
(202) 225-2701

BILL WILLIS
DISTRICT OFFICE DIRECTOR
ROOM 102, FEDERAL BUILDING
MUSKOGEE, OKLAHOMA 74401
(918) 687-7509

JOHN TENNISON
LABOR LIAISON
TAHLEQUAH DISTRICT OFFICE:
109 EAST DELAWARE
TAHLEQUAH, OKLAHOMA 74464
(918) 456-0591

Congress of the United States
House of Representatives
Washington, D.C. 20515

COMMITTEE ON
EDUCATION AND LABOR

SUBCOMMITTEES:
LABOR STANDARDS
COMPENSATION, MANPOWER, HEALTH AND SAFETY
ELEMENTARY, SECONDARY AND VOCATIONAL EDUCATION

COMMITTEE ON
INTERIOR AND INSULAR AFFAIRS

SUBCOMMITTEES:
PUBLIC LANDS
INDIAN AFFAIRS
WATER AND POWER RESOURCES

SELECT COMMITTEE ON AGING

SUBCOMMITTEE:
FEDERAL, STATE AND COMMUNITY SERVICES

March 29, 1976

Dr. Harris D. Riley, Jr., M.D.
The University of Oklahoma Health
Sciences Center
Department of Pediatrics
P. O. Box 26901
Oklahoma City, Oklahoma 73190

Dear Dr. Riley:

Thank you for your good letter of 8 March expressing your concern for H. R. 2525, the Indian Health Improvement Bill.

You may rest assured I share your concern in this important matter. As you may know, there are several Indian Health Clinics within my own District, and even more are projected for the future. Providing proper health care to the Indian people of Oklahoma is a matter of great importance to me.

I am taking the liberty of forwarding to you a copy of H. R. 2525, on which I am proud to say my name appears as a co-sponsor. Please know I will lend my full support to the passage of this all-important legislation.

If I may be of any further assistance to you in this or any other matter, please do not hesitate to let me know. You have my kindest regards and my warmest best wishes.

Sincerely,

Ted

Ted Risenhoover, M. C.

TR:Vm
Enclosure

The Speaker's Rooms
U. S. House of Representatives
Washington, D. C. 20515

March 26, 1976

Harris D. Riley, Jr. M.D.
The University of Oklahoma Health Sciences Center
Post Office Box 26901
Oklahoma City, Oklahoma 73190

Dear Dr. Riley:

Thank you for your letter urging me to support H. R. 2525, the Indian Health Care Improvement legislation.

You will be pleased to learn that the House Interior and Insular Affairs Committee has reported this bill, but the report has not been sent to the printers as yet. Undoubtedly, the bill will be filed in the near future, and there will be a vote in the House.

Let me say that I have always been interested in the welfare of our Indians and have helped to advance legislation in their behalf whenever I could. I appreciate hearing from you on this important legislation and hope you will continue to make your views known to me.

With best wishes, I am

Sincerely,

Carl Albert

The Speaker

CA/vh

4/16/76

The University of Oklahoma Health Sciences Center
Post Office Box 26901 Oklahoma City, Oklahoma 73190
Department of Pediatrics
Children's Memorial Hospital

April 8, 1976

Sidney R. Kemberling, M.D.
Chairman
Committee on Indian Health
1601 North Tucson Boulevard
Tucson, Arizona 85716

Dear Sid:

I am very sorry that last minute developments prevented me from attending the committee meeting in Asheville. I trust that you got my message at the hotel pointing out what had developed and why I could not attend. I hope you had a good meeting.

Enclosed is a copy of the letters of March 26, 1976 and March 29, 1976 from Speaker Albert and Congressman Risenhoover, respectively, in response to my letters. I had these in the file to give to you in Asheville.

Best regards.

Sincerely,

Pete

Harris D. Riley, Jr., M.D.

HDR:lmc
Enclosures (2)

HENRY J. NOWAK
37TH DISTRICT, NEW YORK

COMMITTEES:
PUBLIC WORKS AND TRANSPORTATION
DISTRICT OF COLUMBIA

Congress of the United States
House of Representatives
Washington, D.C. 20515

ROOM 1223
LONGWORTH HOUSE OFFICE BUILDING
TELEPHONE: (202) 225-3306

HOME OFFICE:
U.S. COURTHOUSE
BUFFALO, N.Y. 14202
TELEPHONE: (716) 853-4131

October 20, 1975

Dr. Henry P. Staub
Associate Professor of Pediatrics
SUNY at Buffalo
203 Woodbridge Avenue
Buffalo, New York 14214

Dear Dr. Staub:

Thank you for your letter calling my attention to H.R. 2525 and H. R. 7852.

As you may know, the House Subcommittee on Indian Affairs has completed hearings on these and several other Indian health bills, and markup is scheduled October 28 and 29. Although exact predictions are chancey before a bill is reported out, my understanding is that the committee is leaning toward the language of H. R. 7852. It is likely that a clean bill, with the broader coverage of H. R. 7852 and some other refinements, will be introduced when the legislation is reported to full committee.

I do appreciate hearing from you on this matter, and your comments will be most helpful when it reaches the House floor for consideration.

With best wishes and kindest regards,

Sincerely yours,

HENRY J. NOWAK

P.S. I have agreed to co-sponsor the clean bill when it is introduced, and will send you a copy when it is printed.

H.J.N.

3/22/76

BOB ECKHARDT
8TH DISTRICT, TEXAS

COMMITTEE ON
INTERSTATE AND FOREIGN
COMMERCE

SUBCOMMITTEES:
CONSUMER PROTECTION AND FINANCE
ENERGY AND POWER

COMMITTEE ON
INTERIOR AND INSULAR AFFAIRS

SUBCOMMITTEES:
NATIONAL PARKS AND RECREATION
ENERGY AND THE ENVIRONMENT
MINES AND MINING

CONGRESS OF THE UNITED STATES

HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

March 15, 1976

Dr. William B. Brendel
906 Basse Road
San Antonio, Texas 78212

Dear Dr. Brendel:

Thank you for your letter concerning H.R. 2525, the Indian Health Care Improvement Act. This landmark legislation was approved by the House Interior Committee on March 2, 1976.

Sincerely,

Bob Eckhardt

3/19/76

HAROLD RUNNELS
2d District, New Mexico

COMMITTEE ON THE BUDGET
COMMITTEE ON
INTERIOR AND INSULAR AFFAIRS

SUBCOMMITTEES:
Public Lands
Water and Power Resources
Mines and Mining

Congress of the United States
House of Representatives
Washington, D.C. 20515

WASHINGTON OFFICE:
1535 LONGWORTH BUILDING
AREA CODE 202 [illegible]-2365

DISTRICT OFFICES:
SUITE A, McCRORY BUILDING
LOVINGTON, NEW MEXICO 88260
AREA CODE 505: 396-2252

FEDERAL BUILDING, ROOM B201
LAS CRUCES, NEW MEXICO 88001
AREA CODE 505: 524-1024

FEDERAL BUILDING, ROOM 108
GALLUP, NEW MEXICO 87301
AREA CODE 505: 863-3400

March 15, 1976

David B. Post, M.D., F.A.A.P.
La Mesa Medical Center
7000 Cutler, N.E., Suite E-3
Albuquerque, New Mexico 87110

Dear Dr. Post:

Thank you for your letter expressing your views on the Indian Health Care Improvement Act.

H. R. 2525 was ordered from the Interior and Insular Affairs Committee on March 2. It is now pending consideration on the floor of the House of Representatives.

The bill would authorize $1.19 billion over seven fiscal years to bring Indian Health Service to parity with other health services. Programs would include scholarships for health careers, hiring of patient care personnel for IHS facilities, modernization and construction of facilities and construction of a school of medicine for the training of Indian doctors.

I have supported this legislation, participated in both field hearings in New Mexico and formal hearings in Washington, and certainly recognize the importance of this legislation to the Indian community.

As you know, similar legislation has already passed the Senate and I am confident that the House of Representatives will pass a strong bill.

I appreciate your taking the time to make me aware of your thoughts on this legislation.

Sincerely,

Harold Runnels

HAROLD RUNNELS, M.C.

lma

MANUEL LUJAN, JR.
1ST DISTRICT, NEW MEXICO

COMMITTEES:
INTERIOR AND INSULAR AFFAIRS

JOINT COMMITTEE
ATOMIC ENERGY

WASHINGTON OFFICE:
1323 LONGWORTH HOUSE OFFICE BUILDING
AREA CODE 202: 225-6316

Congress of the United States
House of Representatives
Washington, D.C. 20515

DISTRICT OFFICES:
3006 FEDERAL BUILDING AND POST OFFICE
SANTA FE, NEW MEXICO 87501
AREA CODE 505: 988-6521

10001 FEDERAL BUILDING
ALBUQUERQUE, NEW MEXICO 87103
AREA CODE 505: 766-2538

DOUGLAS AND GRAND AVE.
P.O. 1178
LAS VEGAS, NEW MEXICO 87701
AREA CODE 505: 425-7838

March 8, 1976

David B. Post, M. D.
La Mesa Medical Center
7000 Cutler, NE, Suite E-3
Albuquerque, New Mexico 87110

Dear Doctor Post:

Thank you for your letter urging my support for H.R. 7852, the Indian Health Care Improvement bill.

I am sure you will be happy to know that I have co-sponsored this bill, and I hope it is enacted.

Thanks for taking the time to contact me, and if I can be of assistance in the future, don't hesitate to call on me.

Sincerely,

Manuel Lujan, Jr.

ML/pck

3/26/76

The University of Oklahoma Health Sciences Center

DEPARTMENT OF PEDIATRICS
Children's Memorial Hospital

Post Office Box 26901 Oklahoma City, Oklahoma 73190

March 8, 1976

Sidney R. Kemberling, M.D.
Chairman, Committee on Indian Health
1601 N. Tucsin Blvd.
Tucson, Arizona

Dear Sid:

Just a note to tell you that I have sent off a letter to the congressman as well as a letter to Speaker Albert regarding the Indian Health Care Improvement legislation. Best regards.

Sincerely,

Pete

Harris D. Riley, Jr., M.D.

HDR:slc

Pete

DAVID B. POST, M. D.
LA MESA MEDICAL CENTER
7000 CUTLER, N. E., SUITE E-3
ALBUQUERQUE, NEW MEXICO 87110

TELEPHONE 505 • 298-1928

March ~~3~~, 1976

Honorable Manuel F. Lujan
1323 Longworth Building
Washington, D.C. 20515

Dear Mr. Lujan,

I am writing to you to urge your complete and immediate support of the Indian Health Improvement bill. Recent information which I have obtained indicates tha this bill has been placed on the list of controversial bills, and I am urging tha this bill be brought before the full body of the Interior Committee of the House of Representatives, so that full consideration can be given to this important legislation as soon as possible.

For the past twelve years I have been a member of the American Academy of Pediatrics Indian Health Committee, and during this time I have been honored and priveleged to support many of the programs that improve the health and welfare conditions of the American Indian and Alaskan Native. Not only our committee, but many other national medical organizations have been supporting and advocating Indian Health and Welfare programs so that the Indian citizen standard of living may be brought up to that of our other Americans. Here in New Mexico I have been supporting programs and legislations during this period so that our Indians in this State can achieve a high standard of living and realize the complete existence of a full and productive life. The American Academy of Pediatrics Committee has been priveleged to visit and meet with various Indian leaders on various reservations through out the country, and during this time we have seen many of the grave and profound problems which affect the overall welfare of the Average Indian. The Indians needs are extremely great, and now for this reason I urge you to support to the fullest the passage of this important measure. Our committee is a politically bi-partisan group and we feel that support should remain on a bi-partisan basis and therefore, the bill should receive complete support of all members of Congress who are interested in the welfare of Indian people.

The Indian Health Improvement bill implements the responsibility of the federal government for the care and the education of the Indian people by encouraging to improve the services and the facilities of the Indian health programs and also encouraging the people participation of the Indians themselves in such programs so that the Indian will eventually achieve complete control and responsibility for his own health and welfare. The bill embodies basic considerations such as training, education, construction of health facilities, etc., and I am

DAVID B. POST, M.D., F.A.A.P.
LA MESA MEDICAL CENTER
7000 CUTLER, N. E. - SUITE E-3
ALBUQUERQUE, NEW MEXICO 87110

Telephone 298-1928

sure that you are completely familiar with this bill, so that I will not go into detail. The only reason for my reiterating these important provisions is that I feel these measures are completely basic and responsible things that should be provided to the Indian people. I feel that you, as a representative of the people of the State of New Mexico, should have as one of your foremost responsibilities the mandate to support legislation for this very important segment of our people not only here in New Mexico, but all over the country. The crisis in Indian health care and facilities for this basic right is here and now, and I feel that the Congress and the Administration cannot side step this responsibility any longer.

May I count on your support for this very important measure. If testimony in support of this legislation is necessary we have members of our committee who are willing to testify in this behalf as we have in the past. I would appreciate not only your support but a response to this letter.

Until I have the privelege of seeing you again,

My kindest personal regards,

David B. Post, M.D.
Member of the Indian Health Committee
American Academy of Pediatrics

DAVID B. POST, M.D., F.A.A.P.
LA MESA MEDICAL CENTER
7000 CUTLER, N. E. - SUITE B-5
ALBUQUERQUE, NEW MEXICO 87110

Telephone 298-1928

3/5/76
File
E Mail

March 3, 1976

Honorable Harold Runnels
1535 Longworth Building
Washington, D.C. 20515

Dear Mr. Runnels,

I am writing to you to urge your complete and immediate support of the Indian Health improvement bill. Recent information which I have obtained indicates that this bill has been placed on the list of controversial bills, and I am urging that this bill be brought before the full body of the Interior Committee of the House of Representatives, so that full consideration can be given to this important legislation as soon as possible.

For the past twelve years I have been a member of the American Academy of Pediatrics Indian Health Committee, and during this time I have been honored and priveleged to support many of the programs that improve the health and welfare conditions of the American Indian and Alaskan Native. Not only our committee, but many other national medical organizations have been supporting and advocating Indian Health and Welfare programs so that the Indian citizen standard of living may be brought up to that of our other Americans. Here in New Mexico I have been supporting programs and legislations during this period so that our Indians in this State can achieve a high standard of living and realize the complete existence of a full and productive life. The American Academy of Pediatrics Committee has been priveleged to visit and meet with various Indian leaders on various reservations through out the country, and during this time we have seen many of the grave and profound problems which affect the overall welfare of the average Indian. The Indians needs are extremely great, and now for this reason I urge you to support to the fullest the passage of this important measure. Our committee is a politically bi-partisan group and we feel that support should remain on a bi-partisan basis and therefore, the bill should receive complete support of all members of Congress who are interested in the welfare of Indian people.

The Indian Health Improvement bill implements the responsibility of the federal government for the care and the education of the Indian people by guaranteeing to improve the services and the facilities of the Indian health programs and also encouraging the maximum participation of the Indians themselves in such programs so that the Indian will eventually achieve complete control and responsibility for his own health and welfare. The bill embodies basic considerations such as training, education, construction of health facilities, etc., and I am

DAVID B. POST, M.D., F.A.A.P.
LA MESA MEDICAL CENTER
7000 CUTLER, N. E. - SUITE E-3
ALBUQUERQUE, NEW MEXICO 87110

Telephone 298-1928

sure that you are completely familiar with this bill, so that I will not go into detail. The only reason for my reiterating these important provisions is that I feel these measures are completely basic and responsible things that should be provided to the Indian people. I feel that you, as a representative of the people of the State of New Mexico, should have as one of your foremost responsibilities the mandate to support legislation for this very important segment of our people not only here in New Mexico, but all over the country. The crisis in Indian health care and facilities for this basic right is here and now, and I feel that the Congress and the Administration cannot side step this responsibility any longer.

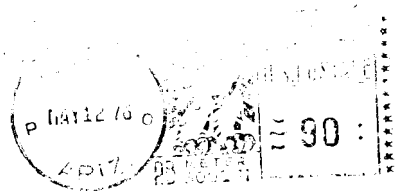
May I count on your support for this very important measure. If testimony in support of this legislation is necessary we have members of our committee who are willing to testify in this behalf as we have in the past. I would appreciate not only your support but a response to this letter.

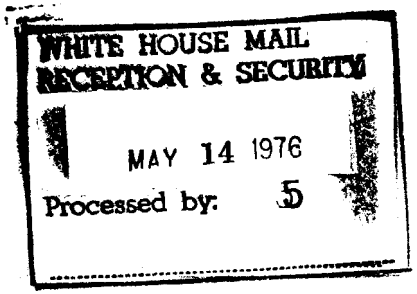
Until I have the privelege of seeing you again,

My kindest personal regards.

David B. Post, M.D.
Member of the Indian Health Committee
American Academy of Pediatrics

S.R.KEMBERLING,M.D.
1601 N.TUCSON BLVD.,#35
TUCSON, AZ. 85716





DR. THEODORE MARRS

SPECIAL ASSISTANT TO THE PRESIDENT

THE WHITE HOUSE

WASHINGTON, D.C.

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
WASHINGTON, D. C. 20245

IN REPLY REFER TO:

APR 21 1975

Dear Dr. Marrs:

This is in response to your request for the views of this Department on S. 522, a bill "To implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes."

While the administration of the Indian health care program is not under the jurisdiction of the Bureau of Indian Affairs, we recognize the urgent need to upgrade the quantity and quality of health services sufficiently to insure adequate health care for Indians and Alaska Natives. While we would support enactment of S. 522, we realize that the President's announced moratorium on new Federal spending initiatives in non-energy areas must be taken into consideration in the formulation of an Administration position.

The unmet health needs of the American Indian and Alaska Native people are severe and their health status is far below that of the general population of the United States. In many cases, the poor health status of these people affects their ability to fully participate in and derive the benefits that accrue to them from programs administered by the Federal Government. Because the low health status of the American Indian and Alaska Native people is one of the most critical problems they confront, efforts to ameliorate this condition are vitally necessary.

It is our understanding that the purpose of S. 522 is to insure a significant improvement in the health status of the American Indian and Alaska Native people. The bill would provide the direction and financial resources needed to overcome the inadequacies in the existing Indian health care program. Further, S. 522 would invite the greatest possible participation of Indians and Alaska Natives in the direction and management of that program. In view of the legislative authorities handed down by the 93rd Congress in the Act of January 4, 1975 (P.L. 93-638; 88 Stat. 2203), the "Indian Self-Determination and Education Assistance Act", programs and authorities

CONSERVE AMERICA'S ENERGY

Save Energy and You Serve America!

such as those contained in S. 522 could not be more timely. We see potential in Titles II and III of the bill whereby some of the health services and health facility improvements proposed might be performed under grant or contract with tribal governments instead of directly by the Indian Health Service.

With regard to the specific provisions of the bill, we defer to the Indian Health Service for their recommendations. However, we note that sections 201(c)(4)(C); 201(c)(6) and 301(a)(4) include provisions that involve the Bureau of Indian Affairs. We do have comments regarding these three sections.

Section 201(c)(4)(C) provides for model dormitory mental health services and authorizes $625,000 and 50 positions for the IHS for each of the next five fiscal years following enactment of the Act for this activity.

Section 201(c)(6) provides for IHS health care personnel in primary and secondary Bureau of Indian Affairs schools, and authorizes funds in the amount of $1,000,000 for the first fiscal year after enactment of the Act, and $1,200,000 for each of the four succeeding fiscal years thereafter.

Section 301(a)(4) of Title III authorizes the expenditure by the IHS of $1,500,000 for each of the five fiscal years after enactment of the Act for the construction and renovation of health facilities for primary and secondary Bureau of Indian Affairs schools.

The Department supports all of the above provisions and the activities they would provide. We look forward to working with IHS personnel and tribes in implementation of the legislation should it be enacted.

In addition, section 302(a) authorizes the Secretary of Health, Education and Welfare to expend, within a five-fiscal year period following enactment of the Act, $378,000,000 to supply unmet needs for safe water and sanitary waste disposal facilities in existing and new Indian homes and communities. Subsection (c) of that section directs the Secretary of Health, Education and Welfare, in cooperation with the Secretaries of the Interior and of Housing & Urban Development, and after consultation with Indian tribes, to develop a plan to meet the schedule provided for in the bill for the construction of safe

water and sanitary waste disposal facilities. The coordination described has been, and will continue to be, necessary for the development of adequate health standards in Indian housing. We are ready to cooperate in any way possible to assist in making quality health care for Indian and Alaska Native people a reality.

It is our understanding that S. 522 has received the overwhelming support of the Indian people for whose benefit it is intended.

Sincerely yours,

Morris Thompson

Commissioner of Indian Affairs

Dr. Theodore C. Marrs
Special Assistant to the President
The White House
Washington, D. C. 20500

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
WASHINGTON, D.C. 20242

IN REPLY REFER TO:

APR 21 1975

Dear Dr. Marrs:

This is in response to your request for the views of this Department on S. 522, a bill "To implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes."

While the administration of the Indian health care program is not under the jurisdiction of the Bureau of Indian Affairs, we recognize the urgent need to upgrade the quantity and quality of health services sufficiently to insure adequate health care for Indians and Alaska Natives. While we would support enactment of S. 522, we realize that the President's announced moratorium on new Federal spending initiatives in non-energy areas must be taken into consideration in the formulation of an Administration position.

The unmet health needs of the American Indian and Alaska Native people are severe and their health status is far below that of the general population of the United States. In many cases, the poor health status of these people affects their ability to fully participate in and derive the benefits that accrue to them from programs administered by the Federal Government. Because the low health status of the American Indian and Alaska Native people is one of the most critical problems they confront, efforts to ameliorate this condition are vitally necessary.

It is our understanding that the purpose of S. 522 is to insure a significant improvement in the health status of the American Indian and Alaska Native people. The bill would provide the direction and financial resources needed to overcome the inadequacies in the existing Indian health care program. Further, S. 522 would invite the greatest possible participation of Indians and Alaska Natives in the direction and management of that program. In view of the legislative authorities handed down by the 93rd Congress in the Act of January 4, 1975 (P.L. 93-638; 88 Stat. 2203), the "Indian Self-Determination and Education Assistance Act", programs and authorities

such as those contained in S. 522 could not be more timely. We see potential in Titles II and III of the bill whereby some of the health services and health facility improvements proposed might be performed under grant or contract with tribal governments instead of directly by the Indian Health Service.

With regard to the specific provisions of the bill, we defer to the Indian Health Service for their recommendations. However, we note that sections 201(c)(4)(C); 201(c)(6) and 301(a)(4) include provisions that involve the Bureau of Indian Affairs. We do have comments regarding these three sections.

Section 201(c)(4)(C) provides for model dormitory mental health services and authorizes $625,000 and 50 positions for the IHS for each of the next five fiscal years following enactment of the Act for this activity.

Section 201(c)(6) provides for IHS health care personnel in primary and secondary Bureau of Indian Affairs schools, and authorizes funds in the amount of $1,000,000 for the first fiscal year after enactment of the Act, and $1,200,000 for each of the four succeeding fiscal years thereafter.

Section 301(a)(4) of Title III authorizes the expenditure by the IHS of $1,500,000 for each of the five fiscal years after enactment of the Act for the construction and renovation of health facilities for primary and secondary Bureau of Indian Affairs schools.

The Department supports all of the above provisions and the activities they would provide. We look forward to working with IHS personnel and tribes in implementation of the legislation should it be enacted.

In addition, section 302(a) authorizes the Secretary of Health, Education and Welfare to expend, within a five-fiscal year period following enactment of the Act, $378,000,000 to supply unmet needs for safe water and sanitary waste disposal facilities in existing and new Indian homes and communities. Subsection (c) of that section directs the Secretary of Health, Education and Welfare, in cooperation with the Secretaries of the Interior and of Housing & Urban Development, and after consultation with Indian tribes, to develop a plan to meet the schedule provided for in the bill for the construction of safe

water and sanitary waste disposal facilities. The coordination described has been, and will continue to be, necessary for the development of adequate health standards in Indian housing. We are ready to cooperate in any way possible to assist in making quality health care for Indian and Alaska Native people a reality.

It is our understanding that S. 522 has received the overwhelming support of the Indian people for whose benefit it is intended.

Sincerely yours,

/s/ Morris Thompson

Commissioner of Indian Affairs

Dr. Theodore C. Marrs
Special Assistant to the President
The White House
Washington, D. C. 20500

THE WHITE HOUSE

WASHINGTON

March 12, 1975

MEMORANDUM FOR 634

THE SECRETARY OF THE INTERIOR

I would appreciate the views of Interior in regard to S-522 - the Indian Health Care Improvement Act. This is currently being reviewed in OMB and other offices and is needed as soon as reasonably possible.

Thanks.

Theodore C. Marrs
Special Assistant to the President

634

INTERIOR DEPT.

MAR 13 1975 2379

LEGISLATIVE COUNSEL

13701

SUBJECT: INDIAN HEALTH LEGISLATION

As a precis, the following points need to be considered:

- o Life is one of the guarantees provided by the Declaration of Independence which can, in this instance, be measured.
- o In 1974 the average age at death of Indians and Alaskan natives was 48.3. For white US citizens the average age at death was 72.3. For others, the average age was 52.7.
- o In addition to the Declaration of Independence the US is committed by treaty, trust responsibility, stated policy, custom and expectation to provide adequacy and equity in health care for the Indian people.
- o The quality of care in Indian Health Service hospitals will be reduced in 1977 by other factors. Two recent failures by IHS Hospitals to meet accreditation standards have reduced to 23 out of 51 the number of such hospitals approved by the Joint Commission on Accreditation of Hospitals. To a physician this is shocking.

- Predicted IHS hospital admissions (by HEW figures) will be increased by 1000 in 1977. Based on austere standards (i.e. the structure determined by appropriation levels) 8500 employee positions were funded for FY '76 in IHS. Recission is reducing this level by 639 and the resultant level of 7861 positions will be further stretched to man three new hospitals in FY '77.
- Meanwhile, for contract medical care, a 14% increase was allowed for hospital cost versus an actual 18.6% increase in those areas. For physician fees, a 9% increase has been allowed in the face of an actual 19% increase. The preceeding three factors mean lowered workload and increased backlog or increased workload with decreased quality of Indian health service in 1977. In either case higher morbidity and mortality rates will result.
- Outpatient care limits imposed for FY '77 by budget restriction is about 35,000 less visits than the actual number in FY '75. (The National

Tribal Chairmen's Association and the National Indian Health Board place such ambulatory case as their top priority.) This too contributes to increased morbidity and mortality rates.

- While there has been improvement in health status of Indians during the past fifteen years, a loss of momentum can further slow the already sluggish rate of approach to parity. Increased momentum in health delivery and sanitation as insured by this bill speed the rate of closing the existing gap in age at death.
- Our stated policy allows budgeting for expansion of existing humane programs. Further, existing humane programs over a seven year period will decrease outyear costs of continuing payments for care of: Neglected tuberculosis with catastrophic dependency; neglected alcoholism with resultant accidents and chronic illnesses; neglected ear infections with resultant deafness, school failure and limited economic attainment, etc. These savings factors have been variously estimated by some analysts and ignored by others.

- The "bottom Line" is that there are unavoidable aspects of equity and morality when there is a more than twenty year differential in age at death between Indians and non-Indians.

April 26, 1976

MEMORANDUM FOR: JIM LYNN

FROM: TED MARRS

SUBJECT: MANAGEMENT - INDIAN AFFAIRS

Thank you for maintaining our shared interest in improved management of Indian matters with Jim Mitchell. He and I have discussed the uniqueness of the treaty and trust responsibilities of the United States government for Indian matters. Related to this, we share recognition of the need to have a better overview and coordination of the widely dispersed Indian activities of the federal government.

As a first step I will appreciate your giving as much priority as possible to an option paper on in-house aspects of management of Indian matters. The options touched on in meeting with Jim were the following:

1. The Zarb proposal of a Domestic Council Cabinet Committee.

2. Assigning a federal overview responsibility to Interior.

3. The Senate Policy Review Committee approach (a full time White House management operation with about 40 people.)

4. A small (3 to 5 person) White House Office: BIA and "Indian Desk" people as resource; the tribal chairmen and Governors as tribal oriented advisors; representatives of various Indian organizations as consultants where relevant (including non-reservation matters as appropriate.)

It would be appreciated if you will ask your staff to shake these down and come up with any other appropriate alternatives in the form of a draft option paper or a staff decision paper by the tenth of May. Janet Brown, Bobbie Kilberg and Brad Patterson and I shall be glad to be available for discussion and assistance during development. Jack Marsh, Phil Buchen and Public Liaison would like to coordinate on a final draft.

CC: J. Marsh
J. Mitchell
J. Brown
B. Kilberg
B. Patterson

TCM:mcp

April 26, 1976

MEMORANDUM FOR: THE SECRETARY OF THE INTERIOR

FROM: TED MARRS

SUBJECT: TRIBAL JURISDICTION WITHIN RESERVATION BOUNDARIES

I am aware that Indian Tribes across the nation are increasingly asserting their tribal governmental authority within their external reservation boundaries to all persons regardless of their membership in the tribe which asserts the authority. I am also aware that such assertion of governmental authority has not included the extension of political rights to resident non-members who live within those external boundaries. The result of such extensions of tribal authority without concurrently extending political rights to resident non-members appears to deny resident non-members of the equal protections and due process rights of the United States Constitution and the Indian Bill of Rights.

Can you tell me what consideration we are giving to assure that all persons who reside within the external confines of an Indian reservation are accorded the political rights preserved to them by law?

In view of the frequency with which this has recently been called to my attention, I would appreciate your coordinating the relevant Departments and services in an effort to resolve this dilemma at an early date. It will be appropriate if a proposed Administration position be formulated within six weeks if that is practicable.

CC: The Attorney General
BCC: J. Mitchell
B. Kilberg
B. Patterson
J. Brown

TCM:mcp

THE WHITE HOUSE

WASHINGTON

April 26, 1976

MEMORANDUM FOR: PAUL O'NEILL

FROM: TED MARRS

SUBJECT: INDIAN HEALTH LEGISLATION

The attached summary warrants your attention before Ted Cooper's testimony on Wednesday. Based on these facts I have to strongly non-concur in the OMB position which has been imposed on HEW. After discussion with Marge Lynch and Ted Cooper, it is my impression that they would also like to see this changed.

How to change it? Let Ted Cooper testify on Wednesday at the close of his testimony that we are (or will) consider adjusting our "adamant" position if there are certain changes: the stretch to a seven year period; limitation of first year expenditures to 50.0M; elimination of the Indian Medical School.

I am confident that the involved committees would accept these adjustments while the House looks at the Bill and that the Senate would "reluctantly" agree.

Pragmatically, there will be a veto override. Politically, we can be made to look bad by not applying the President's humane option in expanding funding for what is basically an "existing program" -- i.e. Indian Health Service. Politically too, we should not overlook John Rhodes' support (Colleague letters, etc.) and the efforts of Fannin and others.

Admittedly, I am biased as a physician in favor of equity in length of life so you will have to excuse my considering the humanitarian aspect along with the budgetary, pragmatic and political. Failure to adjust the present course is in my opinion a flagrant deprivation of human rights in a measurable as well as dramatic way.

Thanks for agreeing to take another look after our talk on Friday.

Enclosure

CC: J. Marsh
B. Barrody

BCC: J. Brown
J. Mitchell
B. Kilberg

SUBJECT: INDIAN HEALTH LEGISLATION

As a precis, the following points need to be considered:

- o Life is one of the guarantees provided by the Declaration of Independence which can, in this instance, be measured.
- o In 1974 the average age at death of Indians and Alaskan natives was 48.3.

  For white US citizens the average age at death was 72.3. For others, the average age was 62.7.
- o In addition to the Declaration of Independence the US is committed by treaty, trust responsibility, stated policy, custom and expectation to provide adequacy and equity in health care for the Indian people.
- o The quality of care in Indian Health Service hospitals will be reduced in 1977 by other factors. Two recent failures by IHS Hospitals to meet accreditation standards have reduced to 23 out of 51 the number of such hospitals approved by the Joint Commission on Accreditation of Hospitals. To a physician this is shocking.

- Predicted IHS hospital admissions (by HEW figures) will be increased by 1000 in 1977. Based on austere standards (i.e. the structure determined by appropriation levels) 8500 employee positions were funded for FY '76 in IHS. Recission is reducing this level by 639 and the resultant level of 7861 positions will be further stretched to man three new hospitals in FY '77.
- Meanwhile, for contract medical care, a 14% increase was allowed for hospital cost versus an actual 18.6% increase in those areas. For physician fees, a 9% increase has been allowed in the face of an actual 19% increase. The preceeding three factors mean lowered workload and increased backlog or increased workload with decreased quality of Indian health service in 1977. In either case higher morbidity and mortality rates will result.
- Outpatient care limits imposed for FY '77 by budget restriction is about 35,000 less visits than the actual number in FY '75. (The National

Tribal Chairmen's Association and the National Indian Health Board place such ambulatory case as their top priority.) This too contributes to increased morbidity and mortality rates.

o While there has been improvement in health status of Indians during the past fifteen years, a loss of momentum can further slow the already sluggish rate of approach to parity. Increased momentum in health delivery and sanitation as insured by this bill speed the rate of closing the existing gap in age at death.

o Our stated policy allows budgeting for expansion of existing humane programs. Further, existing humane programs over a seven year period will decrease outyear costs of continuing payments for care of: Neglected tuberculosis with catastrophic dependency; neglected alcoholism with resultant accidents and chronic illnesses; neglected ear infections with resultant deafness, school failure and limited economic attainment, etc. These savings factors have been variously estimated by some analysts and ignored by others.

- The "bottom Line" is that there are unavoidable aspects of equity and morality when there is a more than twenty year differential in age at death between Indians and non-Indians.

4/27/76

H.R. 2525, the "Indian Health Care Improvement Act"

Even after limiting first year expenditures to $50 million and eliminating the Indian Medical School, H.R. 2525 is still objectionable because:

1 -- ~~It is unnecessary~~. HEW already has the authority to accomplish the objectives of this bill through the "Snyder Act" and other authorities;

2 -- it would add over 20 narrow categorical programs for one population group at a time when the Administration is attempting to consolidate health services programs. These categories and the assignment of Federal positions to certain program areas is undesirably restrictive;

3 -- the manpower and scholarship programs in Title I can be accomplished through existing Federal programs, e.g., the National Health Service Corps and BIA scholarship programs for which $35 million and $26 million, respectively, has been requested in 1977;

4 -- the mental health and alcoholism programs authorized in Title II duplicate existing HEW authorities which provide services to Indians and Alaska Natives;

5 -- it would expand Federal programs for categorical outreach and health services to urban Indians who are already entitled to Medicaid and other programs on the same basis as any other citizen;

6 -- it would require the submission of unnecessary reports by the Secretary of HEW; and

7 -- the authorizations--over $1 billion in 7 years--are excessive as add-ons to the budget request of $355 million in 1977.

H.R. 2525, the "Indian Health Care Improvement Act"

		1977	1978	1979	1980	1981	1982	1983
I.	Health Manpower	8	10	12	15	22	26	32
II.	Health Services	5	24 (515)	41 (593)	55 (560)	73 (560)	88 (535)	105 (615)
III.	Health Facilities	175	113	63	110	78	38	43
IV.	Access to Health Services	--	--	--	--	--	--	--
V.	Urban Indians	5	10	15	--	--	--	--
VI.	Indian School of Medicine	--	1	2	3	3	3	3
VII.	Reports	--	--	--	--	--	--	--
	Total	193	158	133	183	176	155	183
	New Positions		(515)	(593)	(560)	(560)	(535)	(615)

NOMINATIONS PLACED ON THE SECRETARY'S DESK—AIR FORCE, NAVY, AND MARINE CORPS

The second assistant legislative clerk proceeded to read sundry nominations in the Air Force, Navy, and Marine Corps which had been placed on the Secretary's desk.

The ACTING PRESIDENT pro tempore. Without objection, the nominations are considered and confirmed.

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the President be notified.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

LEGISLATIVE SESSION

Mr. MANSFIELD. Mr. President, I move that the Senate resume the consideration of legislative business.

The motion was agreed to, and the Senate resumed the consideration of legislative business.

CONSIDERATION OF CERTAIN MEASURES ON THE CALENDAR

Mr. MANSFIELD. Mr. President, I ask unanimous consent that the Senate turn to the consideration of Calendar Nos. 128, 130, and 131.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

INDIAN HEALTH CARE IMPROVEMENT ACT

The Senate proceeded to consider the bill (S. 522) to implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes, which had been reported from the Committee on Interior and Insular Affairs with an amendment to strike all after the enacting clause and insert:

That this Act may be cited as the "Indian Health Care Improvement Act".

TABLE OF CONTENTS

FINDINGS

SEC. 2. The Congress finds that—

(a) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(b) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(c) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(d) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States. For example, for Indians compared to all Americans in 1971, the tuberculosis death rate was over four and one-half times greater, the influenza and pneumonia death rate over one and one-half times greater, and the infant death rate approximately 20 per centum greater.

(e) All other Federal services and programs in fulfillment of the Federal responsibility to Indians are jeopardized by the low health status of the American Indian people.

(f) Further improvement in Indian health is imperiled by—

(1) inadequate, outdated, inefficient, and under-manned facilities. For example, only twenty-four of fifty-one Indian Health Service hospitals are accredited by the Joint Commission on Accreditation of Hospitals: only thirty-one meet national fire and safety codes; and fifty-two locations with Indian populations have been identified as requiring either new or replacement health centers and stations, or clinics remodeled for improved or additional service;

(2) shortage of personnel. For example, about one-half of the Service hospitals, four-fifths of the Service hospital outpatient clinics, and one-half of the Service health clinics meet only 80 per centum of staffing standards for their respective services;

(3) insufficient services in such areas as laboratory, hospital inpatient and outpatient, eye care and mental health services, and services available through contracts with private physicians, clinics, and agencies. For example, about 90 per centum of the surgical operations needed for otitis media have not been performed, over 57 per centum of required dental services remain to be provided, and about 98 per centum of hearing aid requirements are unmet;

(4) related support factors. For example, over seven hundred housing units are needed for staff at remote Service facilities;

(5) lack of access of Indians to health services due to remote residences, undeveloped or underdeveloped communication and transportation systems, and difficult, sometimes severe, climatic conditions; and

(6) lack of safe water and sanitary waste disposal services. For example, over thirty-seven thousand four hundred existing and forty-eight thousand nine hundred and sixty planned replacement and renovated Indian housing units need new or upgraded water and sanitation facilities.

(g) The Indian people's growth of confidence in Federal Indian health services is revealed by their increasingly heavy use of such services. Progress toward the goal of better Indian health is dependent on this continued growth of confidence. Both such progress and such confidence are dependent on improved Federal Indian health services.

DECLARATION OF POLICY

SEC. 3. 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 meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.

DEFINITIONS

SEC. 4. For purposes of this Act—

(a) "Secretary", unless otherwise designated, means the Secretary of Health, Education, and Welfare.

(b) "Service" means the Indian Health Service.

(c) "Indians" or "Indian", unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof, except that, for the purpose of sections 102, 103, 104(b)(1)(1), and 201(c)(5), such terms shall mean any individual who (1), irrespecitve of wheher he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.

(d) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group as defined in the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(e) "Tribal organization" means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.

(f) "Urban Indian" means any individual who resides in an urban center, as defined in subsection (g) hereof, and who meets one or more of the four criteria in subsection (c) (1) through (4) of this section.

(g) "Urban center" means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V, as determined by the Secretary.

(h) "Urban Indian organization" means a nonprofit corporate body situated in an

urban center, composed of urban Indians, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503(a).

TITLE I—INDIAN HEALTH MANPOWER

PURPOSE

SEC. 101. The purpose of this title is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service and private practice among Indians.

HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS

SEC. 102. (a) The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal organizations to assist such entities in meeting the costs of—

(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them (A) to enroll in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions; or (B), if they are not qualified to enroll in any such school, to undertake such postsecondary education or training as may be required to qualify them for enrollment;

(2) publicizing existing sources of financial aid available to Indians enrolled in any school referred to in clause (1)(A) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school; or

(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians, and the subsequent pursuit and completion by them of courses of study, in any school referred to in clause (1)(A) of this subsection.

(b)(1) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

(2) The amount of any grant under this section shall be determined by the Secretary. Payments pursuant to grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Secretary finds necessary.

(c) For the purpose of making payments pursuant to grants under this section, there are authorized to be appropriated $1,500,000 for fiscal year 1977, $2,500,000 for fiscal year 1978, $3,000,000 for fiscal year 1979, $4,000,000 for fiscal year 1980, $4,500,000 for fiscal year 1981, $5,000,000 for fiscal year 1982, and $4,500,000 for fiscal year 1983.

HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS

SEC. 103. (a) The Secretary, acting through the Service, shall make scholarship grants to Indians who—

(1) have successfully completed their high school education or high school equivalency; and

(2) have demonstrated the capability to successfully complete courses of study in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions.

(b) Each scholarship grant, made under this section shall be for a period not to exceed two academic years, which years shall be the final two years of the preprofessional education of any grantee.

(c) Scholarship grants made under this section may cover costs of tuition, books, transportation, board, and other necessary related expenses.

(d) There are authorized to be appropriated for the purpose of this section: $2,000,000 for fiscal year 1977, $2,500,000 for fiscal year 1978, $3,000,000 for fiscal year 1979, $3,500,000 for fiscal year 1980, $4,000,000 for fiscal year 1981, $4,500,000 for fiscal year 1982, and $4,500,000 for fiscal year 1983.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

SEC. 104. (a) The Secretary, acting through the Sedvice, shall make scholarship grants to individuals (i) who are enrolled in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions (including schools certified by the Secretary as capable of training individuals in Indian traditional medicine), and (ii) who agree to provide their professional services to Indians after the completion of their professional training.

(b)(1) The Secretary, acting through the Service, (i) shall accord priority for scholarship grants under this section to applicants who are Indians, and (ii) may determine distribution of scholarship grants on the basis of the relative needs of Indians for additional service in specifice health profesions.

(2) Each scholarship grant under this section shall (i) fully cover the costs of tuition, and (ii), when taken together with the financial resources of the grantee, fully cover the costs of books, transportation, board, and other necessary related expenses: *Provided*, That the amount of grant funds available annually to each grantee under clause (ii) shall not exceed $8,000, except where the scholarship grant is extended to cover the period between academic years pursuant to paragraph (3) of this subsection.

(3) Scholarship grants under this section shall be made with respect to academic years, except that any such grant may be extended and increased for the period between academic years if the grantee is engaged in clinical or other practical experience related to his or her course of study and if further grant assistance during such period is required by the grantee because of his or her financial need.

(c)(1) As a condition for any scholarship grants under this section, each grantee shall be obligated to provide professional service to Indians for a period of years equal to the number of years during which he or she receives such grants.

(2) For the purpose of clause (1) of this subsection, "professional service to Indians" shall mean employment in the Service or in private practice where, in the judgment of the Secretary in accordance with guidelines promulgated by him, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians. Periods of internship or residency, except residency served in a facility of the Service, shall not constitute fulfillment of this service obligation.

(3)(A) A service obligation of any individual pursuant to this section shall be canceled upon the death of such individual.

(B) The Secretary shall by regulation provide for the waiver or suspension of a service obligation of any individual whenever compliance by such individual is impossible or would involve extreme hardship to such individual and if enforcement of such obligation with respect to any individual would be against equity and good conscience.

(d) Individuals receiving scholarship grants under this section shall not be counted against any employment ceiling affecting the Service or the Department of Health, Education, and Welfare.

(e) There are authorized to be appropriated for the purpose of this section: $6,000,000 for fiscal year 1977, $7,500,000 for fiscal year 1978, $9,000,000 for fiscal year 1979, $12,500,000 for fiscal year 1980, $19,000,000 for fiscal year 1981, $26,000,000 for fiscal year 1982, $30,000,000 for fiscal year 1983, and, for each succeeding fiscal year, such sums as may be necessary to continue to make scholarship grants under this section to individuals who have received such grants prior to the end of fiscal year 1983 and who are eligible for such grants during each such succeeding fiscal year.

INDIAN HEALTH SERVICE EXTERN PROGRAMS

SEC. 195. (a) Any individual who receives a scholarship grant pursuant to section 104 shall be entitled to employment in the Service during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determining the fulfillment of the service obligation incurred as a condition of the scholarship grant.

(b) Any individual enrolled in a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions (including schools certified by the Secretary as capable of training individuals in Indian traditional medicine) may be employed by the Service during any nonacademic period of the year. Any such employment shall not exceed one hundred and twenty days during any calendar year.

(c) Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted against any employment ceiling affecting the Service or the Department of Health, Education, and Welfare.

(d) There are authorized to be appropriated for the purpose of this section: $800,000 for fiscal year 1977, $1,200,000 for fiscal year 1978, $1,600,000 for fiscal year 1979, $2,200,000 for fiscal year 1980, $2,800,000 for fiscal year 1981, $3,200,000 for fiscal year 1982, and $3,550,000 for fiscal year 1983.

EDUCATIONAL AND TRAINING PROGRAMS IN ENVIRONMENTAL HEALTH, HEALTH EDUCATION, AND NUTRITION

SEC. 106. (a) The Secretary, acting through the Service, shall make grants to individuals, nonprofit entitles, appropriate public or private agencies, educational institutions, or Indian tribes and tribal organizations to enable the recipients of such grants to establish and carry out programs to train individuals so as to enable them to provide their services to Indians in the following areas:

(1) environmental health, including proper waste disposal, reduced pesticide inhalation, proper sanitation, and vector control;

(2) health education, including advising and training Indians with respect to personal hygiene, the essentials of first aid, the care of critically ill in the home and entitlements of Indians to, and the availability of, health care services and assistance; providing adequate health information to schools; and establishing health courses in secondary schools encouraging entry by Indians into health-related professions; and

(3) nutrition, including advising and training Indians with respect to child nutrition, availability of nutrition programs (such as hot school lunch programs), nutrition in prenatal care, and nutrition education for the total population, particularly for those found to have or to be susceptible to, diabetes, hypertension, and heart disease.

(b) Grants pursuant to this section shall be made in such manner and in such amounts

and subject to such conditions as the Secretary shall by regulation prescribe.

(c) There are authorized to be appropriated to carry out the provisions of this section: $500,000 for fiscal year 1977, $600,000 for fiscal year 1978, $700,000 for fiscal year 1979, $800,000 for fiscal year 1980, $900,000 for fiscal year 1981, $900,000 for fiscal year 1982, and $600,000 for fiscal year 1983.

CONTINUING EDUCATION ALLOWANCES

SEC. 107. (a) In order to encourage physicians and other health professionals to join the Service and to provide their services in the rural and remote areas where a significant portion of the Indian people resides, the Secretary, acting through the Service, may provide allowances to health professionals employed in the Service to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation and refresher training courses.

(b) There are authorized to be appropriated for the purpose of this section: $100,000 for fiscal year 1977, $200,000 for fiscal year 1978, $250,000 for fiscal year 1979, $300,000 for fiscal year 1980, $350,000 for fiscal year 1981, $350,000 for fiscal year 1982, and $325,000 for fiscal year 1983.

TITLE II—HEALTH SERVICES

SEC. 201. (a) For the purpose of eliminating backlogs in Indian health care services and to supply known, unmet medical, surgical, dental, and other Indian health needs, the Secretary is authorized to expend $491,975,000 through the Service, over a seven-fiscal-year period in accordance with the schedule provided in subsection (c). Funds appropriated pursuant to this section each fiscal year shall not be used to offset or limit the appropriations required by the Service to continue to serve the health needs of Indians during and subsequent to such seven-fiscal-year period, but shall be in addition to the level of appropriations provided to the Service in fiscal year 1976 required to continue the programs of the Service thereafter.

(b) The Secretary, acting through the Service, is authorized to employ persons to implement the provisions of this section during the seven-fiscal-year period in accordance with the schedule provided in subsection (c). Such positions authorized each fiscal year pursuant to this section shall not be considered as offsetting or limiting the personnel required by the Service to serve the health needs of Indians during and subsequent to such seven-fiscal-year period but shall be in addition to the positions authorized in the previous fiscal year and to the annual personnel levels required to continue the programs of the Service.

(c) The following amounts and positions are authorized, in accordance with the provisions of subsections (a) and (b), for the specific purposes noted:

(1) Patient care (direct and indirect): $4,000,000 and one hundred and fifty positions for fiscal year 1977, $10,000,000 and two hundred and twenty-five positions for fiscal year 1978, $18,000,000 and three hundred positions for fiscal year 1979, $26,500,000 and three hundred and twenty positions for fiscal year 1980, $36,000,000 and three hundred and sixty positions for fiscal year 1981, $46,000,000, and three hundred and seventy-five positions for fiscal year 1982, and $58,000,000 and four hundred and fifty positions for fiscal year 1983.

(2) Field health, excluding dental care (direct and indirect): $3,000,000 and ninety positions for fiscal year 1977, $6,000,000 and ninety positions for fiscal year 1978, $9,000,000 and ninety positions for fiscal year 1979, $13,000,000 and one hundred and twenty positions for fiscal year 1980, $18,000,000 and one hundred and fifty positions for fiscal year 1981, $23,000,000 and one hnudred and fifty positions for fiscal year 1982, and $28,500,000 and one hundred and sixty-five positions for fiscal year 1983.

(3) Dental care (direct and indirect): $800,000 and eighty positions for fiscal year 1977, $1,500,000 and seventy positions for fiscal year 1978, $2,000,000 and fifty positions for fiscal year 1979, $2,500,000 and fifty positions for fiscal year 1980, $2,900,000 and forty positions for fiscal year 1981, $3,200,000 and thirty positions for fiscal year 1982, and $3,500,000 and twenty-five positions for fiscal year 1983.

(4) Mental health: (A) Community mental health services: $900,000 and forty positions for fiscal year 1977, $1,700,000 and thirty positions for fiscal year 1978, $2,400,000 and thirty positions for fiscal year 1979, $3,000,000 and twenty-five positions for fiscal year 1980, $3,500,000 and twenty positions for fiscal year 1981, $3,800,000 and ten positions for fiscal year 1982, and $4,100,000 and fifteen positions for fiscal year 1983.

(B) Inpatient mental health services: $200,000 and fifteen positions for fiscal year 1977, $400,000 and fifteen positions for fiscal year 1978, $600,000 and fifteen positions for fiscal year 1979, $800,000 and fifteen positions for fiscal year 1980, $1,000,000 and fifteen positions for fiscal year 1981, $1,300,000 and twenty positions for fiscal year 1982, and $1,600,000 and twenty-five positions for fiscal year 1983.

(C) Model dormitory mental health services: $625,000 and fifty positions for fiscal year 1977, $1,250,000 and fifty positions for fiscal year 1978, $1,875,000 and fifty positions for fiscal year 1979, and $2,500,000 and fifty positions for fiscal year 1980.

(D) Therapeutic and residential treatment centers: $150,000 and ten positions for fiscal year 1977, $300,000 and ten positions for fiscal year 1978, $400,000 and five positions for fiscal year 1979, $500,000 and five positions for fiscal year 1980, $600,000 and ten positions for fiscal year 1981, $700,000 and five positions for fiscal year 1982, and $800,000 and five positions for fiscal year 1983.

(E) Training of traditional Indian practitioners in mental health: $75,000 for fiscal year 1977, $150,000 for fiscal year 1978, $200,000 for fiscal year 1979, $250,000 for fiscal year 1980, $300,000 for fiscal year 1981, $300,000 for fiscal year 1982, and $300,000 for fiscal year 1983.

(5) Treatment and control of alcoholism among Indians: $8,000,000 for fiscal year 1977, $10,500,000 for fiscal year 1978, $13,000,000 for fiscal year 1979, $15,000,000 for fiscal year 1980, $17,000,000 for fiscal year 1981, $18,500,000 for fiscal year 1982, and $20,000,000 for fiscal year 1983.

(6) Provision of health care personnel in primary and secondary Bureau of Indian Affairs schools: $600,000 and thirty-three positions for fiscal year 1977, $1,000,000 and twenty-two positions for fiscal year 1978, $1,300,000 and sixteen positions for fiscal year 1979, $1,700,000 and twenty-two positions for fiscal year 1980, $2,500,000 and forty-four positions for fiscal year 1981, $3,900,000 and seventy-six positions for fiscal year 1982, and $6,000,000 and one hundred and fifteen positions for fiscal year 1983.

(7) Maintenance and repair (direct and indirect): $3,000,000 and twenty positions for fiscal year 1977, $3,000,000 and twenty positions for fiscal year 1978, $4,000,000 and thirty positions for fiscal year 1979, $4,000,000 and thirty positions for fiscal year 1980, $4,000,000 and thirty positions for fiscal year 1981, $2,000,000 and fifteen positions for fiscal year 1982, and $1,000,000 and five positions for fiscal year 1983.

(d) The Secretary, acting through the Service, shall expend directly or by contract not less than 1 per centum of the funds appropriated under the authorizations in each of the clauses (1) through (5) of subsection (c) for research in each of the areas of Indian health care for which such funds are authorized to be appropriated.

TITLE III—HEALTH FACILITIES

CONSTRUCTION AND RENOVATION OF SERVICE FACILITIES

SEC. 301. (a) For the purpose of eliminating inadequate, outdated, and otherwise unsatisfactory Service hospitals, health centers, health stations, and other Service facilities, the Secretary, acting through the Service, is authorized to expend $528,637,000 over a seven-fiscal-year period in accordance with the following schedule:

(1) Hospitals: $123,880,000 for fiscal year 1977, $55,171,000 for fiscal year 1978, $24,703,000 for fiscal year 1979, $70,810,000 for fiscal year 1980, $45,652,000 for fiscal year 1981, $29,675,000 for fiscal year 1982, and $33,779,000 for fiscal year 1983.

(2) Health centers and health stations: $6,960,000 for fiscal year 1977, $6,226,000 for fiscal year 1978, $3,720,000 for fiscal year 1979, $4,440,000 for fiscal year 1980, $2,335,000 for fiscal year 1981, $1,760,000 for fiscal year 1982 and $2,360,000 for fiscal year 1983.

(3) Staff housing: $2, 484,000 for fiscal year 1977, $43,450,000 for fiscal year 1978, $8,231,000 for fiscal year 1979, $9,390,000 for fiscal year 1980, $20,140,000 for fiscal year 1981, $12,267,000 for fiscal year 1982, and $13,704,000 for fiscal year 1983.

(4) Health facilities for primary and secondary Bureau of Indian Affairs schools: $1,500,000 for fiscal year 1977, $1,000,000 for fiscal year 1978, $1,000,000 for fiscal year 1979, $1,000,000 for fiscal year 1980, $1,000,000 for fiscal year 1981, $1,000,000 for fiscal year 1982, and $1,000,000 for fiscal year 1983.

(b) The Secretary acting through the Service, is authorized to equip and staff such Service facilities at levels commensurate with their operation at optimum levels of effectiveness.

(c) Prior to the expenditure of, or the making of any firm commitment to expend, any funds authorized in subsection (a), the Secretary, acting through the Service, shall—

(1) consult with any Indian tribe to be significantly affected by any such expenditure for the purpose of determining and, wherever practicable, honoring tribal preferences concerning the size, location, type, and other characteristics of any facility on which such expenditure is to be made; and

(2) be assured that, wherever practicable, such facility, not later than five years after its construction or renovation, shall meet the standards of the Joint Commission on Accreditation of Hospitals.

CONSTRUCTION OF SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES

SEC. 302. (a) The Secretary is authorized to expend, pursuant to the Act of July 31, 1959 (73 Stat. 267), $378,000,000 within a seven-fiscal-year petriod following the enactment of this Act, in accordance with the schedule provided in subsection (b), to supply unmet needs for safe water and sanitary waste disposal facilities in existing and new Indian homes and communities.

(b) To effect the purpose of subsection (a), there are authorized to be appropriated: $60,000,000 for fiscal year 1977, $60,000,000 for fiscal year 1978, $60,000,000 for fiscal year 1979, $60,000,000 for fiscal year 1980, $60,000,000 for fiscal year 1981, $52,000,000 for fiscal year 1982, and $26,000,000 for fiscal year 1983.

(c) The Secretary is authorized and directed to develop a plan, together with the Secretaries of the Interior and of Housing and Urban Development and upon consultation with Indian tribes, to assure that the schedule provided for in subsection (b) will be met. Such plan shall be submitted to the Congress no later than ninety days from the date of enactment of this Act.

PREFERENCE TO INDIANS AND INDIAN FIRMS

SEC. 303. (a) The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (36 Stat. 861), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians (hereinafter referred to as an "Indian firm") in the construction and renovation of Service facilities pursuant to section 301 and in the construction of safe water and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless he finds, pursuant to rules and regulations promulgated by him, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at his finding, shall consider whether the Indian or Indian firm will be deficient with respect to (1) ownership and control by Indians, (2) equipment, (3) bookkeeping and accounting procedures, (4) substantive knowledge of the project or function to be contracted for, (5) adequately trained personnel, or (6) other necessary components of contract performance.

(b) For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with the Act of March 3, 1921 (46 Stat. 1491), as amended.

TITLE IV—ACCESS TO HEALTH SERVICES

SERVICES PROVIDED TO MEDICARE ELIGIBLE INDIANS

SEC. 401. (a) Notwithstanding any other provision of law, for purpose of title XVIII of the Social Security Act, as amended, a Service facility (including a hospital or skilled nursing facility), whether operated by the Service or by any Indian tribe or tribal organization, shall hereby be deemed to be a facility eligible for reimbursement under said title XVIII: *Provided*, That the requirements of subsection (b) are met.

(b) Prior to the provision of any care or service for which reimbursement may be made, the Secretary shall certify that the facility meets the standards applicable to other hospitals and skilled nursing facilities eligible for reimbursement under title XVIII of the Social Security Act, as amended, or, in the case of any facility existing at the time of enactment of this Act, that the Service has provided an acceptable written plan for bringing the facility into full compliance with such standards within two years from the date of acceptance of the plan by the Secretary. The Service facilities shall not be required to be licensed by any State or locality in which they are located: *Provided, however*, That the Secretary shall include in his certifications appropriate assurances that such facilities will meet standards equivalent to licensure requirements.

(c) Any payments received for services provided to beneficiaries hereunder shall not be considered in determining appropriations for health care and services to Indians.

(d) Nothing herein 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.

SERVICES PROVIDED TO MEDICAID ELIGIBLE INDIANS

SEC. 402. (a) Notwithstanding any other provision of law, for the purpose of title XIX of the Social Security Act, as amended, a Service facility (including a hospital, skilled nursing facility, or intermediate care facility), whether operated by the Service or by an Indian tribe or tribal organization, shall hereby be deemed to be a facility eligible for reimbursement under said title XIX: *Provided*, That the requirements of subsection (c) are met.

(b) The Secretary is authorized to enter into agreements with the appropriate State agency for the purpose of reimbursing such agency for health care and services provided in Service facilities to Indians who are beneficiaries under title XIX of the Social Security Act, as amended.

(c) Prior to the provision of any care or service for which reimbursement may be made, the Secretary shall certify that the facility meets the standards applicable to other hospitals eligible for reimbursement under title XIX of the Social Security Act, as amended, or, in the case of any facility existing at the time of enactment of this Act, that the Service has provided an acceptable written plan for bringing the facility into full compliance with such standards within two years from the date of acceptance of the plan by the Secretary. The Service facilities shall not be required to be licensed by any State or locality in which they are located: *Provided, however*, That the Secretary shall include in his certifications appropriate assurances that such facilities will meet standards equivalent to licensure requireemnts.

(d) Any payments received for services provided recipients hereunder shall not be considered in determining appropriations for the provision of health care and services to Indians.

(e) Notwithstanding any other provision of law, with respect to amounts expended during any quarter as medical assistance under title XIX of the Social Security Act, as amended, for services which are included in the State plan and are received through a Service facility, whether operated by the Service or by an Indian tribe or tribal organization, to individuals who are (i) eligible under the plan of the State under said title XIX and (ii) eligible for comprehensive health services under the Service program, the Federal medical assistance percentage under said title XIX shall be increased to 100 per centum.

(f) Nothing in this section shall authorize the Secretary to provide services to an Indian beneficiary with coverage under title XIX of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.

REPORT

SEC. 403. The Secretary shall include in his annual report required by subsection (a) of section 601 an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements through titles XVIII and XIX of the Social Security Act, as amended.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

PURPOSE

SEC. 501. The purpose of this title is to encourage establishment of programs in urban Indian areas to make health services more accessible to the urban Indian population.

CONTRACTS WITH URBAN INDIAN ORGANIZATIONS

SEC. 502. The Secretary, acting through the Service, shall enter into contracts with urban Indian organizations to assist such organizations to establish and administer, in the urban centers in which such organizations are situated, programs which meet the requirements set forth in sections 503 and 504.

CONTRACT ELIGIBILITY

SEC. 503. (a) The Secretary, acting through the Service, shall place such conditions as he deems necessary to effect the purpose of this title in any contract which he makes with any urban Indian organization pursuant to this title. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake the following activities:

(1) determine the population of urban Indians which are or could be recipients of health referral or care services;

(2) identify all public and private health service resources within the urban center in which the organization is situated which are or may be available to urban Indians;

(3) assist such resources in providing service to such urban Indians;

(4) assist such urban Indians in becoming familiar with and utilizing such resources;

(5) provide basic health education to such urban Indians;

(6) establish and implement manpower training programs to accomplish the referral and education tasks set forth in clauses (3) through (5) of this subsection;

(7) identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;

(8) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and

(9) where necessary, provide or contract for health care services to urban Indians.

(b) The Secretary, acting through the Service, shall by regulation prescribe the criteria for selecting urban Indian organizations with which to contract pursuant to this title. Such criteria shall, among other factors, take into consideration:

(1) the extent of the unmet health care needs of urban Indians in the urban center involved;

(2) the size of the urban Indian population which is to receive assistance;

(3) the relative accessibility which such population has to health care services in such urban center;

(4) the extent, if any, to which the project would duplicate any previous or current public or private health services project funded by another source in such urban center;

(5) the appropriateness and likely effectiveness of a project assisted pursuant to this title in such urban center;

(6) the existence of an urban Indian organization capable of performing the activities set forth in subsection (a) and of entering into a contract with the Secretary pursuant to this title; and

(7) the extent of existing or likely future participation in such activities by appropriate health and health-related Federal, State, local, and other resource agencies.

OTHER CONTRACT REQUIREMENTS

SEC. 504. (a) Contracts with urban Indian organizations pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (48 Stat. 793), as amended.

(b) Payments under any contracts pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title.

(c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract made by him with such organization pursuant to this title as necessary to carry out the purposes of this title: *Provided, however*, That, whenever an urban Indian organization requests retrocession of the Secretary for any contract entered into pursuant to this title, such retrocession shall become effective upon a date specified by the Secretary

not more than one hundred and twenty days from the date of the request by the organization or at such later date as may be mutually agreed to by the Secretary and the organization.

(d) Contracts with urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provisions to urban Indians of services and assistance under such contracts by such organizations.

REPORTS AND RECORDS

SEC. 505. For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract under this title, such organization shall submit to the Secretary a report including information gathered pursuant to section 503(a)(7) and (8), information on activities conducted by the organization pursuant to the contract, an accounting of the amounts and purposes for which Federal funds were expended, and such other information as the Secretary may request. The reports and records of the urban Indian organization with respect to such contract shall be subject to audit by the Secretary and the Comptroller General of the United States.

AUTHORIZATIONS

SEC. 506. There are authorized to be appropriated for the purpose of this title: $5,000,000 for fiscal year 1977, $10,000,000 for fiscal year 1978, and $15,000,000 for fiscal year 1979.

REVIEW OF PROGRAM

SEC. 507. Within six months after the end of fiscal year 1978, the Secretary, acting through the Service and with the assistance of the urban Indian organizations which have entered into contracts pursuant to this title, shall review the program established under this title and submit to the Congress his or her assessment thereof and recommendations for any further legislative efforts he or she deems necessary to meet the purpose of this title.

TITLE VI—MISCELLANEOUS

REPORTS

SEC. 601. (a) The Secretary shall report annually to the President and the Congress on progress made in effecting the purposes of this Act. Within three months after the end of fiscal year 1979, the Secretary shall review expenditures and levels of authorizations under this Act and make recommendations to Congress concerning any increases or decreases in the authorizations for fiscal years 1981 through 1983 under this Act which he deems appropriate. Within three months after the end of fiscal year 1982, the Secretary shall review the programs established or assisted pursuant to this Act and shall submit to the Congress his assessment thereof and recommendations of additional programs or additional assistance necessary to, at a minimum, provide health services to Indians, and insure a health status for Indians, which are at a parity with the health services available to, and the health status of, the general population.

(b) There is hereby authorized to be appropriated to the Secretary $150,000 to support a one-year study by the National Indian Health Board of mental health problems, including alcoholism and related problems, among Indians. The study, together with any recommendations the Board may have for legislative or administrative actions to remedy such problems, shall be submitted to the Congress by the Secretary no later than thirty days after the study's completion.

REGULATIONS

SEC. 602. (a)(1) Within three months from the date of enactment of this Act, the Secretary shall, to the extent practicable, consult with national and regional Indian organizations to consider and formulate appropriate rules and regulations to implement the provisions of this Act.

(2) Within four months from the date of enactment of this Act, the Secretary shall publish proposed rules and regulations in the Federal Register for the purpose of receiving comments from interested parties.

(3) Within six months from the date of enactment of this Act, the Secretary shall promulgate rules and regulations to implement the provisions of this Act.

(b) The Secretary is authorized to revise and amend any rules or regulations promulgated pursuant to this Act: *Provided*, That, prior to any revision of or amendment to such rules or regulations, the Secretary shall, to the extent practicable, consult with 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.

LEASES WITH INDIAN TRIBES

SEC. 603. Notwithstanding any other provision of law, the Secretary is authorized, in carrying out the purposes of this Act, to enter into leases with Indian tribes for periods not in excess of twenty years.

AVAILABILITY OF FUNDS

SEC. 604. The funds appropriated pursuant to this Act shall remain available until expended.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the committee amendment in the nature of a substitute.

The committee amendment in the nature of a substitute was agreed to.

The ACTING PRESIDENT pro tempore. The question is on the engrossment and third reading of the bill.

The bill (S. 522) was ordered to be engrossed for a third reading, was read the third time, and passed.

THE PLIGHT OF POTATO GROWERS

The Senate proceeded to consider the resolution (S. Res. 122) expressing to the Secretary of Agriculture the sense of concern felt by the Senate for the present plight of potato growers across the country, which had been reported from the Committee on Agriculture and Forestry, with the preamble amended as follows:

On page 1, in the second "Whereas" clause, strike out "high quality protein" and insert "nutritious food".

In the fourth "Whereas" clause, after the word "is" insert "the imbalance of inadequacy of vitamins, minerals, and"; and after the word "protein" strike out the word "deficiency".

On page 2, in the third "Whereas" clause, strike out high quality" and insert vitamins, minerals, and plant".

In the fifth "Whereas" clause, strike out the word "protein" and insert the word "food.".

The PRESIDING OFFICER. The question is on agreeing to the resolution.

Mr. HATHAWAY. Mr. President, I rise in support of Senate Resolution 122 and I would like briefly to recount the problem which it addresses, and the reasonable solution to which I believe it proposes.

The problem, Mr. President, is simply an abundance of potatoes. Potato farmers across the country responded to the heavy demand and high prices of recent times by producing a harvest large enough to bring consumer prices down to levels not seen since the 1930's. Thus, many growers now find themselves with potatoes which can be sold only at a loss. The consumer's benefit from this situation will be short-lived unless potato prices rise, as the farmer, like any businessman, cannot for long afford to do business at a loss.

Accordingly, this resolution, directed to the Secretary of Agriculture, seeks to underscore the Senate's concern over the situation I have just described, and it urges the Secretary of Agriculture to take immediate action to distribute potato stocks pursuant to existing laws. Specifically, the Secretary has long been authorized to purchase agricultural commodities for domestic consumption under section 32 of the act of August 24, 1935 and section 416 of the Agricultural Act of 1949; and for foreign distribution under Public Law 480—the food-for-peace program.

I believe that the present supply of potatoes is primarily a useful blessing. For there are hungry people, at home and abroad, who would gratefully partake of some of these agricultural riches. And it is clear that these potatoes will do no one any good if allowed to remain in potato house bins across the country.

As the committee has so accurately noted in its report, potatoes are an important source of protein, calcium, phosphorus and vitamin C, among other minerals and vitamins.

Mr. President, what we have is a supply of potatoes which may be purchased at favorable prices to benefit both the people who will consume them and the farmers who grow them. It does not require high intelligence, nor a profound analysis of this situation, to conclude that the Secretary of Agriculture, under authority of long-standing statutes and without adverse effect upon the consumer, can in large measure remedy this temporary but troublesome situation.

I am confident that appropriate action by the Secretary of Agriculture—indeed, I applaud his recent but promising efforts in the use of potato granules in the food for peace program—will favorably alter the present situation and encourage the resumption of normal market forces which generally prove satisfactory to grower and consumer alike.

Mr. President, I urge swift passage of this resolution.

Mr. President, I ask unanimous consent to have printed in the RECORD a statement by the senior Senator from Maine (Mr. MUSKIE).

The PRESIDING OFFICER. Without objection, it is so ordered.

STATEMENT BY SENATOR MUSKIE

I join my colleague Senator Hathaway in urging Senate approval for S. Res. 122, which is designed to encourage use of potato stocks in our domestic and foreign food distribution programs. This resolution calls on the Secretary of Agriculture to take advantage of the existing abundance of potatoes by purchasing and distributing them at very favorable terms, in order to feed the needy at home and hungry people around the world.

94TH CONGRESS
1ST SESSION

S. 522

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 1975
Referred to the Committee on Interior and Insular Affairs

AN ACT

To implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Indian Health Care Improvement Act".

TABLE OF CONTENTS

TABLE OF CONTENTS—Continued

FINDINGS

SEC. 2. The Congress finds that—

(a) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal

relationship with, and resulting responsibility to, the American Indian people.

(b) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(c) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(d) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States. For example, for Indians compared to all Americans in 1971, the tuberculosis death rate was over four and one-half times greater, the influenza and pneumonia death rate over one and one-half times greater, and the infant death rate approximately 20 per centum greater.

(e) All other Federal services and programs in fulfillment of the Federal responsibility to Indians are jeopardized by the low health status of the American Indian people.

(f) Further improvement in Indian health is imperiled by—

(1) inadequate, outdated, inefficient, and undermanned facilities. For example, only twenty-four of fifty-one Indian Health Service hospitals are accredited by the Joint Commission on Accreditation of Hospitals; only thirty-one meet national fire and safety codes; and fifty-two locations with Indian populations have been identified as requiring either new or replacement health centers and stations, or clinics remodeled for improved or additional service;

(2) shortage of personnel. For example, about one-half of the Service hospitals, four-fifths of the Service hospital outpatient clinics, and one-half of the Service health clinics meet only 80 per centum of staffing standards for their respective services;

(3) insufficient services in such areas as laboratory, hospital inpatient and outpatient, eye care and mental health services, and services available through contracts with private physicians, clinics, and agencies. For example, about 90 per centum of the surgical operations needed for otitis media have not been performed, over 57 per centum of required dental services remain to be provided, and about 98 per centum of hearing aid requirements are unmet;

(4) related support factors. For example, over

seven hundred housing units are needed for staff at remote Service facilities;

(5) lack of access of Indians to health services due to remote residences, undeveloped or underdeveloped communication and transportation systems, and difficult, sometimes severe, climatic conditions; and

(6) lack of safe water and sanitary waste disposal services. For example, over thirty-seven thousand four hundred existing and forty-eight thousand nine hundred and sixty planned replacement and renovated Indian housing units need new or upgraded water and sanitation facilities.

(g) The Indian people's growth of confidence in Federal Indian health services is revealed by their increasingly heavy use of such services. Progress toward the goal of better Indian health is dependent on this continued growth of confidence. Both such progress and such confidence are dependent on improved Federal Indian health services.

DECLARATION OF POLICY

SEC. 3. 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 meet the national goal of providing the highest possible health status to Indians and to provide existing Indian

health services with all resources necessary to effect that policy.

DEFINITIONS

SEC. 4. For purposes of this Act—

(a) "Secretary", unless otherwise designated, means the Secretary of Health, Education, and Welfare.

(b) "Service" means the Indian Health Service.

(c) "Indians" or "Indian", unless otherwise designated, means any person who is a member of an Indian tribe, as defined in subsection (d) hereof, except that, for the purpose of sections 102, 103, 104 (b) (1) (i), and 201 (c) (5), such terms shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.

(d) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community, including any

Alaska Native village or group as defined in the Alaska Native Claims Settlement Act (85 Stat. 688), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(e) "Tribal organization" means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.

(f) "Urban Indian" means any individual who resides in an urban center, as defined in subsection (g) hereof, and who meets one or more of the four criteria in subsection (c) (1) through (4) of this section.

(g) "Urban center" means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under title V, as determined by the Secretary.

(h) "Urban Indian organization" means a nonprofit corporate body situated in an urban center, composed of urban Indians, and providing for the maximum participation of all interested Indian groups and individuals, which body is

capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 503 (a).

TITLE I—INDIAN HEALTH MANPOWER

PURPOSE

SEC. 101. The purpose of this title is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service and private practice among Indians.

HEALTH PROFESSIONS RECRUITMENT PROGRAM FOR INDIANS

SEC. 102. (a) The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal organizations to assist such entities in meeting the costs of—

(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them (A) to enroll in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions; or (B), if they are not qualified to enroll in any such school, to undertake such postsecondary education or training as may be required to qualify them for enrollment;

(2) publicizing existing sources of financial aid available to Indians enrolled in any school referred to in clause (1) (A) of this subsection or who are undertaking training necessary to qualify them to enroll in any such school; or

(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians, and the subsequent pursuit and completion by them of courses of study, in any school referred to in clause (1) (A) of this subsection.

(b) (1) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

(2) The amount of any grant under this section shall be determined by the Secretary. Payments pursuant to grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Secretary finds necessary.

(c) For the purpose of making payments pursuant to grants under this section, there are authorized to be appropriated $1,500,000 for fiscal year 1977, $2,500,000 for fiscal year 1978, $3,000,000 for fiscal year 1979, $4,000,000 for fiscal year 1980, $4,500,000 for fiscal year 1981,

$5,000,000 for fiscal year 1982, and $4,500,000 for fiscal year 1983.

HEALTH PROFESSIONS PREPARATORY SCHOLARSHIP PROGRAM FOR INDIANS

SEC. 103. (a) The Secretary, acting through the Service, shall make scholarship grants to Indians who—

(1) have successfully completed their high school education or high school equivalency; and

(2) have demonstrated the capability to successfully complete courses of study in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions.

(b) Each scholarship grant made under this section shall be for a period not to exceed two academic years, which years shall be the final two years of the preprofessional education of any grantee.

(c) Scholarship grants made under this section may cover costs of tuition, books, transportation, board, and other necessary related expenses.

(d) There are authorized to be appropriated for the purpose of this section: $2,000,000 for fiscal year 1977, $2,500,000 for fiscal year 1978, $3,000,000 for fiscal year 1979, $3,500,000 for fiscal year 1980, $4,000,000 for fiscal

year 1981, $4,500,000 for fiscal year 1982, and $4,500,000 for fiscal year 1983.

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

SEC. 104. (a) The Secretary acting through the Service, shall make scholarship grants to individuals (i) who are enrolled in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions (including schools certified by the Secretary as capable of training individuals in Indian traditional medicine), and (ii) who agree to provide their professional services to Indians after the completion of their professional training.

(b) (1) The Secretary, acting through the Service, (i) shall accord priority for scholarship grants under this section to applicants who are Indians, and (ii) may determine distribution of scholarship grants on the basis of the relative needs of Indians for additional service in specific health professions.

(2) Each scholarship grant under this section shall (i) fully cover the costs of tuition, and (ii) when taken together with the financial resources of the grantee, fully cover the costs of books, transportation, board, and other necessary related expenses: *Provided*, That the amount of grant funds available annually to each grantee under clause (ii) shall

not exceed $8,000, except where the scholarship grant is extended to cover the period between academic years pursuant to paragraph (3) of this subsection.

(3) Scholarship grants under this section shall be made with respect to academic years, except that any such grant may be extended and increased for the period between academic years if the grantee is engaged in clinical or other practical experience related to his or her course of study and if further grant assistance during such period is required by the grantee because of his or her financial need.

(c) (1) As a condition for any scholarship grants under this section, each grantee shall be obligated to provide professional service to Indians for a period of years equal to the number of years during which he or she receives such grants.

(2) For the purpose of clause (1) of this subsection, "professional service to Indians" shall mean employment in the Service or in private practice where, in the judgment of the Secretary in accordance with guidelines promulgated by him, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians. Periods of internship or residency, except residency served in a facility of the Service, shall not constitute fulfillment of this service obligation.

(3) (A) A service obligation of any individual pursuant to this section shall be canceled upon the death of such individual.

(B) The Secretary shall by regulation provide for the waiver or suspension of a service obligation of any individual whenever compliance by such individual is impossible or would involve extreme hardship to such individual and if enforcement of such obligation with respect to any individual would be against equity and good conscience.

(d) Individuals receiving scholarship grants under this section shall not be counted against any employment ceiling affecting the Service or the Department of Health, Education, and Welfare.

(e) There are authorized to be appropriated for the purpose of this section: $6,000,000 for fiscal year 1977, $7,500,000 for fiscal year 1978, $9,000,000 for fiscal year 1979, $12,500,000 for fiscal year 1980, $19,000,000 for fiscal year 1981, $26,000,000 for fiscal year 1982, $30,000,000 for fiscal year 1983, and, for each succeeding fiscal year, such sums as may be necessary to continue to make scholarship grants under this section to individuals who have received such grants prior to the end of fiscal year 1983 and who are eligible for such grants during each such succeeding fiscal year.

INDIAN HEALTH SERVICE EXTERN PROGRAMS

SEC. 105. (a) Any individual who receives a scholarship grant pursuant to section 104 shall be entitled to employment in the Service during any nonacademic period of the year. Periods of employment pursuant to this subsection shall not be counted in determining the fulfillment of the service obligation incurred as a condition of the scholarship grant.

(b) Any individual enrolled in a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions (including schools certified by the Secretary as capable of training individuals in Indian traditional medicine) may be employed by the Service during any nonacademic period of the year. Any such employment shall not exceed one hundred and twenty days during any calendar year.

(c) Any employment pursuant to this section shall be made without regard to any competitive personnel system or agency personnel limitation and to a position which will enable the individual so employed to receive practical experience in the health profession in which he or she is engaged in study. Any individual so employed shall receive payment for his or her services comparable to the salary he or she would receive if he or she were employed in the competitive system. Any individual so employed shall not be counted

against any employment ceiling affecting the Service or the Department of Health, Education, and Welfare.

(d) There are authorized to be appropriated for the purpose of this section: $800,000 for fiscal year 1977, $1,200,000 for fiscal year 1978, $1,600,000 for fiscal year 1979, $2,200,000 for fiscal year 1980, $2,800,000 for fiscal year 1981, $3,200,000 for fiscal year 1982, and $3,550,000 for fiscal year 1983.

EDUCATIONAL AND TRAINING PROGRAMS IN ENVIRONMENTAL HEALTH, HEALTH EDUCATION, AND NUTRITION

SEC. 106. (a) The Secretary, acting through the Service, shall make grants to individuals, nonprofit entities, appropriate public or private agencies, educational institutions or Indian tribes and tribal organizations to enable the recipients of such grants to establish and carry out programs to train individuals so as to enable them to provide their services to Indians in the following areas:

(1) environmental health, including proper waste disposal, reduced pesticide inhalation, proper sanitation, and vector control;

(2) health education, including advising and training Indians with respect to personal hygiene, the essentials of first aid, the care of critically ill in the home and

entitlements of Indians to, and the availability of, health care services and assistance; providing adequate health information to schools; and establishing health courses in secondary schools encouraging entry by Indians into health-related professions; and

(3) nutrition, including advising and training Indians with respect to child nutrition, availability of nutrition programs (such as hot school lunch programs), nutrition in prenatal care, and nutrition education for the total population, particularly for those found to have or to be susceptible to, diabetes, hypertension, and heart disease.

(b) Grants pursuant to this section shall be made in such manner and in such amounts and subject to such conditions as the Secretary shall by regulation prescribe.

(c) There are authorized to be appropriated to carry out the provisions of this section: $500,000 for fiscal year 1977, $600,000 for fiscal year 1978, $700,000 for fiscal year 1979, $800,000 for fiscal year 1980, $900,000 for fiscal year 1981, $900,000 for fiscal year 1982, and $600,000 for fiscal year 1983.

CONTINUING EDUCATION ALLOWANCES

SEC. 107. (a) In order to encourage physicians and other health professionals to join the Service and to provide their services in the rural and remote areas where a significant portion of the Indian people resides, the Secretary, acting through the Service, may provide allowances to health professionals employed in the Service to enable them for a period of time each year prescribed by regulation of the Secretary to take leave of their duty stations for professional consultation and refresher training courses.

(b) There are authorized to be appropriated for the purpose of this section: $100,000 for fiscal year 1977, $200,000 for fiscal year 1978, $250,000 for fiscal year 1979, $300,000 for fiscal year 1980, $350,000 for fiscal year 1981, $350,000 for fiscal year 1982, and $325,000 for fiscal year 1983.

TITLE II—HEALTH SERVICES

HEALTH SERVICES

SEC. 201. (a) For the purpose of eliminating backlogs in Indian health care services and to supply known, unmet medical, surgical, dental, and other Indian health needs, the Secretary is authorized to expend $491,975,000 through the Service, over a seven-fiscal-year period in accordance with the schedule provided in subsection (c). Funds appropriated pursuant to this section each fiscal year shall not be used to offset or limit the appropriations required by the Service to continue to serve the health needs of Indians during and subsequent to such seven-fiscal-year period, but shall be in addition to the level of appropriations provided to the Service

in fiscal year 1976 required to continue the programs of the Service thereafter.

(b) The Secretary, acting through the Service, is authorized to employ persons to implement the provisions of this section during the seven-fiscal-year period in accordance with the schedule provided in subsection (c). Such positions authorized each fiscal year pursuant to this section shall not be considered as offsetting or limiting the personnel required by the Service to serve the health needs of Indians during and subsequent to such seven-fiscal-year period but shall be in addition to the positions authorized in the previous fiscal year and to the annual personnel levels required to continue the programs of the Service.

(c) The following amounts and positions are authorized, in accordance with the provisions of subsections (a) and (b), for the specific purposes noted:

(1) Patient care (direct and indirect) : $4,000,000 and one hundred and fifty positions for fiscal year 1977, $10,000,000 and two hundred and twenty-five positions for fiscal year 1978, $18,000,000 and three hundred positions for fiscal year 1979, $26,500,000 and three hundred and twenty positions for fiscal year 1980, $36,000,000 and three hundred and sixty positions for fiscal year 1981, $46,000,000, and three hundred and seventy-

five positions for fiscal year 1982, and $58,000,000 and four hundred and fifty positions for fiscal year 1983.

(2) Field health, excluding dental care (direct and indirect) : $3,000,000 and ninety positions for fiscal year 1977, $6,000,000 and ninety positions for fiscal year 1978, $9,000,000 and ninety positions for fiscal year 1979, $13,000,000 and one hundred and twenty positions for fiscal year 1980, $18,000,000 and one hundred and fifty positions for fiscal year 1981, $23,000,000 and one hundred and fifty positions for fiscal year 1982, and $28,500,000 and one hundred and sixty-five positions for fiscal year 1983.

(3) Dental care (direct and indirect) : $800,000 and eighty positions for fiscal year 1977, $1,500,000 and seventy positions for fiscal year 1978, $2,000,000 and fifty positions for fiscal year 1979, $2,500,000 and fifty positions for fiscal year 1980, $2,900,000 and forty positions for fiscal year 1981, $3,200,000 and thirty positions for fiscal year 1982, and $3,500,000 and twenty-five positions for fiscal year 1983.

(4) Mental health: (A) Community mental health services: $900,000 and forty positions for fiscal year 1977, $1,700,000 and thirty positions for fiscal year 1978, $2,400,000 and thirty positions for fiscal year

1979, $3,000,000 and twenty-five positions for fiscal year 1980, $3,500,000 and twenty positions for fiscal year 1981, $3,800,000 and ten positions for fiscal year 1982, and $4,100,000 and fifteen positions for fiscal year 1983.

(B) Inpatient mental health services: $200,000 and fifteen positions for fiscal year 1977, $400,000 and fifteen positions for fiscal year 1978, $600,000 and fifteen positions for fiscal year 1979, $800,000 and fifteen positions for fiscal year 1980, $1,000,000 and fifteen positions for fiscal year 1981, $1,300,000 and twenty positions for fiscal year 1982, and $1,600,000 and twenty-five positions for fiscal year 1983.

(C) Model dormitory mental health services: $625,000 and fifty positions for fiscal year 1977, $1,250,000 and fifty positions for fiscal year 1978, $1,875,000 and fifty positions for fiscal year 1979, and $2,500,000 and fifty positions for fiscal year 1980.

(D) Therapeutic and residential treatment centers: $150,000 and ten positions for fiscal year 1977, $300,000 and ten positions for fiscal year 1978, $400,000 and five positions for fiscal year 1979, $500,000, and five positions for fiscal year 1980, $600,000 and ten positions for fiscal year 1981, $700,000 and five positions

for fiscal year 1982, and $800,000 and five positions for fiscal year 1983.

(E) Training of traditional Indian practitioners in mental health: $75,000 for fiscal year 1977, $150,000 for fiscal year 1978, $200,000 for fiscal year 1979, $250,000 for fiscal year 1980, $300,000 for fiscal year 1981, $300,000 for fiscal year 1982, and $300,000 for fiscal year 1983.

(5) Treatment and control of alcoholism among Indians: $8,000,000 for fiscal year 1977, $10,500,000 for fiscal year 1978, $13,000,000 for fiscal year 1979, $15,000,000 for fiscal year 1980, $17,000,000 for fiscal year 1981, $18,500,000 for fiscal year 1982, and $20,000,000 for fiscal year 1983.

(6) Provision of health care personnel in primary and secondary Bureau of Indian Affairs schools: $600,000 and thirty-three positions for fiscal year 1977, $1,000,000 and twenty-two positions for fiscal year 1978, $1,300,000 and sixteen positions for fiscal year 1979, $1,700,000 and twenty-two positions for fiscal year 1980, $2,500,000 and forty-four positions for fiscal year 1981, $3,900,000 and seventy-six positions for fiscal year 1982, and $6,000,0000 and one hundred and fifteen positions for fiscal year 1983.

(7) Maintenance and repair (direct and indirect): $3,000,000 and twenty positions for fiscal year 1977, $3,000,000 and twenty positions for fiscal year 1978, $4,000,000 and thirty positions for fiscal year 1979, $4,000,000 and thirty positions for fiscal year 1980, $4,000,000 and thirty positions for fiscal year 1981, $2,000,000 and fifteen positions for fiscal year 1982, and $1,000,000 and five positions for fiscal year 1983.

(d) The Secretary, acting through the Service, shall expend directly or by contract not less than 1 per centum of the funds appropriated under the authorizations in each of the clauses (1) through (5) of subsection (c) for research in each of the areas of Indian health care for which such funds are authorized to be appropriated.

TITLE III—HEALTH FACILITIES

CONSTRUCTION AND RENOVATION OF SERVICE FACILITIES

SEC. 301. (a) For the purpose of eliminating inadequate, outdated, and otherwise unsatisfactory Service hospitals, health centers, health stations, and other Service facilities, the Secretary, acting through the Service, is authorized to expend $528,637,000 over a seven-fiscal-year period in accordance with the following schedule:

(1) Hospitals: $123,880,000 for fiscal year 1977, $55,171,000 for fiscal year 1978, $24,703,000 for fiscal year 1979, $70,810,000 for fiscal year 1980, $45,652,000 for fiscal year 1981, $29,675,000 for fiscal year 1982, and $33,779,000 for fiscal year 1983.

(2) Health centers and health stations: $6,960,000 for fiscal year 1977, $6,226,000 for fiscal year 1978, $3,720,000 for fiscal year 1979, $4,440,000 for fiscal year 1980, $2,335,000 for fiscal year 1981, $1,760,000 for fiscal year 1982, and $2,360,000 for fiscal year 1983.

(3) Staff housing: $2,484,000 for fiscal year 1977, $43,450,000 for fiscal year 1978, $8,231,000 for fiscal year 1979, $9,390,000 for fiscal year 1980, $20,140,000 for fiscal year 1981, $12,267,000 for fiscal year 1982, and $13,704,000 for fiscal year 1983.

(4) Health facilities for primary and secondary Bureau of Indian Affairs schools: $1,500,000 for fiscal year 1977, $1,000,000 for fiscal year 1978, $1,000,000 for fiscal year 1979, $1,000,000 for fiscal year 1980, $1,000,000 for fiscal year 1981, $1,000,000 for fiscal year 1982, and $1,000,000 for fiscal year 1983.

(b) The Secretary, acting through the Service, is authorized to equip and staff such Service facilities at levels commensurate with their operation at optimum levels of effectiveness.

(c) Prior to the expenditure of, or the making of any firm commitment to expend, any funds authorized in subsection (a), the Secretary, acting through the Service, shall—

(1) consult with any Indian tribe to be significantly affected by any such expenditure for the purpose of determining and, wherever practicable, honoring tribal preferences concerning the size, location, type, and other characteristics of any facility on which such expenditure is to be made; and

(2) be assured that, wherever practicable, such facility, not later than five years after its construction or renovation, shall meet the standards of the Joint Commission on Accreditation of Hospitals.

CONSTRUCTION OF SAFE WATER AND SANITARY WASTE DISPOSAL FACILITIES

SEC. 302. (a) The Secretary is authorized to expend, pursuant to the Act of July 31, 1959 (73 Stat. 267), $378,000,000 within a seven-fiscal-year period following the enactment of this Act, in accordance with the schedule provided in subsection (b), to supply unmet needs for safe water and sanitary waste disposal facilities in existing and new Indian homes and communities.

(b) To effect the purpose of subsection (a), there are authorized to be appropriated: $60,000,000 for fiscal year 1977, $60,000,000 for fiscal year 1978, $60,000,000 for fiscal year 1979, $60,000,000 for fiscal year 1980, $60,000,000 for fiscal year 1981, $52,000,000 for fiscal year 1982, and $26,000,000 for fiscal year 1983.

(c) The Secretary is authorized and directed to develop a plan, together with the Secretaries of the Interior and of Housing and Urban Development and upon consultation with Indian tribes, to assure that the schedule provided for in subsection (b) will be met. Such plan shall be submitted to the Congress no later than ninety days from the date of enactment of this Act.

PREFERENCE TO INDIANS AND INDIAN FIRMS

SEC. 303. (a) The Secretary, acting through the Service, may utilize the negotiating authority of the Act of June 25, 1910 (36 Stat. 861), to give preference to any Indian or any enterprise, partnership, corporation, or other type of business organization owned and controlled by an Indian or Indians (hereinafter referred to as an "Indian firm") in the construction and renovation of Service facilities pursuant to section 301 and in the construction of safe water and sanitary waste disposal facilities pursuant to section 302. Such preference may be accorded by the Secretary unless he finds, pursuant to rules and regulations promulgated by him, that the project or function to be contracted for will not be satisfactory or such project or function cannot be properly completed or maintained under the proposed contract. The Secretary, in arriving at his finding, shall consider whether the Indian or Indian firm will be deficient with respect to (1) ownership and control by Indians, (2) equipment, (3)

bookkeeping and accounting procedures, (4) substantive knowledge of the project or function to be contracted for, (5) adequately trained personnel, or (6) other necessary components of contract performance.

(b) For the purpose of implementing the provisions of this title, the Secretary shall assure that the rates of pay for personnel engaged in the construction or renovation of facilities constructed or renovated in whole or in part by funds made available pursuant to this title are not less than the prevailing local wage rates for similar work as determined in accordance with the Act of March 3, 1921 (46 Stat. 1491), as amended.

TITLE IV—ACCESS TO HEALTH SERVICES

SERVICES PROVIDED TO MEDICARE ELIGIBLE INDIANS

SEC. 401. (a) Notwithstanding any other provision of law, for purpose of title XVIII of the Social Security Act, as amended, a Service facility (including a hospital or skilled nursing facility), whether operated by the Service or by any Indian tribe or tribal organization, shall hereby be deemed to be a facility eligible for reimbursement under said title XVIII: *Provided,* That the requirements of subsection (b) are met.

(b) Prior to the provision of any care or service for which reimbursement may be made, the Secretary shall certify that the facility meets the standards applicable to other

hospitals and skilled nursing facilities eligible for reimbursement under title XVIII of the Social Security Act, as amended, or, in the case of any facility existing at the time of enactment of this Act, that the Service has provided an acceptable written plan for bringing the facility into full compliance with such standards within two years from the date of acceptance of the plan by the Secretary. The Service facilities shall not be required to be licensed by any State or locality in which they are located: *Provided, however,* That the Secretary shall include in his certifications appropriate assurances that such facilities will meet standards equivalent to licensure requirements.

(c) Any payments received for services provided to beneficiaries hereunder shall not be considered in determining appropriations for health care and services to Indians.

(d) Nothing herein 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.

SERVICES PROVIDED TO MEDICAID ELIGIBLE INDIANS

SEC. 402. (a) Notwithstanding any other provision of law, for the purpose of title XIX of the Social Security Act, as amended, a Service facility (including a hospital, skilled nursing facility, or intermediate care facility), whether operated by the Service or by an Indian tribe or tribal

organization, shall hereby be deemed to be a facility eligible for reimbursement under said title XIX: *Provided*, That the requirements of subsection (c) are met.

(b) The Secretary is authorized to enter into agreements with the appropriate State agency for the purpose of reimbursing such agency for health care and services provided in Service facilities to Indians who are beneficiaries under title XIX of the Social Security Act, as amended.

(c) Prior to the provision of any care or service for which reimbursement may be made, the Secretary shall certify that the facility meets the standards applicable to other hospitals, skilled nursing facilities, and intermediate care facilities eligible for reimbursement under title XIX of the Social Security Act, as amended, or, in the case of any facility existing at the time of enactment of this Act, that the Service has provided an acceptable written plan for bringing the facility into full compliance with such standards within two years from the date of acceptance of the plan by the Secretary. The Service facilities shall not be required to be licensed by any State or locality in which they are located: *Provided, however*, That the Secretary shall include in his certifications appropriate assurances that such facilities will meet standards equivalent to licensure requirements.

(d) Any payments received for services provided recipients hereunder shall not be considered in determining

appropriations for the provision of health care and services to Indians.

(e) Notwithstanding any other provision of law, with respect to amounts expended during any quarter as medical assistance under title XIX of the Social Security Act, as amended, for services which are included in the State plan and are received through a Service facility, whether operated by the Service or by an Indian tribe or tribal organization, to individuals who are (i) eligible under the plan of the State under said title XIX and (ii) eligible for comprehensive health services under the Service program, the Federal medical assistance percentage under said title XIX shall be increased to 100 per centum.

(f) Nothing in this section shall authorize the Secretary to provide services to an Indian beneficiary with coverage under title XIX of the Social Security Act, as amended, in preference to an Indian beneficiary without such coverage.

REPORT

SEC. 403. The Secretary shall include in his annual report required by subsection (a) of section 601 an accounting on the amount and use of funds made available to the Service pursuant to this title as a result of reimbursements through title XVIII and XIX of the Social Security Act, as amended.

TITLE V—HEALTH SERVICES FOR URBAN INDIANS

PURPOSE

SEC. 501. The purpose of this title is to encourage the establishment of programs in urban areas to make health services more accessible to the urban Indian population.

CONTRACTS WITH URBAN INDIAN ORGANIZATIONS

SEC. 502. The Secretary, acting through the Service, shall enter into contracts with urban Indian organizations to assist such organizations to establish and administer, in the urban centers in which such organizations are situated, programs which meet the requirements set forth in sections 503 and 504.

CONTRACT ELIGIBILITY

SEC. 503. (a) The Secretary, acting through the Service, shall place such conditions as he deems necessary to effect the purpose of this title in any contract which he makes with any urban Indian organization pursuant to this title. Such conditions shall include, but are not limited to, requirements that the organization successfully undertake the following activities:

(1) determine the population of urban Indians which are or could be recipients of health referral or care services;

(2) identify all public and private health service resources within the urban center in which the organization is situated which are or may be available to urban Indians;

(3) assist such resources in providing service to such urban Indians;

(4) assist such urban Indians in becoming familiar with and utilizing such resources;

(5) provide basic health education to such urban Indians;

(6) establish and implement manpower training programs to accomplish the referral and education tasks set forth in clauses (3) through (5) of this subsection;

(7) identify gaps between unmet health needs of urban Indians and the resources available to meet such needs;

(8) make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of urban Indians; and

(9) where necessary, provide or contract for health care services to urban Indians.

(b) The Secretary, acting through the Service, shall by regulation prescribe the criteria for selecting urban Indian

organizations with which to contract pursuant to this title. Such criteria shall, among other factors, take into consideration:

(1) the extent of the unmet health care needs of urban Indians in the urban center involved;

(2) the size of the urban Indian population which is to receive assistance;

(3) the relative accessibility which such population has to health care services in such urban center;

(4) the extent, if any, to which the project would duplicate any previous or current public or private health services project funded by another source in such urban center;

(5) the appropriateness and likely effectiveness of a project assisted pursuant to this title in such urban center;

(6) the existence of an urban Indian organization capable of performing the activities set forth in subsection (a) and of entering into a contract with the Secretary pursuant to this title; and

(7) the extent of existing or likely future participation in such activities by appropriate health and health-related Federal, State, local, and other resource agencies.

OTHER CONTRACT REQUIREMENTS

SEC. 504. (a) Contracts with urban Indian organizations pursuant to this title shall be in accordance with all Federal contracting laws and regulations except that, in the discretion of the Secretary, such contracts may be negotiated without advertising and need not conform to the provisions of the Act of August 24, 1935 (48 Stat. 793), as amended.

(b) Payments under any contracts pursuant to this title may be made in advance or by way of reimbursement and in such installments and on such conditions as the Secretary deems necessary to carry out the purposes of this title.

(c) Notwithstanding any provision of law to the contrary, the Secretary may, at the request or consent of an urban Indian organization, revise or amend any contract made by him with such organization pursuant to this title as necessary to carry out the purposes of this title: *Provided, however*, That, whenever an urban Indian organization requests retrocession of the Secretary for any contract entered into pursuant to this title, such retrocession shall become effective upon a date specified by the Secretary not more than one hundred and twenty days from the date of the request by the organization or at such later date as may be mutually agreed to by the Secretary and the organization.

(d) Contracts with urban Indian organizations and regulations adopted pursuant to this title shall include provisions to assure the fair and uniform provision to urban Indians of services and assistance under such contracts by such organizations.

REPORTS AND RECORDS

SEC. 505. For each fiscal year during which an urban Indian organization receives or expends funds pursuant to a contract under this title, such organization shall submit to the Secretary a report including information gathered pursuant to section 503 (a) (7) and (8), information on activities conducted by the organization pursuant to the contract, an accounting of the amounts and purposes for which Federal funds were expended, and such other information as the Secretary may request. The reports and records of the urban Indian organization with respect to such contract shall be subject to audit by the Secretary and the Comptroller General of the United States.

AUTHORIZATIONS

SEC. 506. There are authorized to be appropriated for the purpose of this title: $5,000,000 for fiscal year 1977, $10,000,000 for fiscal year 1978, and $15,000,000 for fiscal year 1979.

REVIEW OF PROGRAM

SEC. 507. Within six months after the end of fiscal year 1978, the Secretary, acting through the Service and with the assistance of the urban Indian organizations which have entered into contracts pursuant to this title, shall review the program established under this title and submit to the Congress his or her assessment thereof and recommendations for any further legislative efforts he or she deems necessary to meet the purpose of this title.

TITLE VI—MISCELLANEOUS

REPORTS

SEC. 601. (a) The Secretary shall report annually to the President and the Congress on progress made in effecting the purposes of this Act. Within three months after the end of fiscal year 1979, the Secretary shall review expenditures and levels of authorizations under this Act and make recommendations to Congress concerning any increases or decreases in the authorizations for fiscal years 1981 through 1983 under this Act which he deems appropriate. Within three months after the end of fiscal year 1982, the Secretary shall review the programs established or assisted pursuant to this Act and shall submit to the Congress his assessment thereof and recommendations of additional programs or

additional assistance necessary to, at a minimum, provide health services to Indians, and insure a health status for Indians, which are at a parity with the health services available to, and the health status of, the general population.

(b) There is hereby authorized to be appropriated to the Secretary $150,000 to support a one-year study by the National Indian Health Board of mental health problems, including alcoholism and related problems, among Indians. The study, together with any recommendations the Board may have for legislative or administrative actions to remedy such problems, shall be submitted to the Congress by the Secretary no later than thirty days after the study's completion.

REGULATIONS

SEC. 602. (a) (1) Within three months from the date of enactment of this Act, the Secretary shall, to the extent practicable, consult with national and regional Indian organizations to consider and formulate appropriate rules and regulations to implement the provisions of this Act.

(2) Within four months from the date of enactment of this Act, the Secretary shall publish proposed rules and regulations in the Federal Register for the purpose of receiving comments from interested parties.

(3) Within six months from the date of enactment of this Act, the Secretary shall promulgate rules and regulations to implement the provisions of this Act.

(b) The Secretary is authorized to revise and amend any rules or regulations promulgated pursuant to this Act: *Provided*, That, prior to any revision of or amendment to such rules or regulations, the Secretary shall, to the extent practicable, consult with 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.

LEASES WITH INDIAN TRIBES

SEC. 603. Notwithstanding any other provision of law, the Secretary is authorized, in carrying out the purposes of this Act, to enter into leases with Indian tribes for periods not in excess of twenty years.

AVAILIBILITY OF FUNDS

SEC. 604. The funds appropriated pursuant to this Act shall remain available until expended.

Passed the Senate May 16 (legislative day, April 21), 1975.

Attest: FRANCIS R. VALEO,
Secretary.

94TH CONGRESS
1ST SESSION

S. 522

AN ACT

To implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging maximum participation of Indians in such programs, and for other purposes.

MAY 22, 1975
Referred to the Committee on Interior and Insular Affairs