

Legislative accomplishments: Accomplishments, by Congress: 103rd Congress

Daniel K. Inouye Papers

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MEMORANDUM

TO: SENATOR

DATE: November 22, 1993

FROM: Nancy Lescavage

RE: Relevant Nursing Issues as contained in:

- 1.) The Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, 1994 (P.L. 103-112, approved 10/21/93) [Sen. Rept. 103-143], [H.R. 103-156];
- 2.) Foreign Operations, Export Financing, and Related Programs Appropriation Bill, 1994 (P.L. 103-87) [Sen. Rpt. 103-142];
- 3.) Department of the Interior and Related Agencies Appropriations Bill, 1994 (P.L. 103-138) [Sen. Rpt. 103-114], [H.R. 103-158], [Conf. Rpt. 103-299]
- 4.) Department of Defense Appropriations Bill, 1994 (P.L. 103-139) [Sen. Rpt. 103-153], [H.R. 103-254], [Conf. Rpt. 103-339]

The following is a list of major issues affecting the profession of Nursing as found in the referenced bills.

HIGHLIGHTS OF THE LABOR, HHS, AND EDUCATION BILL

Health professions and nursing education.--The Committee has provided \$286,307,000 in funding for health professions and nursing education programs. This is an increase of \$19,608,000 over the fiscal year 1993 total. (p. 5, Sen. Rpt.)

The conferees provided for a total of \$282,692,000 for health professions and nursing education programs, an increase of \$15,993,000 over fiscal year 1993. (p. 48, Conf. Rpt.)

TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES**Committee Priorities**

National Health Service Corps.--The Committee has increased funding for this program to \$128,720,000, an increase of \$10,061,000, or 8.5 percent, over the fiscal year 1993 amount. The NHSC provides physicians, nurses, and other health care personnel to underserved rural and inner-city areas. (p. 36, Sen. Rpt.)

The conferees provided for \$126,720,000 for the National Health Service Corps, an increase of \$8,061,000 over fiscal year 1993.

Primary care health professions and nursing programs.--The Committee has increased funding for programs that train primary care health providers, including area health education centers and border

health education centers, primary care physicians, and nurses and allied health professionals, by \$17,608,000 over 1993 levels. Total funding recommended for health professions training programs is now \$284,307,000. (pp. 36-37, Sen. Rpt.)

Health Resources and Services Administration

PRIMARY HEALTH CARE

National Health Service Corps(NHSC)

Also included in the NHSC total is \$82,000,000 for the loan and scholarship recruitment program. This program awards scholarships to health professions students and assists graduates in repaying their student loans, in return for an obligation to provide health care services in underserved rural and urban areas. Authorizing law requires that at least 10 percent of the recruitment funds be targeted to nurse practitioners, physician assistants, and other nonphysician health providers. The Committee intends that up to \$5,000,000 of these recruitment funds be used for grants to States to support State offices of rural health, as authorized by section 338J of the Public Health Service Act. (p. 41, Sen. Rpt.)

Native Hawaiian health care

The Committee recommends \$4,586,000 for native Hawaiian health & care services. This is \$997,000 above the fiscal year 1993 appropriation and \$1,000,000 more than both the administration request and the House allowance.

Of the funds provided, the Committee intends that \$500,000 be utilized for the administration of Papa Ola Lokahi, to coordinate and implement a comprehensive health care master plan, develop and maintain training resources for the native Hawaiian health care organizations, facilitate and implement research on disease affecting native Hawaiians (including hypertension, diabetes, obesity, substance abuse, and HIV/AIDS), and develop and coordinate links with other organizations and individuals who work with indigenous people, both in Hawaii and elsewhere. An additional \$750,000 is to be allocated for the native Hawaiian scholarship program administered by the Kamehameha Schools/Bishop Estate. The Committee further wishes to make absolutely clear that these scholarship funds should be used to support a wide range of health care disciplines, in particular nurse practitioner, health education, mental health, and dental hygiene programs. The Department should not continue to utilize these funds primarily to support medical students, but should instead rely upon the expertise and recommendations of the native Hawaiian community in setting priorities. The remaining funds are for grants to native Hawaiian health care organizations serving the various Islands of Hawaii, to provide comprehensive health promotion and disease

prevention services, plus primary health care services, to native Hawaiians. (p. 43, Sen. Rpt.)

The conference report indicates a total of \$4,336,000 for this purpose, an increase of \$747,000 over fiscal year 1993. (p. 46, Conf. Rpt.)

MATERNAL AND CHILD HEALTH

Maternal and child health block grant

The Committee further reiterates its concern that the Department should initiate special health professions training tracks in the adolescent area, especially within nurse practitioner and physician assistant programs. (p. 45, Sen. Rpt.)

HEALTH PROFESSIONS

Scholarships for disadvantaged students

The Committee recommends \$17,102,000 for scholarships for disadvantaged students. This is the same as both the House allowance and the fiscal year 1993 amount and \$14,000 more than the administration request. This program provides grants to selected health professions schools for scholarships to individuals from disadvantaged backgrounds who are enrolled as full-time students in the schools. The Department is required to make available 30 percent of these funds for nursing scholarships. Schools may use up to 25 percent of their grant funds for undergraduates.

The Committee agrees with the House intention that all health profession disciplines made eligible by statute be able to participate in the scholarships grants program. The Committee also agrees with the House in that it would like a report on this situation before the fiscal year 1995 appropriations hearing process begins. (p. 48, Sen. Rpt.)

The Conference provides for \$17,102,000. (p. 47, Conf. Rpt.)

Area health education centers

The Committee recommends \$23,000,000 for area health education centers [AHEC]. This is \$3,188,000 above both the House allowance and the fiscal year 1993 amount and \$9,823,000 more than the administration request. AHEC's help recruit and retain primary care practitioners in health personnel shortage areas by providing clinical training and education in these settings.

The Committee recognizes the significant contribution to health care delivery that is made by AHEC's. The Committee encourages these centers to collaborate with the Division of Nursing in order to establish innovative community health nursing practice models to further meet the needs of these communities. (p. 50, Sen. Rpt.)

The Conference provides for \$22,203,000. (p. 47, Conf. Rpt.)

Geriatric training and education centers

The Committee recommends \$10,013,000 for geriatric projects. This is \$3,352,000 above both the administration request and the House allowance and the same as the fiscal year 1993 appropriation. These funds are used to award grants to qualified schools and hospitals for fellowships and faculty training projects in geriatric medicine, psychiatry, and dentistry. Grants are also awarded to support geriatric education centers, which foster collaborative relationships and improved training within the community of geriatric health care providers.

The Committee recognizes the significant contribution to health care delivery that is made by the geriatric education centers. The Committee encourages these centers to collaborate with the Division of Nursing in order to establish innovative community health nursing practice models to further meet the needs of these communities. (pp. 50-51, Sen. Rpt.)

The Conference provides for \$9,175,000. (p. 47, Conf. Rpt.)

Interdisciplinary traineeships

The Committee has included \$4,017,000 for rural health interdisciplinary training projects. This is \$4,017,000 more than both the House allowance and the administration request and the same as the fiscal year 1993 amount. This program addresses shortages of health professionals in rural areas by offering interdisciplinary training projects to prepare students from various disciplines to practice together, and clinical training experiences in rural health and mental health care settings to expose students to rural practice. (p. 51, Sen. Rpt.)

The Conference provides for \$4,017,000. (p. 47, Conf. Rpt.)

NURSE TRAINING

Advanced nurse education.-The Committee recommends \$12,253,000 for advanced nurse training. This is the same as the fiscal year 1993 appropriation, \$4,095,000 above the administration request, and \$253,000 more than the House amount. This program funds nursing schools to prepare nurses at the master's degree or higher level for teaching, administration, or service in other professional nursing specialties.

The Committee is pleased with the new focus on nursing workplace issues given to the National Advisory Council on Nurse Education and Practice through the Nurse Education and Practice Improvement Amendments of 1992. As part of this focus, the Committee urges the Council to advise and make recommendations to the Secretary on the supply and distribution of nurse practitioners, certified nurse midwives, certified registered nurse

anesthetists, and clinical nurse specialists, including current and future shortage or excesses. The Council shall include in its recommendations to the Secretary appropriate Federal policies with respect to supply and distribution, deficiencies in and needs for improvements in existing data bases, and policies concerning changes in the financing of advanced practice nurse education programs. (p. 52, Sen. Rpt.)

The Conference provides for \$12,253,000. (p. 48, Conf. Rpt.)

Nurse practitioners and nurse midwives.-The Committee has included \$17,443,000 for nurse practitioner and nurse midwife programs. This is \$2,000,000 more than both the House allowance and the fiscal year 1993 amount and \$2,140,000 less than the administration request. This program supports programs preparing nurse practitioners and nurse midwives to effectively provide primary health care in settings such as the home, ambulatory and long-term care facilities, and other health institutions. These professionals are in especially short supply in rural and underserved urban areas. (p. 52, Sen. Rpt.)

The Conference provides for \$16,943,000. (p. 48, Conf. Rpt.)

Special projects.-The Committee recommends \$10,401,000 for nursing special projects. This is the same as both the House allowance and the fiscal year 1993 amount and \$99,000 below the administration request. These funds support projects to: increase the supply of nurses meeting the unique health needs of underserved areas; demonstrate methods to improve access to nursing services in nontraditional settings; and demonstrate innovative nursing practices.

The Committee urges that the Division of Nursing continue its efforts to demonstrate methods to improve access to nursing services in nontraditional settings and to demonstrate innovative nursing practice models. The Committee believes that developing a model prescription training module would be very useful, and further urges that significant support be provided for nursing pediatric EMS efforts, as well as preparing nurses to respond to national disasters. The broad health care needs of adolescents, and particularly minority adolescents, should remain a high priority. The Committee is pleased that the Division's National Advisory Council is working on developing projections for the workplace needs of advanced practice nursing. The Committee strongly recommends that a greater priority be provided to developing nursing expertise to work with the pressing health care needs of native Hawaiians, American Indians, and rural populations. The Division's recent comprehensive report on malpractice issues facing professional nursing has been most helpful; accordingly, the Committee would appreciate receiving an update and further expansion to include the experiences of certified nurse midwives and nurse anesthetists. (pp. 52-53, Sen. Rpt.)

The Conference provides for \$10,401,000. (p. 48, Conf. Rpt.)

Professional nurse traineeships.—The Committee has included \$15,973,000 for professional nurse traineeships. This is \$2,000,000 more than both the House allowance and the fiscal year 1993 amount and \$3,650,000 less than the administration request. Traineeships fund registered nurses in programs of advanced nursing education, including preparation for teaching, administration, supervision, clinical specialization, research, and nurse practitioner and nurse midwife training. (p. 53, Sen. Rpt.)

The Conference provides for \$15,473,000. (p. 48, Conf. Rpt.)

Nurse disadvantaged assistance.—The Committee recommends \$3,693,000 for nursing education opportunities for individuals from disadvantaged backgrounds. This is the same as both the House allowance and the fiscal year 1993 amount and \$1,500,000 below the administration request. This program provides grants and contracts to qualified schools and education programs to recruit individuals from minority and disadvantaged backgrounds, and to assist them with their nursing education by providing training, counseling, and stipends. (p. 53, Sen. Rpt.)

The Conference provides for \$3,693,000. (p. 48, Conf. Rpt.)

Nurse anesthetists.—The Committee recommends \$2,724,000 for nurse anesthetist programs. This is the same as both the House allowance and the fiscal year 1993 amount and \$911,000 above the administration request. This program funds grants to eligible institutions for traineeships and education projects designed to qualify registered nurses as certified registered nurse anesthetists [CRNA]. Also funded are grants to enable CRNA faculty members to obtain relevant advanced education. (p. 53, Sen. Rpt.)

The Conference provides for \$2,724,000. (p. 48, Conf. Rpt.)

School nurse initiative.—The Committee has not included funding for the proposed school nurse initiative. The Committee supports the concept of expanding the role and number of nurses providing primary and preventive care to schoolchildren. School nurses, long a mainstay in schools across the Nation, have faced significant cutbacks in recent years. That trend should be reversed. However, the Committee agrees with the House that authorizing legislation is required before this program can be funded. (p. 53-54, Sen. Rpt.)

Loan repayment for shortage area service.—The Committee recommends \$2,044,000 for nursing loan repayment. This is the same as both the House allowance and the fiscal year 1993 amount and \$1,000 more than the administration request. These funds are used to repay student loans in exchange for not less than 2 years' service in public health facilities experiencing a critical shortage of nurses. (p. 54, Sen. Rpt.)

The Conference provides for \$2,044,000. (p. 48, Conf. Rpt.)

***NURSES TRAINING TOTAL

In total, \$63,531,000 was allocated for Nurse Training. This is an increase of \$3,000,000 over the FY93 Conference agreement. (p. 48, Conf. Rpt.)

CENTERS FOR DISEASE CONTROL AND PREVENTION

Immunization

The Committee urges CDC to increase its utilization of professional nursing, particularly within its outreach immunization initiatives. The Committee further suggests that this would be an excellent vehicle for CDC developing cooperative relationships with nursing school administered clinics. (p. 65, Sen. Rpt.)

NATIONAL INSTITUTES OF HEALTH

NATIONAL CANCER INSTITUTE

BALANCED RESEARCH PROGRAM

Nursing.—The Committee strongly urges the NCI to continue to collaborate with the National Institute of Nursing Research [NINR] on symptom management and prevention of breast cancer and prostate cancer. (p. 79, Sen. Rpt.)

NATIONAL INSTITUTE ON AGING

Alzheimer's disease.

The Committee intends that the proportion of additional funds allocated for Alzheimer's research be consistent with prior-year allocations. The Committee also believes that NIA should proceed with completion of a long-range plan for harnessing the scientific talent and resources needed to capitalize on the current pace of scientific findings. The broad objectives of this plan should be to slow the rate of deterioration from Alzheimer's by 5 years during the next 5 years, and by 10 years within 10 years. In preparing the plan, NIA should seek the recommendations of the DHHS Panel on Alzheimer's Disease, the National Institute for Nursing Research and other appropriate institutes, and the Alzheimer's Association. (p. 102, Sen. Rpt.)

Nursing.—The Committee urges the NIA to continue to collaborate with the National Institute of Nursing Research [NINR] on studies of interventions to manage Alzheimer's disease symptoms. (p. 102, Sen. Rpt.)

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 1993.....	\$48,496,000
Budget estimate, 1994.....	48,975,000
House allowance.....	51,018,000
Committee recommendation.....	51,018,000**

The Committee recommends an appropriation of \$51,018,000 for the National Institute of Nursing Research [NINR]. This is \$2,043,000 more than the administration's request, \$2,522,000 more than the 1993 appropriation of \$48,496,000, and the same as the House allowance. (p. 109, Sen. Rpt.)

****Note:** The funding for the National Institute of Nursing Research exceeds \$50,000,000 which has been Senator Inouye's goal since its establishment.

Mission.—The research programs of the NINR focus on the improvement of patient care and the environment in which it is delivered in order to promote health, prevent disease, and lessen the effects of illness and disability. The potential benefits of the NINR mission are abundant and contribute to the health and well-being of all Americans. (p. 109, Sen. Rpt.)

Institute status.—The Committee applauds the recent redesignation of the National Center for Nursing Research as an institute, the National Institute of Nursing Research [NINR], which gives nursing the recognition it so richly deserves and a sense of permanence and stability within the biomedical research community. The NINR will continue to target new areas of investigation where there are emerging opportunities with an eye on the quality of health care and efficiencies of cost. (p. 109, Sen. Rpt.)

Health promotion/disease prevention.—The Committee applauds NINR research focused on the development of community-based interventions to prevent illness such as the reduction of the risk of low-birth weight infants and increase the use of colorectal cancer screening kits by older adults aimed at early cancer detection. Preliminary findings of NINR-supported research have demonstrated the value of innovative, low-cost education techniques at the community level in preventing illness. NINR will continue its efforts in health promotion and disease prevention with special emphasis on younger children and the role of parents and family in the acquisition of health behaviors in young children from diverse populations. (p. 109, Sen. Rpt.)

Behavioral research.—The Committee particularly commends the NINR for emphasizing behavioral and prevention research, as evidenced by an investment of 45 percent of the NINR research budget for studies in these areas. Childhood and adolescence in particular are critical times when decisions to adopt risky or healthy behaviors are first faced and can have significant influence on health in

later life. The Committee looks forward to findings from NINR-funded health promotion studies such as those that examine community-based interventions to reduce the prevalence of cardiovascular risk factors in rural children; develop ways to have a positive effect on decisions regarding alcohol and tobacco use; and encourage good diet and exercise habits in young people. (p. 109, Sen. Rpt.)

Minority health.-The Committee urges the NINR to continue to address minority health concerns through the development of culturally sensitive nursing interventions. Crosscutting all NINR programs, research on a range of minority health issues such as prevention of low-birth weight, adolescent health, diabetes, cancer, and long-term care of older persons is focused on the development of a better understanding of social, cultural, and biological variables linked to various disease states and the care of affected individuals. The NINR collaborates with the National Institute of Child Health and Human Development, the Office of Minority Research Programs, and the District of Columbia to develop a scientifically based, coordinated, and integrated intervention program aimed at reducing infant morbidity and mortality in the District of Columbia. The NINR also focuses on increasing the number of minority nurses and ways in which to attract more minority students to nursing research. (pp. 109-110, Sen. Rpt.)

Women's health research.-Women's health issues, particularly those concerning the health of midlife women, should remain a priority for the NINR. Midlife women experience a number of ill-defined and poorly understood symptoms and/or syndromes. The physiologic and psychologic distress caused by these complex syndromes is a major reason for seeking medical care, loss of work time, and a decrease in health-related quality of life. The NINR will continue to build on its strong base of research to identify and study these symptoms and/or syndromes in an effort to develop effective interventions that may alleviate or prevent the distress experienced by midlife women. (p. 110, Sen. Rpt.)

Health care delivery models.-In light of the national efforts to control health care costs, the NINR is supporting research to develop new methods of care delivery aimed at the improvement of the quality of health care and reduction of costs. Preliminary studies and testing the transitional home followup care delivery model have demonstrated a reduction of hospital costs through early hospital discharge and fewer rehospitalizations, with greater patient satisfaction. Given that health care is increasingly moving from the hospital to the community, the NINR will continue to study a variety of models of health care delivery for other populations and clinical conditions to determine their full clinical utility and cost effectiveness. Transitions among home, hospital, nursing homes, and other health care settings require further investigation. (p. 110, Sen. Rpt.)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR MENTAL HEALTH SERVICES

Clinical Training

The Committee recommends \$2,956,000 for mental health clinical training, the same as the fiscal year 1993 level and the administration request. The House eliminated funding for this program. The mental health clinical training program supports the recruitment, training, and placement of mental health professionals. Grants are made to public or nonprofit private institutions to train personnel to deliver services to underserved populations. (p. 131, Sen. Rpt.)

CLINICAL TRAINING

Appropriations, 1993.....	\$2,956,000
Budget estimate, 1994.....	2,956,000
House allowance.....	0,000,000
Committee recommendation.....	2,956,000
Conference.....	2,500,000

(p. 55, Conf. Rpt.)

ASSISTANT SECRETARY FOR HEALTH

Public Health Service management

The Committee strongly recommends that the Department request that the Institute of Medicine conduct a study on the role of nursing in environmental and occupational health. The Committee believes that nursing can play a vital role in the prevention and treatment of environmental and occupational illnesses. Because of the broad spectrum of potentially exposed populations, environmental health issues permeate all aspects of nursing practice, research, and health care delivery. In both rural and urban settings nurses are often the initial, and sometimes the only point of contact for individuals seeking health care for illnesses that may result from exposure to environmental health hazards. Thus, all nurses should be familiar with environmental health hazards in the workplace, home, or community, as they interact with and relate to the practice of nursing. Opportunities for nurses to learn, train, and otherwise develop expertise in the concepts and principles related to environmental health are currently limited and need to be expanded and strengthened in nursing education at all levels. (p. 143, Sen. Rpt.)

HEALTH CARE FINANCING ADMINISTRATION

PROGRAM MANAGEMENT

Research, demonstrations, and evaluation

The Committee again reiterates its interest in research projects which address the issue of effectively utilizing nurse practitioner services. The Committee remains especially interested in exploring the availability of pediatric and family nurse practitioner care under the various State Medicaid programs, as authorized under the Federal Medicaid statute. (p. 152, Sen. Rpt.)

ADMINISTRATION ON AGING

In-home services for frail elderly

The Committee recommends \$7,075,000 for in-home services for the frail elderly, the same level as the fiscal year 1993 enacted level. In-home services include homemaker and home health aides, visiting and telephone reassurance, chore maintenance, in-home respite care for families, and minor home modifications.

The Committee is aware of the Living at Home/Block Nurse Program now operating in urban and rural midwestern communities to meet the health and social service needs of the frail elderly. The Living at Home/Block Nurse Program helps communities organize networks for health professionals and volunteers to identify the elderly at risk of institutionalization and provide the health and social services that frail elderly persons require in order to continue living in their homes and communities. The Committee believes this program has potential as a model for community-based, coordinated, cost-effective system of care for the frail elderly. We encourage the Department to study this program and to support its replication. (P. 175, Sen. Rpt.)

TITLE III-DEPARTMENT OF EDUCATION

SCHOOL IMPROVEMENT PROGRAMS

Drug-free schools and communities

School personnel training.-The Committee provides \$13,614,000 for school personnel training grants, the same as the fiscal year 1993 comparable level, the House allowance, and the administration's request. These grants are used to train teachers and other school personnel in drug and alcohol abuse education and prevention. The Department holds two separate competitions: one for projects that train all categories of school personnel and one for projects that focus solely on training counselors, social workers, psychologists, and nurses. (P. 192, Sen. Rpt.)

**FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS
APPROPRIATIONS BILL, 1994**

Nursing/Midwifery Collaboration Centers

In its last report, the Committee noted that while nursing is important in meeting the health care needs of developing countries, the nursing profession currently receives very little support through international agencies. The Committee urged the implementation of the 1989 World Health Assembly resolution on nursing/midwifery personnel. This year, the Committee urges AID to assist WHO collaborating centers in nursing in the United States and at U.S. universities in implementing the 1989 World Health Assembly resolution on nursing/midwifery personnel. (p. 67, For. Ops. Sen. Rpt.)

DEPARTMENT OF DEFENSE APPROPRIATIONS BILL, AUTHORIZATION BILL (Sen. Rpt. 103-112), AND CONFERENCE REPORTS

DEFENSE HEALTH PROGRAM - Appropriations

The conferees recommend the following levels highlighted in the table below for the Defense Health Program:

Nursing research.....	\$3,000,000
Nurse Practitioner Program.....	2,000,000

(p. 153, Def. Approps. Conf. Rpt. 103-339)

TITLE VI - DEFENSE HEALTH PROGRAM

Nurse Anesthetists [CRNA'S]

The Committee notes that gaps between military and civilian salaries continue to affect recruitment and retention of military nurse specialists. The widest disparity exists between civilian and military certified nurse anesthetist [CRNA] groups. The current and projected shortage of CRNA's has the potential for adversely affecting the military's ability to perform mission requirements. And, because civilian compensation for CRNA's far exceeds military compensation, recruitment of civilian nurse anesthetists has been difficult. The Committee believes that one way to improve CRNA recruitment prospects is to increase the annual incentive pay for CRNA's from \$6,000 to \$15,000. Sufficient funding has been identified by the Committee to pay such increases; thus, the Committee directs the Department of Defense to increase these bonuses accordingly. The Department should evaluate the efficacy of this increased special pay for the recruitment and retention of CRNA's and explore the use of military training programs for CRNA's. (p. 371, Def. Approps. Sen. Rpt.)

REPORT ON THE ADEQUACY OF SPECIAL PAY FOR NURSE ANESTHETISTS

The Committee directs the Secretary of Defense to evaluate and report on the adequacy of special pay for nurse anesthetists authorized by section 302e of title 37, United States Code. The Committee has received testimony from the nurse anesthetist community that the limit of \$6,000 on the incentive pay for any 12 month period is inadequate to produce the desired retention outcomes. The Committee intends to review this matter during its consideration of the defense authorization request next year. In this regard, the Committee directs that the report be submitted by March 15, 1994, and that the report include appropriate legislative recommendations. (pp. 155-156, Def. Auth. Sen. Rpt.)

Nursing Research

The Committee is pleased with the advances military nursing has made in the area of research and would like to see further nursing research studies, particularly in the areas of child and spousal abuse, wellness, and preventive medicine. The Committee is providing \$3,000,000 for nursing research in the belief that long-term results of such research efforts will benefit the military and its beneficiaries for years to come. (p. 372, Def. Approps. Sen. Rpt.)

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

Nurse Practitioner Program.-The Committee is pleased with the initial planning of a training program for nurse practitioners at the Uniformed University of the Health Sciences and is providing \$2,000,000 for the further implementation of this program. The establishment of a fundamental nursing core curriculum is crucial to the program's success. The Committee recommends that during the coming year, priority be given to establishing certified nurse anesthetist, certified nurse midwifery, OB-GYN, and family practice tracks. (p. 373, Def. Approps. Sen. Rpt.)

TRIPLER ARMY MEDICAL CENTER

Nurse demonstration project.-The Committee continues to support the nurse demonstration pilot project at Tripler Army Medical Center. This project is designed to identify cost savings in the health care system through employing ancillary personnel to improve nurse productivity. The Committee directs the Assistant Secretary of Health Affairs to provide sufficient funding for this project to continue at current levels. (p. 373, Def. Approps. Sen. Rpt.)

NONPHYSICIANS RANK STRUCTURE

The conferees remained concerned about the inability of nonphysicians (particularly the Nurse Corps) to achieve adequate numbers in the upper ranks of captain (Navy) and colonel, as well

as flag and general officer ranks. The conferees believe the Department should address this inequity by providing more career advancement options to affected officers. (p. 154, Def. Approps. Conf. Rpt.)

HEALTH MANAGEMENT PRACTICES

Patient records.-The Department is encouraged to ensure that patient medical records are integrated, such that all health care providers, including nurses, utilize the same form. (p. 154, Def. Approps. Conf. Rpt.)

EXEMPTION FROM SERVICE AND AGE RESTRICTIONS ON THE APPOINTMENT OF RESERVE OFFICERS AS REGULAR OFFICERS IN THE HEALTH PROFESSIONS

The Committee recommends a provision (sec. 502) that would exempt reserve officers in the health professions from the requirement in section 532 of title 10, United States Code, that an officer must be able to complete 20 years of active commissioned service by age 55 in order to be appointed as a regular officer. This provision would be consistent with an existing, similar exemption for physicians and dentists. (p. 148, Def. Sen. Auth. Rpt.)

EXTENSION OF AUTHORITY RELATING TO PAYMENT OF CERTAIN BONUSES, PAYMENT OF OTHER SPECIAL PAY, AND REPAYMENT OF CERTAIN EDUCATIONAL LOANS

The Committee recommends a provision (sec. 612) that would extend the expiration date of certain bonus, special pay, and educational loan repayment authorities from September 30, 1993 to September 30, 1995. These include authorities for the following: a) nurse officer candidate accession program; b) accession bonus for registered nurses; c) incentive special pay for nurse anesthetists; ... i) special pay for critically short wartime health specialists in the selected reserve; and j) repayment of educational loans for certain health professionals who serve in the selected reserve. (p. 152, Def. Sen. Auth. Rpt.)

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS BILL, 1994

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Indian Health Services

Public health nursing.-The Committee recommends a level of \$21,587,000, the same as the budget estimate. (p. 110, Int. Sen. Rpt.)

Indian health professions.--The Committee recommends \$27,406,000, the same as the budget estimate and the House allowance. The Committee understands that the budget includes \$1,635,000 for the nursing program authorized in section 112 of the Indian Health Care Improvement Act. Within the funds provided, consideration should be given to tribal colleges that have worked to develop college nursing programs. The Committee notes that many of the nursing programs at tribally controlled colleges meet the primary mandate of the statute requiring Indian control in the planning and management of Indian health services. (p. 111, Interior Sen. Rpt.)

M E M O R A N D U M

TO: SENATOR DATE: November 5, 1993

FROM: Nancy Lescavage

RE: Native American/Hawaii Issues
FY 94 DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND
EDUCATION APPROPRIATIONS BILL
(Sen. Rpt. #103-143; H.R. 2518)
(Conf. H.Rpt. #103-275)
(S. 1569)
(P.L. 103-112)
(P.L. 100-690)

TITLE I - DEPARTMENT OF LABOR:

Employment And Training Administration

TRAINING AND EMPLOYMENT SERVICES

Dislocated Worker Assistance:

The Committee urges that greater attention be given to the agricultural workers in Hawaii (sugar and pineapple) who have recently lost their jobs and the residents of the Island of Kauai who have suffered from Hurricane Iniki. The employment situation is particularly acute on the neighboring islands which have not yet developed viable alternative employment opportunities. (p. 12, Sen. Rpt.)

Native Americans:

These programs are designed to improve the economic well-being of disadvantaged native Americans (Indians, Eskimos, Aleuts, and native Hawaiians) through vocational training, work experience and other services aimed at getting participants into permanent unsubsidized jobs. The Committee recommends \$65,000,000 for these purposes, which is \$3,129,000 more than the budget request, the fiscal year 1993 level, and the House allowance.

The Committee is concerned that despite the fact that one-third of American Indian families live below poverty levels, and have higher rates of joblessness than any other group of Americans, Indians are served by JTPA in fewer numbers each year. The Committee directs the department to develop a comprehensive long-range plan and further, to submit this report to the appropriations and authorizing committees no later than April 1994. (pp. 12-13, Sen. Rpt.)

Amendment No. 2: Earmarks \$64,218,000 for Native American job training instead of \$61,871,000 as proposed by the House and \$65,000,000 as proposed by the Senate. (p. 9, Conf. H. Rpt.)

Veterans Employment:

The Committee is aware that training and employment services available to native American veterans are very limited and urges the Department to develop at least five outreach programs in native American communities. The funding for these grant programs should be awarded to tribal governments, Alaska Native organizations, and native Hawaiian communities for the development of remedial education, classroom, and on-the-job training. (p. 14, Sen. Rpt.)

National Activities:

The Committee has also provided \$4,500,000 to continue the Samoan, Pacific Islander, and Asian American employment and training initiative. (p. 14, Sen. Rpt.)

The conference agreement includes \$4,234,000 to continue the Samoan, Pacific Islander and Asian American employment and training initiative, including \$3,234,000 to be allocated to the State of Hawaii. (p. 9, Conf. H. Rpt.)

EMPLOYMENT STANDARDS ADMINISTRATION

The Committee has included bill language allowing the Department to utilize funds received as a result of a court decision on back wages payable in the Northern Mariana Islands. (p. 23, Sen. Rpt.)

Amendment No. 15: Reported in technical disagreement. The managers on the part of the House will offer a motion to recede and concur in the amendment of the Senate with an amendment, as follows:

In lieu of the matter inserted by said amendment, insert: Provided, That the Secretary of Labor is authorized to accept, retain and spend in the name of the Department of Labor all sums of money ordered to be paid to the Secretary of Labor, in accordance with the terms of the Consent Judgment in Civil Action No. 91-0027 of the United States District Court for the District of the Northern Mariana Islands (May 21, 1992).

The managers on the part of the Senate will move to concur in the amendment of the House to the amendment of the Senate.

Inserts language proposed by the Senate that would authorize the Secretary of Labor to accept and spend funds received as a result of a consent judgment in U.S. District Court for the Northern Mariana Islands. (p. 11, H. Conf. Rpt.)

TITLE II - DEPARTMENT OF HEALTH AND HUMAN SERVICES:

Rural and native American mental health research:

The Committee has continued its initiative in rural and native American mental health research. Funding is targeted toward developing social work research models for family-centered treatment. (p. 37, Sen. Rpt.)

Health Resources and Services Administration

HEALTH RESOURCES AND SERVICES

Community health centers:

During last year's deliberations, the Committee highlighted the pressing health care needs of both the recent Filipino immigrant population in Hawaii (which possesses a significant incidence of tuberculosis) and the Asian-American and Pacific Islander community. Many of these individuals are recent arrivals to the United States. For cultural and language reasons they do not have adequate access to the health care they require, even when these services exist in their area. The Committee further notes that community health centers (CHC's) are required to provide translation services; however, HRSA has provided only minimal resources to CHC's specifically for this purpose. Accordingly, HHS is directed to revise its current regulations to ensure that appropriate weight is given to the pressing needs of this particular client population, rather than continuing to rely exclusively upon geographic designations. In addition, the Department is again strongly urged to make this population a priority in funding CHC's. Finally, HHS is again urged to work closely with the Association of Asian Pacific Community Health Organizations (AAPCHO), to ensure that their concerns are appropriately taken into account in establishing this year's funding priorities. (p.39, Sen. Rpt.)

Payment to Hawaii, treatment of Hansen's disease:

The Committee has included \$2,976,000 for the annual payment to Hawaii. This is the same as the administration request, House allowance, and the fiscal year 1993 amount. Such payments are made to the state of Hawaii to partially support the cost of care and treatment for person's with Hansen's disease. In 1993, Federal support accounts for about 49 percent of the total cost of this Hansen's Disease Program. (p. 42, Sen. Rpt.)

Native Hawaiian health care:

The Committee recommends \$4,586,000 for native Hawaiian health care services. This is \$997,000 above the fiscal year 1993 appropriation and \$1,000,000 more than both the administration request and the House allowance.

Of the funds provided, the Committee intends that \$500,000 be utilized for the administration of Papa Ola Lokahi, to coordinate and implement a comprehensive health care master plan, develop and maintain training resources for the native Hawaiian health care organizations, facilitate and implement research on disease affecting native Hawaiians (including hypertension, diabetes, obesity, substance abuse, and HIV/AIDS), and develop and coordinate links with other organizations and individuals who work with indigenous people, both in Hawaii and elsewhere. An additional \$750,000 is to be allocated for the native Hawaiian scholarship program administered by the Kamehameha Schools/Bishop Estate. The Committee further wishes to make absolutely clear that these scholarship funds should be used to support a wide range of health care disciplines, in particular nurse practitioner, health education, mental health, and dental hygiene programs. The Department should not continue to utilize these funds primarily to support medical students, but should instead rely upon the expertise and recommendations of the native Hawaiian community in setting priorities. The remaining funds are for grants to native Hawaiian health care organizations serving the various Islands of Hawaii, to provide comprehensive health promotion and disease prevention services, plus primary health care services, to native Hawaiians. (p. 43, Sen. Rpt.)

The conferees support the continued efforts to establish a Statewide health care system and health scholarship program for Native Hawaiians. Of the funds made available, \$450,000 is intended for the administration of Papa Ola Lokahi, and \$700,000 is for the Native Hawaiian Health Care Scholarship Program to support a wide variety of health care disciplines, particularly nurse practitioners. The remaining funds are to be utilized for the operation of the five island health care systems. (p. 13, Conf. H. Rpt.)

Pacific basin initiative:

The Committee has included \$3,000,000 for initiatives in the Pacific Basin region. These funds are used for projects to build capacity and improve health services and systems, particularly in preventive health, and to provide technical assistance to carry out such projects.

Of the funds provided, the conferees intend that \$1,500,000 of the funds made available under the Pacific Basin Initiative be allocated to the Medical Officer Training Program. The Committee is pleased with the program's success in graduating its first two

classes, for a total of 21 graduates, and is confident that this Federal program will significantly contribute to the health status of the Pacific basin region. The Committee was also pleased to learn of the program's recent efforts to obtain other sources of financial support. As expressed in last year's report, the Committee remains supportive of having the Institute of Medicine develop a long-term strategic plan for the future of this region, as well as the efforts of the Waianae Coast Comprehensive Health Center, which has an outstanding record of being responsive to the primary health care needs in the region. Accordingly, the Committee strongly urges the Department to implement these recommendations in a timely fashion. The remaining funds are to support a wide range of health promotion and disease prevention training activities, and to establish the authorized national advisory panel. (p. 43, Sen. Rpt.)

The conferees intend that \$1,500,000 of the funds made available under the Pacific Basin initiative be allocated to the Medical Officer Training Program. (p. 14, Conf. H. Rpt.)

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant:

The Committee is pleased with the progress of the Navajo Early Intervention Project, which has developed working relationships between the States of New Mexico, Arizona, and Utah with the Navajo Nation. The Committee is particularly pleased that two demonstration sites have begun delivering services to disabled children ages birth to 3 years on the Navajo Reservation, even with the restricted funding provided. The Committee recommends that \$500,000 be awarded jointly to the Navajo Nation and the University of Utah in fiscal year 1994, to expand the provision of family based early intervention services for at-risk and handicapped children on the Navajo Reservation.

The Committee again notes the leadership of the University of Hawaii in addressing the unique maternal and child health needs of native Hawaiians and other native American Pacific Islanders. The Committee strongly urges the Bureau to significantly expand its efforts and to support an additional multidisciplinary program through the Hawaii UAP this fiscal year. The Committee was disappointed that, notwithstanding the truly pressing needs of these native American people, the Department ignored last year's similar recommendation, with the University of Hawaii not even being allowed to compete for new funds to expand their efforts.

The Committee also continues its interest in the University of Hawaii Center on the Family program to strengthen the capacities of culturally diverse families to nurture the development of their children. Continual development and implementation of this program has important implications for other areas of the country with families from culturally diverse backgrounds. The Committee provides \$500,000 for this purpose. (pp. 45-46, Sen. Rpt.)

HEALTH PROFESSIONS

Special nursing projects:

The Committee strongly recommends that a greater priority be provided to developing nursing expertise to work with the pressing health care needs of native Hawaiians, American Indians, and rural populations. (p. 53, Sen. Rpt.)

RYAN WHITE AIDS PROGRAMS

Pediatric AIDS demonstrations-Title IV:..."attention should be given to native Hawaiian and native American children, adolescents, and families with HIV through linking with and expanding HRSA and MCH-sponsored comprehensive care projects." (p. 56, Sen. Rpt.)

Centers for Disease Control and Prevention

Tuberculosis elimination:

The State of Hawaii continues to experience an extraordinarily high incidence of tuberculosis, possessing the second highest case rate in the Nation at 17.7 per 100,000. One particular cause of the high TB rate is the large influx of Filipino veterans who were recently accorded U.S. citizenship. Accordingly, the Committee directs that a significant weight be given to the per capita percentage of infected individuals in a given location. Further, consideration should be given to Hawaii's unique situation. (p. 67, Sen. Rpt.)

Chronic and environmental disease prevention:

The Committee is pleased with CDC's efforts in response to congressional direction that attention be given to the public health hazards affecting the citizens of the big island of Hawaii due to volcanic emissions. Kilauea volcano has been continuously active since 1986 and the Committee understands that the output of sulfur dioxide and particles has recently doubled. Accordingly, the Committee directs CDC to continue to implement its internal recommendations and to work collaboratively with the NIEHS to develop appropriate preventive public health programmatic responses. (p. 69, Sen. Rpt.)

National Institutes of Health

NATIONAL CANCER INSTITUTE

Native Americans:

The Committee is greatly concerned that cancer is the leading cause of death for Alaska Native women, the second leading cause of death for American Indian women, and the third leading cause of death in American Indian and Alaska Native men. Accordingly, the Committee encourages the inclusion of American Indians, Alaska Natives, and native Hawaiians in the activities underway within the National Cancer Institute's leadership initiatives on cancer in order to establish culturally and linguistically credible and efficacious national community outreach cancer prevention and control programs.

The Committee also encourages the creation of programs aimed at reducing cancer incidence and mortality in native population subgroups. The Committee further urges NCI to continue and expand its efforts to address the incidence of cancer among American Samoans. (p. 79, Sen. Rpt.)

The conferees encourage the Institute to permit citizens of the State of Hawaii, and particularly Native Hawaiians, to participate in Federally-supported clinical trials. (p. 15, Conf. H. Rpt.)

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Native American initiative:

The Committee understands that certain areas served by the Indian Health Service have excessively high rates of infant mortality. The Committee encourages NICH to implement a new research program to address effective interventions to prevent infant mortality in native American communities and urges the Institute to work closely with the Indian Health Service and tribal governments in the conduct of this study. (p. 96, Sen. Rpt.)

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Native American initiative:

The Committee recommends that the NIEHS collaborate with the National Tribal Environmental Council to conduct a national tribal environmental health study with member tribes to build a national data center which would be required to respond to the environmental health research needs of tribes. The Committee recommends NIEHS initiate a study aimed at collecting biological, epidemiological, and ecological data on the environmental health conditions of native American communities. (p. 100, Sen. Rpt.)

NATIONAL INSTITUTE OF NURSING RESEARCH

Minority health:

The Committee urges the NINR to continue to address minority health concerns through the development of culturally sensitive nursing interventions. Crosscutting all NINR programs, research on a range of minority health issues such as prevention of low-birth weight, adolescent health, diabetes, cancer, and long-term care of older persons is focused on the development of a better understanding of social, cultural, and biological variables linked to various disease states and the care of affected individuals. (pp. 109-110, Sen. Rpt.)

NATIONAL INSTITUTE OF MENTAL HEALTH

Rural and native American mental health research:

The Committee has set aside funds every year since fiscal year 1990 for rural and native American mental health research. The Committee commends NIMH for responding to the need for increased research on rural mental health issues, and particularly for developing three rural mental health research centers. These centers have achieved national stature and have contributed significantly to advancing rural mental health research. The Committee is concerned, however, that NIMH did not meet the Committee's fiscal year 1993 directive to allocate appropriate funding for rural mental health research and for research on mental health among native populations.

The Committee has provided additional funds for the NIMH to increase its funding of rural and native American mental health research. The Committee intends that funds for rural mental health research be targeted primarily to existing research centers to promote individual and collaborative research that will be truly regional and national in scope. The Committee continues to place high priority on research with a focus on family, community, and individual characteristics that promote or impair mental health in rural areas, and also the study of services to improve mental health in rural communities. (pp. 115-116, Sen. Rpt.)

Other:

The Committee appreciates the ongoing efforts of NIMH to ensure that the pressing mental health needs of the native Hawaiian population are addressed. (p. 117, Sen. Rpt.)

OFFICE OF THE DIRECTOR

Native Americans:

The Committee is aware of the pressing health care problems within the native American population and is concerned about NIH's efforts to address those problems. The Committee is also supportive of efforts to increase the number of native Americans seeking careers in the behavioral and biomedical fields. The Committee requests the NIH to report on its activities on behalf of native Americans prior to next year's hearings. (p. 128, Sen. Rpt.)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT

Treatment improvement grants:

The Committee recognizes the urgent need for effective substance abuse programs for native Americans as evidenced by the fact that a significant portion of native Americans residing in Wyoming and Montana who have a substance abuse problem do not have access to appropriate treatments. Given the success rate of treatment of native American populations in culturally specific residential programs, the Committee encourages the Director to make funds available to support grants for native American nonprofit primary care residential treatment programs. (p. 136, Sen. Rpt.)

CENTER FOR SUBSTANCE ABUSE PREVENTION

***PL 100-690 ("Anti-Drug Abuse Act of 1988") states "(d)(1) Of the amount allotted to the State of Hawaii under this section, an amount equal to the proportion of Native Hawaiians residing in the State of Hawaii to the total population of the State of Hawaii shall be available under this section only for Native Hawaiians." (102 STAT 4196, PL 100-690, Nov.18,1988)

Prevention programs:

The Committee has provided \$500,000 to continue a national education and prevention strategy to address the high incidence of alcoholism and substance abuse in native American communities. In addition, the Committee understands that the prevalence rate of fetal alcohol syndrome [FAS] and fetal alcohol effect [FAE] is 6.1 percent per 1,000 live births in native American communities, as compared to 1.3 cases per 1,000 live births in the general population. In some native communities, the incidence rates range from 1.3 per 1,000 to 12.2 per 1,000 live births. To prevent the

devastating problem of FAS and FAE in native American communities, the Committee urges CSAP to initiate a national strategy to provide community training and education on FAS and FAE. (p. 137, Sen. Rpt.)

Assistant Secretary for Health

Office of Emergency Preparedness:

Of the \$2,500,000, \$1,260,000 is to be used for the training and equipment of the disaster medical assistance teams (DMAT's).

Our current experience with the flood and our recent experience with Hurricanes Andrew and Iniki have demonstrated the need to improve the Department's efforts to respond to emergencies effectively, both in terms of responding to the States for substantive assistance and being responsive to Presidential and FEMA direction to have a timely, effective, well-coordinated PHS-wide response to disasters. During the hurricanes, 27 DMAT's were deployed to provide medical care; these teams saw over 17,000 patients in the aid stations, community health center sites, and hospital emergency rooms. (p. 142, Sen. Rpt.)

Public Health Service management:

The Committee reiterates its support for the assignment of senior public health programmatic staff to the State of Hawaii. At the Committee's recommendation, such an individual was assigned to Honolulu in the past to assist in the establishment of the native Hawaiian health care program and was extraordinarily helpful. The Committee now requests that a replacement position be filled.

The Committee is aware of the Department's consideration of exploring innovative health manpower models for rural and inner-city populations, such as the highly successful Medex Program developed at the University of Hawaii targeted for overseas populations. The Committee understands that a consortium of universities are considering developing a balanced health care network approach and would appreciate receiving a report from the Department regarding the status of its deliberations. (p143 Sen Rpt)

AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Medical Treatment Effectiveness Program (MedTEP):

The Committee is pleased with the work that AHCPR has done to establish MedTEP research centers on minority populations. During fiscal year 1992, six centers were funded and five more began in fiscal year 1993. Through this program, the Agency will investigate which clinical strategies are best for conditions prevalent among African-Americans, Latinos, Asian and Pacific islanders, American Indians, and/or Alaska Natives. In addition, the centers will train minority researchers in effectiveness research, provide technical assistance to practitioners in their

communities, and disseminate information to patients and providers. Examples of the conditions being studied are: High blood pressure, kidney disease, tuberculosis, low birthweight, substance abuse, HIV/AIDS, and certain cancers. (pp. 147-148, Sen. Rpt.)

Administration for Children and Families

REFUGEE AND ENTRANT ASSISTANCE

The Committee also intends that 10 percent of the total appropriated for targeted assistance be used for grants to localities most heavily impacted, both in the number of arrivals and the intensity of resettlement needs, by the influx of Laotian Hmong, Cambodians, and Soviet Pentecostals, including secondary migrants who entered the United States after October 1, 1979. (p. 162, Sen. Rpt.)

COMMUNITY SERVICES BLOCK GRANT

The community services block grant (CSBG) makes formula grants to States and Indian tribes. (p. 163, Sen. Rpt.)

ACF SERVICE PROGRAMS

Child welfare research and demonstrations:

For the past 2 years, the Committee has expressed its strong support for recognizing the importance of assisting children and families of all cultural backgrounds in the Nation. In this respect, Hawaii offers a unique opportunity to define, demonstrate, and implement alternative approaches for developing family strengths for a diverse ethnic population. The Committee made its intent clear that it is expected that the Assistant Secretary for Children and Families direct \$500,000 toward implementation of the University of Hawaii's Center on the Family education demonstration project which seeks to develop solutions to many social and health-related problems by increasing families' competence to nurture their children's health and development. However, these directives have been essentially ignored, although there recently has been some indication of responsiveness. The Committee reiterates its significant interest in this project. (p. 169, Sen. Rpt.)

Social Services Research:

The Committee has again included \$150,000 to be allocated to the Hopi child sex abuse project to support child abuse education and prevention efforts. This is the third and final year of funding in response to a series of incidents involving child abuse and sexual molestation of approximately 144 children by a BIA teacher on the Hopi Indian Reservation. (p. 171, Sen. Rpt.)

University-Affiliated Programs:

In consideration of the scope of the Pacific basin UAP administered by the University of Hawaii, which covers Guam, American Samoa, the Northern Mariana Islands as well as Hawaii, the Committee recommends that the nominal funding level of \$200,000 for this UAP be increased to \$300,000. (p. 172, Sen. Rpt.)

Native American Programs:

The Committee recommends \$40,000,000; \$5,493,000 more than the administration's request and the fiscal year 1993 enacted level for this program. The Administration for Native Americans assists Indian tribes and Native American organizations to plan and implement their own long-term strategies for social and economic development. In promoting social and economic self-sufficiency, this organization provides financial assistance through direct grants for individual projects, training and technical assistance, and research and demonstration programs.

The Committee on Indian Affairs has advised that over the last 3 years, the peer review panels that review applications for grants that are administered by ANA have demonstrated a bias against national Indian and native organizations--organizations that have previously received funding under the Native American Programs Act since its passage in 1974.

The services provided by national Indian and native organizations are provided to tribal governments to assist tribes in resolving their claims to land and water, to assist tribes in the development of their petitions for Federal recognition, to assist tribes in developing environmental laws and regulations, to assist tribes in developing laws for the regulation of energy development on Indian lands, to assist Alaska Native governments in matters of subsistence hunting and fishing and the exercise of governmental sovereignty, and to assist tribes in the exercise of their governmental jurisdictions and in the development of tax codes.

National Indian and native organizations are able to perform these services because of the experience and expertise that they have developed in these areas--experience and expertise that is not always available at the reservation community level.

Based upon the pattern of grant applications in prior years, the Committee directs that a separate peer review process for grant applications submitted by national Indian and native organization.

Further, the Committee has provided \$4,000,000 for grants authorized under Public Law 101-408 to improve the capacity of tribal governments to address environmental problems on their lands. No funds were requested by the administration for this purpose nor provided for by the House, despite the increasingly serious environmental problems on trust lands.

The Committee supports the Native American Languages Program. The Committee expects that, pursuant to the administration's budget submission, the Native Hawaiian Loan Program will be continued. (pp. 172-173, Sen. Rpt.)

The conference agreement includes \$38,627,000 for Native American Programs. (p. 67, H. Conf. Rpt.)

ADMINISTRATION ON AGING

Grants for native Americans:

The Committee recommends \$17,500,000 for title VI grants to Indian tribes and Native Hawaiians, an increase of \$2,390,000 over the fiscal year 1993 enacted level, the budget request, and the House allowance. Native Hawaiians receive 10% of this amount.

This program promotes the delivery of supportive services, including nutrition services, to American Indians, Alaskan Natives, and native Hawaiians. Part A grants are made to Indian tribes with at least 50 members who are 60 years of age or older, and part B grants are made to public and nonprofit organizations serving at least 50 native Hawaiians who are 60 years of age or older.

Funding has been increased in recognition of the fact that the number of native American elders eligible for nutrition and support services has grown fivefold since 1980 while funding for nutrition programs lags far behind the need. (p. 175, Sen. Rpt.)

The conference agreement includes \$16,902,000 for grants to Indians. (p. 68, H. Conf. Rpt.)

OFFICE OF THE SECRETARY

General provisions:

"...for fiscal year 1994, the Secretary of Health and Human Services shall obligate \$7,532,065 from the amounts made available pursuant to section 1935(b) of that Act for fiscal year 1994 to those States and Indian tribes or tribal organizations to which the amounts specified in the award statement issued by the Substance Abuse and Mental Health Services Administration under those subparts on November 2, 1992, was greater than the amount specified in the award statement issued on August 6, 1993, in the amounts equal to those differentials." (p. 23, H. Rpt.)

TITLE III - DEPARTMENT OF EDUCATION

Education Reform

The Committee is concerned about reports of low educational achievement among Alaska Native children in both rural and urban settings, and urges that \$200,000 of the funds allocated for education reform initiatives be provided, on a competitive basis, to the statewide Alaska Native organization which can best coordinate with the State of Alaska in planning for statewide educational reform. (p. 182, Sen. Rpt.)

Compensatory Education for the Disadvantaged

Amendment No.78: Deletes language included by the House but stricken by the Senate. The conference agreement follows the basic statute which provides for a setaside of basis grant funds for grants to the Pacific Outlying Areas. (p. 25, Conf. H. Rpt.)

Pacific Basin Set-aside: the fund for this program is not a set-aside, but a fixed amount. For 1994, it amounts to \$3,800,000.

IMPACT AID

Impact aid helps to compensate school districts for the costs of educating children when enrollments and the availability of revenues from local sources have been adversely affected by the presence of Federal activities. Children who reside on Federal or Indian lands generally constitute a financial burden on local school systems because these lands do not generate property taxes-a major revenue source for elementary and secondary education in most communities. In addition, realignments of U.S. military forces at bases across the country often lead to influxes of children into school districts without producing the new revenues required to maintain an appropriate level of education. To compensate districts in areas affected by the Federal presence, Public Law 81-74 authorizes payments to districts for increased maintenance and operation costs, and Public Law 81-815 authorizes payments for construction of facilities. During the current school year, payments are being made to about 2,500 school districts that have reported approximately 1,800,000 eligible children. All activities in this account are current funded, with funds available for obligation from October 1 to September 30, with the exception of construction funding and section 3(e), which remain available until expended. (pp. 187-188, Sen. Rpt.)

The conference agreement includes \$23,000,000 in Impact Aid for Hawaii.

SCHOOL IMPROVEMENT PROGRAMS

Drug-free schools and communities:

There is a .02 set-aside for native Hawaiians which amounts to \$920,536 for fiscal year 1994. (p. 74, H. Conf. Rpt.)

Education for native Hawaiians:

For programs for the education of native Hawaiians, the Committee bill includes \$10,000,000, \$3,552,000 more than the fiscal year 1993 comparable level and the House allowance. The administration did not request funding for these programs.

These programs include a model curriculum implementation project, family-based education centers, a higher education demonstration program, a gifted and talented demonstration program, and a demonstration program to provide special education services to native Hawaiian children. The recent native Hawaiian education summit and update of the native Hawaiian educational assessment project have again highlighted the educational difficulties faced by native Hawaiian children and youth. The Committee, therefore, recommends a substantial increase in funding for these programs and directs the Department to use most of the additional funding for the family-based education centers. (p. 196, Sen. Rpt.)

The conferees intend that the funding provided for Education for Native Hawaiians be distributed as follows:

Special Education Program.....	\$1,000,000
Family Based Education Centers.....	5,000,000
Gifted and Talented Program.....	1,000,000
Model Curriculum Implementation Project.....	50,000
Higher Education Program.....	800,000

Further, given that a priority recommendation of the Native Hawaiian Education Summit was the establishment of cultural learning centers, a minimum of \$374,000 shall be for the planning and development of at least two cultural learning centers. (pp. 26-27, Conf. H. Rpt.)

VOCATIONAL AND ADULT EDUCATION

VOCATIONAL EDUCATION

Under the Indian and Hawaiian natives programs, competitive grants are awarded to federally recognized Indian tribes or tribal organizations and to organizations primarily serving and representing Hawaiian natives for services that are in addition to services such groups are eligible to receive under other provisions of the Perkins Act. (p. 210, Sen. Rpt.)

There is \$2,400,000 available for native Hawaiian Vocational Education.

Tribally controlled postsecondary vocational institutions:

The Committee has provided \$2,946,000 on a current funded basis for tribally controlled postsecondary vocational institutions. This is the same as the funding provided by the House, requested by the administration, and appropriated in 1993. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanded educational opportunities for Indian students. Grantee institutions may use the funds for costs connected with training teachers, providing instructional services, purchasing equipment, administration, and operating and maintaining the institution. (p. 211, Sen. Rpt.)

National programs, demonstrations:

Last year the Committee provided \$500,000 for the establishment of a special native Hawaiian vocational education demonstration initiative which would target high-risk youth. Native Hawaiians currently comprise 34 percent of the inmates in correctional facilities and account for 37 percent of the juvenile drug-abuse arrests in Hawaii. Further, native Hawaiian families comprise 30 percent of those receiving welfare, and native Hawaiians have doubled the unemployment rate of the State. As reported last year, Alu Like, Inc., a native Hawaiian organization, has an excellent track record in working with these indigenous people. The Committee expects the Department to be responsive to this and last year's directive and to work closely with the grantee to implement this new program. The Committee directs that a career shadowing program will be implemented, under which high-risk native Hawaiian youth will be provided real-life mentoring experiences. The Committee recommends \$500,000 to continue this program and expects regular implementation reports from the Department on a timely basis. (p. 213, Sen. Rpt.)

HIGHER EDUCATION

Assistance to Guam:

The bill includes \$397,000 for assistance to Guam, the same as the 1993 appropriation and the House allowance. The administration did not request funds for this program. Assistance to Guam provides partial reimbursement to the University of Guam and Guam Community College for costs incurred in providing post-secondary education services to nonresident Micronesian students. (p. 227, Sen. Rpt.)

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Statistics:

The Committee notes the absence of reliable statistical data on the American Indian tribal colleges, including tribal vocational and technical colleges. The Committee urges the Department to implement section 108(c)(2) of the Tribally Controlled Community Colleges Assistance Act (25 U.S.C. 1801), which requires that the National Center for Education Statistics, in consultation with the Secretary of the Interior, establish a data collection system to obtain accurate information as to the needs and costs of operation and maintenance of tribally controlled colleges. (p. 235, Sen. Rpt.)

Star schools:

Indian reservations are traditionally underserved areas with scarce resources. Under this grant program, the Committee directs the Department to explore the possibility of linking, via fiber optics, the seven tribal colleges within the State of Montana. (p. 242, Sen. Rpt.)

Territorial teacher training:

For territorial teacher training, the Committee recommends \$1,737,000, the same as the 1993 appropriation and the House allowance. The administration did not request funds for this program.

This program provides funding to support the training of elementary and secondary school teachers in American Samoa, Guam, the Northern Mariana Islands, the Republic of Palau, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Virgin Islands. (p. 242, Sen. Rpt.)

LIBRARIES

The conferees agreed to appropriate \$146,309,000 for public library services, public library construction, interlibrary cooperation, library literacy programs, college library technology and cooperation grants, library career education, and library research and demonstrations. This represents a \$24 million increase over FY 1994. Native Hawaiians receive a .5% set-aside of the funds appropriated under Titles I, II, and III of the Library Services and Construction Act, amounting to approximately \$600,000. (pp. 243-245, Sen. Rpt.) (p. 31, H. Conf. Rpt.)

HEALTH SERVICES FOR PACIFIC ISLANDERS

S. 1569 was introduced on October 19, 1993 to amend the Public Health Service Act. The full Committee has "marked up" the bill and reported it to the Senate floor. Regarding the "Health

Services for Pacific Islanders", Section 10 of the Disadvantaged Minority Health Improvement Act of 1990 is amended. It allows for the provision of primary health care, preventive care, and related training to American Samoan health care professionals; and for the improvement of access to health promotion and disease prevention services for rural American Samoa.

Of particular note is the authorization for an appropriation of \$3,000,000 for each of the fiscal years 1994 through 1996 instead of the \$10,000,000 recommendation for each of the fiscal years 1991 through 1993. (p. 24, S. 1569)

DEPARTMENT OF THE INTERIOR

Native Hawaiian Culture and Arts Program:

Native Hawaiian Culture and Arts Program (NHCAP) is funded in the Interior Appropriations bill under the National Park Service - National Recreation and Preservation account. NHCAP is authorized in P.L. 99-498, the American Indian, Alaska Native and Native Hawaiian Culture and Arts Development Act.

The NHCAP was established to provide a greater sense of cultural awareness and ethnic pride essential to the personal and cultural survival of the Native Hawaiian people. The program supports the following efforts:

- Research into traditional culture and values;
- Perpetuation of traditional culture among Hawaiians;
- Dissemination of research findings through public schools and other venues;
- Development of new traditional cultural Masters and Professionals so that native Hawaiians will have the major role in the management and scholarship of their heritage in the future.

The Fiscal Year 1994 total for this program is \$1,733,000. [H.R. 2520; p. 29-Sen. Rpt. 103-114; p. 19, H. Rpt. 103-299 (conf.)]

MEMORANDUM

TO: Senator Inouye

DATE: December 1, 1993

FROM: Nancy Lescavage

RE: Child/Adolescent Health Issues as contained in:

- 1.) H.R. 2518, Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act, 1994 [Pub. L.103-112, approved 10/21/93]; S.Rept.103-143; Conf. Rpt. 103-275
- 2.) 1994 Department of Defense Appropriations Conference Report 103-339

Health Resources and Services Administration

MATERNAL AND CHILD HEALTH

Maternal and child health block grant

For the past 2 years the Committee has expressed its support for the establishment of an Office of Adolescent Health, pursuant to the findings of the Carnegie Council on Adolescent Health. The Committee again directs that such an Office be established. The Committee also believes strongly that priority should be given to studies exploring the normal development of adolescents and their strengths and coping skills, rather than studies on adolescent pathology. There has been an historical tension between those investigators interested in preventive efforts, and those focusing upon providing curative care; the Committee would be especially supportive of the Office developing a significant portfolio in the preventive arena, particularly with minority youth. The Committee further reiterates its concern that the Department should initiate special health professions training tracks in the adolescent area, especially within nurse practitioner and physician assistant programs.

The Committee is pleased with the progress of the Navajo Early Intervention Project, which has developed working relationships between the States of New Mexico, Arizona, and Utah with the Navajo Nation. The Committee is particularly pleased that two demonstration sites have begun delivering services to disabled children ages birth to 3 years on the Navajo Reservation, even with the restricted funding provided. The Committee recommends that \$500,000 be awarded jointly to the Navajo Nation and the University of Utah in fiscal year 1994, to expand the provision of family based early intervention services for at-risk and handicapped children on the Navajo Reservation.

The Committee again notes the leadership of the University of Hawaii in addressing the unique maternal and child health needs of native Hawaiians and other native American Pacific Islanders. The Committee strongly urges the Bureau to significantly expand its efforts and to support an additional

multidisciplinary program through the Hawaii UAP this fiscal year. The Committee was disappointed that, notwithstanding the truly pressing needs of these native American people, the Department ignored last year's similar recommendation, with the University of Hawaii not even being allowed to compete for new funds to expand their efforts.

The Committee also continues its interest in the University of Hawaii Center on the Family program to strengthen the capacities of culturally diverse families to nurture the development of their children. Continual development and implementation of this program has important implications for other areas of the country with families from culturally diverse backgrounds. The Committee provides \$500,000 for this purpose. (pp. 45-46, Sen. Rpt.)

Emergency medical services for children

The Committee has included \$7,500,000 for the emergency medical services for children [EMS-C] grant program. This is \$2,690,000 more than the fiscal year 1993 amount, \$2,692,000, more than the administration request, and the same as the House allowance. EMS-C projects are intended to demonstrate the effectiveness of the systems approach to prehospital emergency care, including prompt, appropriate onsite assessment and treatment of a child's problem, together with rapid, and safe transport to an appropriate medical facility. (p. 46, Sen. Rpt.)

Nurse training

The Committee urges that the Division of Nursing continue its efforts to demonstrate methods to improve access to nursing services in nontraditional settings and to demonstrate innovative nursing practice models. The Committee believes that developing a model prescription training module would be very useful, and further urges that significant support be provided for nursing/pediatric EMS efforts, as well as preparing nurses to respond to national disasters. The broad health care needs of adolescents, and particularly minority adolescents, should remain a high priority. The Committee strongly recommends that a greater priority be provided to developing nursing expertise to work with the pressing health care needs of native Hawaiians, American Indians, and rural populations. (p. 53, Sen. Rpt.)

RYAN WHITE AID PROGRAMS

Pediatric AIDS demonstrations--Title IV

The Committee recommends \$22,000,000 for title IV pediatric and adolescent AIDS demonstration projects. This is \$22,000,000 above the fiscal year 1993 amount, \$16,000,000 above the administration request, and the same as the House allowance. This program supports demonstration grants to develop innovative

models that foster collaboration between clinical research institutions and primary/community-based medical and social service providers for underserved children, youth, pregnant women, and their families.

The Committee expects that the majority of these funds will support, without disruption, existing pediatric and adolescent AIDS demonstration projects that provide comprehensive services and voluntary access to HIV therapeutic trials, including those existing projects developing the capacity to access clinical trials. The Committee understands that efforts to date to enroll and retain medically underserved, HIV-affected children, adolescents, and pregnant women in clinical trials have been successful only when research is conducted within an established, comprehensive system of family-centered, community-based, coordinated family services that includes providing or arranging primary care.

Given the rapidly rising rates of HIV infection among adolescent girls and young women, the Committee expects that prevention services will be emphasized within the context of comprehensive care, and that projects will collaborate with CDC-funded prevention projects to prevent HIV infection of newborns and adolescent girls and young women. The Committee directs that the MCH Bureau continue to plan and administer title IV and that title IV be the primary means of delivering HIV family-centered care for children, adolescents, and their families. Finally, established national projects that provide technical assistance and training on pediatric, adolescent and family HIV services and clinical trials should be continued under title IV.

The Committee believes that enhancing developmental disability services for children with HIV should be a priority where identified gaps exist in comprehensive care systems. Technical assistance should be provided to those systems by established experts in HIV-related developmental disabilities. In addition, attention should be given to native Hawaiian and native American children, adolescents, and families with HIV through linking with and expanding HRSA and MCH-sponsored comprehensive care projects. (p. 56, Sen. Rpt.)

The Conference allows \$22,000,000 for Title IV. (p. 49, Conf. Rpt.)

CENTERS FOR DISEASE CONTROL AND PREVENTION

Sexually transmitted diseases

The Committee remains concerned that the high rates of STD's in adolescents and young adults, the severe consequences for women and infants, and HIV transmission among infected individuals all combine to magnify the challenge that STD's present. The recommendation includes an additional \$14,000,000 in grant funds to capitalize upon recent advances in the understanding of the impact of STD's on women's health. The

prevention health amendments of 1992, provides a unique opportunity to build upon the recent accomplishments of CDC's STD prevention efforts. With the increase provided, the Committee encourages CDC to undertake an effort to reduce STD-related infertility in collaboration with State and local health departments. (p. 62, Sen. Rpt.)

Chronic and environmental disease prevention

The recommendation includes \$20,186,000 for smoking and health to focus on preventing tobacco use among adolescents. These funds will build capacity in at least 40 States, territories, and the District of Columbia to conduct tobacco prevention and control activities with an emphasis on youths.

CDC shall provide targeted efforts for national public information campaigns, cooperative ventures with major national leadership organizations (including other Federal agencies) that target youth, and improved capacity to monitor adolescent smoking initiation patterns.

The Committee is particularly concerned with the targeting of youth by tobacco advertising and promotion campaigns and notes the increase in youth smoking of brands promoted through cartoon characters. Counter advertising has proven an effective means of combating tobacco use by children and adolescents and the Committee urges further support of this approach. (p. 67, Sen. Rpt.)

The Committee is pleased with CDC's efforts in response to congressional direction that attention be given to the public health hazards affecting the citizens of the big island of Hawaii due to volcanic emissions. Kilauea volcano has been continuously active since 1986 and the Committee understands that the output of sulfur dioxide and particles has recently doubled. Accordingly, the Committee directs CDC to continue to implement its internal recommendations and to work collaboratively with the NIEHS to develop appropriate preventive public health programmatic responses.

The Committee has provided \$8,546,000 for the comprehensive school health program. The Committee believes that comprehensive school health programs constitute one of the most hopeful and generally effective strategies the Nation can employ to prevent the major health problems that afflict the Nation. Funding increases will allow for expansion efforts supporting comprehensive school health programs. In providing these funds, the Committee recognizes the importance of multifunctional health education programs. Comprehensive school health education programs are effective in reducing school absenteeism, and in effecting health behaviors, such as tobacco use, physical activity, and nutrition with emphasis on their importance in preventing chronic diseases and improving the health of adolescents, including teenage mothers. The Committee feels that improving the nutrition of young women will have a positive effect on those who become mothers at an early age ultimately

reducing the risks of low birthweight babies. (p. 69, Sen. Rpt.)

National Institutes of Health

BALANCED RESEARCH PROGRAM

Cancer prevention and control

The Committee is concerned about the many adolescents, particularly minority and low-income teenagers, who are at high risk of cancer due to their use of tobacco, alcohol, and drugs and their involvement in high-risk sexual activity. The Committee urges the Institute to support research on educational interventions intended to reach this population. The Committee also encourages the Institute to expand the study of new screening and intervention strategies for familial cancers, such as neurofibromatosis. (p. 80, Sen. Rpt.)

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Pediatric positron emission tomography [PET] research

PET imaging has proved to be a valuable tool which, when applied to pediatrics, has the potential to provide the opportunity to prevent the progress, or delay the onset, of disease in infancy and in childhood. The Committee encourages the Institute to expand support for research regarding the diagnostic applications of positron emission tomography in children and to utilize the expertise of PET facilities dedicated to the treatment of children's diseases and affiliated with other medical research and teaching institutions. (p. 90, Sen. Rpt.)

Brain tumors

Brain tumors effect Americans of all ages, and, whether malignant or benign, can recur, causing marked changes in thinking, personality, and the ability to live and work independently. Among children under 15, brain tumors are the second leading cause of cancer death. The Committee recognizes the need to increase support for research to identify the causes and effective treatments of this devastating disease and has included sufficient funds for the Institute to expand support for basic and clinical research in brain tumors and for training neurooncologists. (p. 91, sen. Rpt.)

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Mission

NICHD is that component of the National Institutes of Health which is responsible for conducting and supporting research on maternal and child health, the population sciences, and medical

rehabilitation. Research encompassed by these areas targets infant mortality; genetic diseases, including birth defects; mental retardation; women's reproductive health; contraceptive development and evaluation; infertility; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; and demographic and behavioral research. (p. 94, Sen. Rpt.)

Pediatric, adolescent, and maternal AIDS

The Committee has provided additional funding to permit the NICHD to increase its investment in pediatric AIDS trials. This clinical trials network is fully coordinated and integrated with that of the National Institute of Allergy and Infectious Diseases in order to avoid overlap and duplication of effort. Also, there will be expanded research efforts focusing on mother-to-child transmission of HIV; population studies on the factors that put youth and adults at high risk for HIV infection; and research on contraceptive development, with emphasis on barrier methods and their role in preventing the transmission of HIV and other sexually transmitted diseases. (p. 94, Sen. Rpt.)

Normative behavior

The Committee urges NICHD to provide significant priority to research on normative behavioral development of ethnic minorities. The Committee recognizes that a long-term commitment to this research is necessary to establish a comprehensive data base in order to evaluate the effectiveness of early educational interventions and other childhood programs. (p. 95, Sen. Rpt.)

Native American initiative

The Committee understands that certain areas served by the Indian Health Service have excessively high rates of infant mortality. The Committee encourages NICHD to implement a new research program to address effective interventions to prevent infant mortality in native American communities and urges the Institute to work closely with the Indian Health Service and tribal governments in the conduct of this study. (p. 96, Sen. Rpt.)

NATIONAL INSTITUTE OF NURSING RESEARCH

Behavioral research

The Committee particularly commends the NINR for emphasizing behavioral and prevention research, as evidenced by an investment of 45 percent of the NINR research budget for studies in these areas. Childhood and adolescence in particular are critical times when decisions to adopt risky or healthy behaviors are first faced and can have significant influence on health in later life. The Committee looks forward to findings from NINR-funded

health promotion studies such as those that examine community-based interventions to reduce the prevalence of cardiovascular risk factors in rural children; develop ways to have a positive effect on decisions regarding alcohol and tobacco use; and encourage good diet and exercise habits in young people. (p. 109, Sen. Rpt.)

Minority health

The Committee urges the NINR to continue to address minority health concerns through the development of culturally sensitive nursing interventions. Crosscutting all NINR programs, research on a range of minority health issues such as prevention of low-birth weight, adolescent health, diabetes, cancer, and long-term care of older persons is focused on the development of a better understanding of social, cultural, and biological variables linked to various disease states and the care of affected individuals. The NINR collaborates with the National Institute of Child Health and Human Development, the Office of Minority Research Programs, and the District of Columbia to develop a scientifically based, coordinated, and integrated intervention program aimed at reducing infant morbidity and mortality in the District of Columbia. The NINR also focuses on increasing the number of minority nurses and ways in which to attract more minority students to nursing research. (pp. 109-110, Sen. Rpt.)

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Rural areas

The Committee has provided sufficient funds for NIAAA to establish a family-focused research program that will identify early precursors of alcohol problems during childhood and adolescence in rural areas. Such research will identify early risk factors that can be targeted in the development of effective prevention programs designed to prevent the onset of alcohol abuse. Funding for this research will come from the increase allocated to NIAAA. The Committee requests a written report describing NIAAA's response to and accomplishments from this program of rural research. (p. 111, Sen. Rpt.)

NATIONAL INSTITUTE ON DRUG ABUSE

Nonpharmacological treatment

Treatment of adolescents at high risk of becoming dependent on drugs has been shown to help, not only in prevention of progression to drug addiction, but also of associated sequelae such as failure to complete high school, early pregnancy, and delinquency. Additional research is needed to develop innovative

strategies for reaching high-risk youth, particularly strategies that deal with the families or other social support units. (p. 112, Sen. Rpt.)

Substance abuse in rural areas

The Committee has provided additional funding for research on substance use problems in rural America. Contrary to the view that rural areas are generally untouched by the problems that plague urban population centers, recent studies show a significant use of illegal drugs in rural areas. Yet little is known about the unique aspects of rural life that increase or decrease risk for substance use. The Committee urges the development of a family-focused research program that will identify early risk factors for substance use and abuse among rural children and adolescents. Identification of these risk factors provides the basics for programs designed to prevent substance use problems in rural areas. The Committee requests a report from NIDA describing its response to and accomplishments from this program of rural research. (p. 113, Sen. Rpt.)

NATIONAL INSTITUTE OF MENTAL HEALTH

Mission

The National Institute of Mental Health is the lead Federal agency for research on mental illness and mental health. NIMH is the foremost provider of support for mental health-related research throughout this country and the NIMH intramural research program is the largest scientific organization in the world dedicated to both mental disorders and neuroscience and behavioral research. The Institute's mission extends from the basic sciences to the ultimate use of research--addressing individual, family, and national needs for effective interventions and treatments. To accomplish its mission, NIMH has taken a strategic approach to conquering mental disorders through its four national research plans, focused on: schizophrenia; the neurosciences (also called the Decade of the Brain plan); child and adolescent mental disorders; and service improvement for people with severe mental disorders. The later plan, Caring for People with Severe Mental Disorders: A National Plan of Research to Improve Services, is guiding NIMH in a new generation of research into services improvement, encompassing studies of treatment effectiveness in real-life settings, as well as the ways service systems affect the delivery of treatments and their cost effectiveness. (p. 114, Sen. Rpt.)

Behavioral science task force

The Committee understands that the NIMH National Advisory Council is in the midst of a major effort to develop a behavioral

science research agenda. It has convened a distinguished behavioral science task force of outside experts and they are now conducting a comprehensive assessment of the basic behavioral and psychosocial research. The result should be a national plan for behavioral science research similar to other NIMH reports that have shaped the Institute's programs in schizophrenia, child and adolescent mental disorders, and neuroscience. The Committee applauds this effort and is looking forward to receiving the task force report when it is presented to the NIMH National Advisory Council. Further, the Committee requests NIMH to report back to Congress within 60 days of the final task force report with plans for implementing the recommendations of the task force. (pp. 114-115, Sen. Rpt.)

Child and adolescent mental health

The Committee notes that the prevention of emotional disorders is one of the most exciting fields in mental health services research, and that it holds significant promise for reducing mental health problems for children, youth, and adults. NIMH has supported prevention research over the past 10 years, and the Committee further notes that while the program is a small one, this research has led to major advances in the development of prevention interventions, particularly with respect to mental disorders among children and adolescents, in the area of suicide attempts among adolescents and adults, and in addressing issues of stress and coping among young adults. The Committee directs NIMH to fully support the six currently funded projects and to fund one additional project in this promising, innovative, and scientifically rigorous area of research. The Committee further urges NIMH and the Center for Mental Health Services to collaborate to ensure continued support for the program, and to ensure that the knowledge gained from this research is communicated effectively to prevention service providers. (p. 115, Sen. Rpt.)

Rural and native American mental health research

The Committee has provided additional funds for the NIMH to increase its funding of rural and native American mental health research. The Committee intends that funds for rural mental health research be targeted primarily to existing research centers to promote individual and collaborative research that will be truly regional and national in scope. The Committee continues to place high priority on research with a focus on family, community, and individual characteristics that promote or impair mental health in rural areas, and also the study of services to improve mental health in rural communities. (pp. 115-116, Sen. Rpt.)

Childhood mental disorders

The Committee supports NIMH's continuing expansion of its research on childhood mental disorders, and particularly encourages the Institute's efforts to gain a firm understanding of the nature and scope of the problem so that better, more effective methods of treatment and service systems can be developed. The Committee is convinced that in order to set priorities for the most effective use of resources in this critical area, it is essential to develop a more thorough knowledge base about the prevalence of mental disorders in children and adolescents. Additionally, more must be learned about children's unique services needs and usage through a research effort aimed at clarifying what is known and unknown about the special service delivery needs of this vulnerable population. NIMH is also urged to magnify its efforts to address the critical shortage of researchers in the area of child and adolescent mental health, which has contributed to an overall lag in research-based knowledge relative to what is known about adult disorders. (p. 116, Sen. Rpt.)

Other

The Committee encourages joint efforts in the pediatric-EMS area. The Committee appreciates the ongoing efforts of NIMH to ensure that the pressing mental health needs of the native Hawaiian population are addressed. (p. 117, Sen. Rpt.)

OFFICE OF THE DIRECTOR

Minority health initiative

The Committee has included \$56,478,000 for the minority health initiative. The minority health initiative [MHI] is another major trans-NIH project with the objective of improving the overall health of minorities and increasing opportunities for minorities to pursue careers in the biomedical sciences. The MHI addresses the improvement of the health of minorities across the life span including infant, children, adolescent, young adult minorities, and older populations and focuses on recruitment and retention of minorities in a wide array of research and health care professions. (p. 123, Sen. Rpt.)

Office of Behavioral and Social Science Research

The Committee is particularly interested in NIH increasing its commitment to research in health and behavior, personality research, social and developmental psychology across the lifespan, thinking and cognitive science, treatment effectiveness, psychopathology, and the biological bases of

behavior. (p. 126, Sen. Rpt.)

Health and behavior research

NIH is directed to clarify the scope of its commitment to research on health and behavior, using a standard definition developed by the NIH Health and Behavior Coordinating Committee in consultation with behavioral and social science organizations. The newly authorized NIH Office of Behavioral and Social Sciences Research should produce guidelines for the ICD's at NIH to assist them in adhering to the definition. The Committee encourages NIH to expand research on adolescents, including basic research on peer influences and decisionmaking practices, and applied research on prevention of risk that could result in unintentional injury, violence, unintended pregnancy, and sexually transmitted diseases. (p. 128, Sen. Rpt.)

CENTER FOR MENTAL HEALTH SERVICES

Community support demonstrations

The Committee recommends \$24,402,000 for the Community Support Program [CSP], the same amount as the fiscal year 1993 level, the administration request, and the House recommendation. The Community Support Program and the related Child and Adolescent Service System Program [CASSP] demonstrations seek to determine appropriate community-based alternatives for chronically mentally ill patients; increase the effectiveness of services and statewide service systems of care; and promote service system improvements for children and youth with serious emotional, behavioral, or mental disorders. The Committee recognizes the importance of projects that provide both services to and research on the mental health needs of homeless youth, and urges CMHS to continue to give a priority to such projects. (p. 131, Sen. Rpt.)

The Conference allows \$24,402,000 for this purpose. (p. 55, Conf. Rpt.)

CENTER FOR SUBSTANCE ABUSE TREATMENT

Treatment improvement grants

The Committee has provided \$168,496,000 for demonstration programs to improve the quality of substance abuse treatment. This is the same as the administration request, \$29,400,000 more than the fiscal year 1993 level, and \$1,000,000 less than the House allowance. These funds support treatment services for: critical populations, including women and their children, racial and ethnic minorities, adolescents, rural populations, and residents of public housing; populations involved with the criminal justice system; and pregnant substance abusing women. (p. 135, Sen. Rpt.)

CENTER FOR SUBSTANCE ABUSE PREVENTION

High risk youth

The Committee's recommendation includes \$65,295,000 for high risk youth programs, \$4,000,000 less than the administration request and \$4,000,000 more than the House allowance. Of the \$9,000,000 increase provided, \$5,000,000 is for a substance abuse and youth violence special initiative. This initiative will attempt to identify and target substance abuse prevention services at youth with established patterns of violent or antisocial behavior. Programs will be funded in urban and rural areas experiencing high rates of violence. The Committee is also aware that many of the approaches in the high risk youth program are targeted at male behavior patterns leaving a critical need to address the needs of adolescent women. Therefore, the Committee recommendation includes \$4,000,000 to initiate a new program with particular emphasis on those women whose use of substances is often accompanied by special factors that underlie or contribute to women's addictive problems, such as physical or sexual abuse, including neglect, battering, rape, and child abuse. (p. 137-138, Sen. Rpt.)

The Conference allows \$63,295,000 for this purpose. (p. 56, Conf. Rpt.)

Assistant Secretary for Health

Adolescent family life

The Committee has provided \$7,000,000 for the Adolescent Family Life Program. This is \$591,000 less than the House allowance and the administration request, and \$598,000 less than the fiscal year 1993 appropriation.

Through demonstration and research grants, the Adolescent Family Life Program focuses on the complex issues and problems of early adolescent sexuality, pregnancy, and parenting. (pp. 139-140, Sen. Rpt.)

Conference allows \$7,000,000 for this purpose. (p. 57, Conf. Rpt.)

Health Care Financing Administration

PROGRAM MANAGEMENT

Research, demonstrations, and evaluation

The Committee again reiterates its interest in research projects which address the issue of effectively utilizing nurse practitioner services. The Committee remains especially interested in exploring the availability of pediatric and family

nurse practitioner care under the various State Medicaid programs, as authorized under the Federal Medicaid statute. (p. 152, Sen. Rpt.)

ACF SERVICE PROGRAMS

Child welfare research and demonstrations

For the past 2 years, the Committee has expressed its strong support for recognizing the importance of assisting children and families of all cultural backgrounds in the Nation. In this respect, Hawaii offers a unique opportunity to define, demonstrate, and implement alternative approaches for developing family strengths for a diverse ethnic population. The Committee made its intent clear that it is expected that the Assistant Secretary for Children and Families to direct \$500,000 toward implementation of the University of Hawaii's Center on the Family education demonstration project which seeks to develop solutions to many social and health-related problems by increasing families' competence to nurture their children's health and development. However, these directives have been essentially ignored, although there recently has been some indication of responsiveness. The Committee reiterates its significant interest in this project. (p. 169, Sen. Rpt.)

Social services research

The Committee has again included \$150,000 to be allocated to the Hopi child sexual abuse project to support child abuse education and prevention efforts. This is the third and final year of funding in response to a series of incidents involving child abuse and sexual molestation of approximately 144 children by a BIA teacher on the Hopi Indian Reservation. (p. 171, Sen. Rpt.)

University-affiliated programs

In consideration of the scope of the Pacific basin UAP administered by the University of Hawaii, which covers Guam, American Samoa, the Northern Mariana Islands as well as Hawaii, the Committee recommends that the nominal funding level of \$200,000 for this UAP be increased to \$300,000. (p. 172, Sen. Rpt.)

Native American programs

The Committee recommends \$40,000,000; \$5,493,000 more than the administration's request and the fiscal year 1993 enacted level for this program. (p. 172, Sen. Rpt.)

TITLE III - DEPARTMENT OF EDUCATION

SCHOOL IMPROVEMENT PROGRAMS

Drug-free schools and communities

The Committee bill provides \$500,000,000 for drug-free schools and communities programs, \$98,227,000 less than the 1993 appropriation and the administration request and \$32,838,000 more than the House allowance. The Committee believes that the Federal Government must continue to provide significant levels of support for drug abuse prevention education, but agrees with the House that it is appropriate to shift some of these resources to other priority reform activities that, because they are aimed at achieving the national education goals, also contribute to the goal of drug-free, violence-free schools.

The Committee also notes that Congress has provided significant increases in funding for drug-free schools activities in recent years, without any comprehensive study of the effectiveness of this program. The Committee understands that an evaluation of school-based prevention programs is underway, and directs the General Accounting Office to conduct an additional study of the uses and effectiveness of drug-free schools programs at the State and local levels. The study should include an examination of how drug abuse education is delivered at the local level, and how well the national, State, and local activities funded by this program are coordinated with each other. (p. 191, Sen. Rpt.)

School personnel training

The Department holds two separate competitions: one for projects that train all categories of school personnel and one for projects that focus solely on training counselors, social workers, psychologists, and nurses. (p. 192, Sen. Rpt.)

National programs

For drug-free schools national programs, the Committee has provided \$59,496,000, \$2,000,000 less than the 1993 level and the administration's request and the same as the House allowance. This program authorizes discretionary grants and contracts for activities designed to combat drug use in schools and communities, including programs for students in institutions of higher education; demonstration projects; programs for Indian youth and Hawaiian natives; and Federal evaluation, technical assistance, and information activities. (p. 192, Sen. Rpt.)

GALLAUDET UNIVERSITY

Precollege programs

The Model Secondary School for the Deaf serves as a laboratory for educational experimentation and development, disseminates models of instruction for the deaf, and prepares deaf adolescents for postsecondary academic or vocational education. The Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15. (p. 209, Sen. Rpt.)

VOCATIONAL EDUCATION

National programs, demonstrations

Demonstration grants that may be supported include projects to: develop voluntary national competency standards in industries and trades, integrate vocational and academic instruction, provide training in skilled trades identified as having shortages of workers, address dropout prevention by establishing partnerships between local educational agencies or area vocational schools and post-secondary institutions, and provide basic education skills and preemployment tutoring for high-risk native Hawaiian youth. (p. 212, Sen. Rpt.)

Last year the Committee provided \$500,000 for the establishment of a special native Hawaiian vocational education demonstration initiative which would target high-risk youth. Native Hawaiians currently comprise 34 percent of the inmates in correctional facilities and account for 37 percent of the juvenile drug-abuse arrests in Hawaii. Further, native Hawaiian families comprise 30 percent of those receiving welfare, and native Hawaiians have double the unemployment rate of the State. As reported last year, Alu Like, Inc., a native Hawaiian organization, has an excellent track record in working with these indigenous people. The Committee expects the Department to be responsive to this and last year's directive and to work closely with the grantee to implement this new program. The Committee directs that a career shadowing program will be implemented, under which high-risk native Hawaiian youth will be provided real-life mentoring experiences. The Committee recommends \$500,000 to continue this program and expects regular implementation reports from the Department on a timely basis. (p. 213, Sen. Rpt.)

HIGHER EDUCATION

Fund for the improvement of postsecondary education

The Committee also directs the Secretary to use \$1,500,000 of the funds provided for development of a student counseling and assistance network, as authorized in sections 409A and 409B of

the Higher Education Act. This network would make widely available information on postsecondary education opportunities and on financial assistance that may be used to pay for postsecondary education. The Committee believes that such information may be particularly important for motivating disadvantaged middle and high school youth to complete school and pursue higher education. These funds should be used for a study of the feasibility of establishing a computerized data base of all public and private postsecondary financial assistance programs and for activities designed to broaden the awareness of postsecondary educational opportunities among secondary school youth and their parents. (p. 223, Sen. Rpt.)

EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT

Fund for innovation in education

The Committee directs that the remaining \$600,000 for the Children's Television Workshop Ghostwriter project be awarded no later than December 31, 1993. (p. 238, Sen. Rpt.)

OPERATIONS AND MAINTENANCE, DEFENSE-WIDE

The Defense Appropriations Conference agreement allows for \$1,176,828,000 for DoD Dependents Education. Of this amount, \$77,864,000 will be used for Family Advocacy Programs for the military. (p. 67, Def. Conf. Rpt.)

MEMORANDUM

TO: SENATOR INOUE

DATE: December 13, 1993

FROM: DEBRA DUNIVIN

RE: OPPORTUNITIES FOR PSYCHOLOGY AND SOCIAL WORK,
FISCAL YEAR 1994 APPROPRIATIONS, et al.

**DEPARTMENTS OF LABOR, HEALTH, AND HUMAN SERVICES, AND
EDUCATION AND RELATED AGENCIES APPROPRIATIONS ACT, 1994**

[S.Rpt. 103-143; Conf.H.Rpt. 103-143; Pub. L. 103-112]

TITLE I - DEPT. OF LABOR

STATE UNEMPLOYMENT INSURANCE AND
EMPLOYMENT SERVICE OPERATIONS

Job counseling, testing, and referral:

Of the total amount provided for the employment service, \$832,856,000 is for State grants, available for the program year extending from July 1, 1994, to June 30, 1995. These grants, consisting of \$24,986,000 from the general fund of the Treasury and \$807,870,000 in trust funds, are distributed to the States by means of a demographically based formula enacted as part of the 1982 amendments to the Wagner-Peyser Act. They provide funding for State public employment services such as *job counseling*, testing, and referral to employers. (p.19)

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Consultation, training, and information services:

The Committee recommends an appropriation of \$297,244,000 ...

The Occupational Safety and Health Administration promulgates occupational safety and health standards and enforces compliance by inspecting places of employment. The agency also provides *consultation, training, and information services* for employers and employees and publishes statistics concerning the incidence, severity, and cause of occupational injuries and illnesses...(p.25)

ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING

The Assistant Secretary for Veterans' Employment and Training exercises functional supervision over the execution of veterans *counseling, training, and placement policies* through the public employment service, and other employment and training programs. This includes responsibility for the Disabled Veterans' Outreach Program and the Local Veterans' Employment Representative Program...(p.31)

TITLE II--DEPARTMENT OF HEALTH AND HUMAN SERVICES

Committee Priorities

Investing in children:

The consequences of failing to invest adequately in our human capital resources are nowhere more dramatic than in the poverty and despair afflicting our Nation's children. Nationwide, more than 12 million children - about 1 in 5 - are poor. And the number of poor children increased by more than 2.2 million from 1979 to 1989, despite uninterrupted economic growth after 1982.

The costs of poverty borne by our children are staggering: more hunger, low birthweight babies, and infant deaths; more childhood disabilities, abuse and neglect, and inadequate health care coverage; and plummeting educational achievement, accompanied by soaring rates of juvenile incarceration. National data document the further truth that the youngest, most defenseless Americans suffer the most of all: they are more vulnerable to developmental delays and the *enduring damage to their mental and physical health* that results from inadequate nutrition and health care. In America, the younger you are, the more likely you are to be poor and suffer such damage.

The Committee believes strongly that, in the interest of reducing short-term costs, many forget that we all pay the long-term, remedial costs in more crime, more violence, higher drop-out rates, more unemployment, higher welfare costs, and lower economic productivity. Additionally, the Nation pays an increasing price in faltering international competitiveness. In contrast, early investment in preventive programs that *foster the physical, mental, and emotional health* of children, the education and training of young people, and lifetime learning return large financial gains for both the individual and the Nation.

In an effort to address the needs of young children in America, the Committee has increased those programs which support young children and their families at the most generous level possible.(p.34)

Prevention:

We can no longer afford to ignore addressing the need in prevention and *health promotion* programs. The reductions in the prevalence of smoking by Americans assures us that other life-threatening *behaviors can be changed*, and the savings achieved through

immunization proves that prevention makes good economic sense as well. As stated last year, prevention should be the first prescription for all Americans, not an afterthought of a health care system.(p.35)

Infant mortality/low birthweight babies:

It is generally recognized that prenatal care which begins early, continues throughout pregnancy, and is appropriate to the mother's level of health risk effectively prevents low birthweight births and improves birth outcomes. Accordingly, the Committee has increased funding for the following programs administered by the Department of Health and Human Services which support education, *counseling*, and prenatal services for pregnant women and women of childbearing age at risk for poor birth outcomes residing in underserved communities. Consequently, the Committee has provided a total increase of about \$125,500,000 for such programs as community and migrant health centers, maternal and child health block grants, healthy start, family planning, CDC's comprehensive school health program, CDC's birth defects program, and the residential drug treatment program for pregnant and postpartum women. All of these programs impact on reducing infant mortality/low birthweight babies.

It is the Committee's expectation that in administering these additional funds, special emphasis will be given by the Department to maximizing efforts to increase the number of women receiving prenatal care, *counseling*, and educational services. Furthermore, the Committee requests a report prior to the fiscal year 1995 budget hearings on actions taken by the Department in 1994 and recommendations for building upon the initiatives in 1995.(p.36)

Health services outreach to rural areas:

This program funds programs that outreach primary health and *mental health* care services to rural areas where residents do not have access to these vital health services. The Committee has provided \$26,779,000 in fiscal year 1994 ...(p.36)

[Conference]--\$26,279,000(p.49)

Rural and native American mental health research:

The Committee has continued its initiative in rural and native American *mental health research*. Funding is targeted toward developing *social work research* models for family- centered treatment.(p.37)

HEALTH RESOURCES AND SERVICES ADMINISTRATION
Primary Health Care

Health care for the homeless:

The Committee has included \$60,000,000 for health care for the homeless.... This program provides grants to fund primary health care, *substance abuse treatment, and mental health services* to homeless individuals. These funds will support the 119 grantees currently operating.(p.40)

[Conference]--\$63,011,000(p.46)

Native Hawaiian health care:

Of the funds provided, the Committee intends that \$500,000 be utilized for the administration of Papa Ola Lokahi, to coordinate and implement a comprehensive health care master plan, develop and maintain training resources for the native Hawaiian health care organizations, facilitate and implement research on disease affecting native Hawaiians (including hypertension, diabetes, obesity, substance abuse, and HIV/AIDS), and develop and coordinate links with other organizations and individuals who work with indigenous people, both in Hawaii and elsewhere. An additional \$750,000 is to be allocated for the native Hawaiian scholarship program administered by the Kamehameha Schools/Bishop Estate. The Committee further wishes to make absolutely clear that these scholarship funds should be used to support a *wide range of health care disciplines*, in particular nurse practitioner, health education, *mental health*, and dental hygiene programs. The Department should not continue to utilize these funds primarily to support medical students, but should instead rely upon the expertise and recommendations of the native Hawaiian community in setting priorities. The remaining funds are for grants to native Hawaiian health care organizations serving the various Islands of Hawaii, to provide comprehensive health promotion and disease prevention services, plus primary health care services, to native Hawaiians.(p.43)

[Conference]--Papa Ola Lokahi - \$450,000

Native Hawaiian Health Care Scholarship Program - \$700,000(p.13)

Health Professions

Disadvantaged assistance:

It is the Committee's understanding that a wide range of nonphysician health care professions, such as *psychology and social work*, are eligible for HCOP, but that the vast majority of past funding has gone exclusively to medical students. For example, the Committee understands that *clinical psychology* has not had access to the scholarships for disadvantaged students program and has had limited access to HCOP, solely because

priority was given to medical professions in House report language accompanying the Disadvantaged Minority Health Improvement Act of 1990. The Committee urges that, in determining priorities for the coming year, all eligible disciplines be seriously considered, and that a report be submitted to the Committee on this matter.(p.47)

Health administration traineeships and special projects:

The Committee recommends \$995,000 for health administration traineeships and special projects. This is \$499,000 below the fiscal year 1993 amount and the same as both the administration request and the House allowance. This program provides grants to public or nonprofit private educational entities (including *schools of social work*, but not schools of public health) to expand and improve graduate programs in health administration, hospital administration, and health policy analysis and planning.(p.48)

Geriatric training and education centers:

The Committee recommends \$10,013,000 for geriatric projects. This is \$3,352,000 above both the administration request and the House allowance and the same as the fiscal year 1993 appropriation. These funds are used to award grants to qualified schools and hospitals for fellowships and faculty training projects in geriatric medicine, *psychiatry*, and dentistry. Grants are also awarded to support geriatric education centers, which foster collaborative relationships and improved training within the community of geriatric health care providers.(p.50)

[Conference]--\$9,175,000(p.47)

Interdisciplinary traineeships:

The Committee has included \$4,017,000 for rural health interdisciplinary training projects. This is \$4,017,000 more than both the House allowance and the administration request and the same as the fiscal year 1993 amount. This program addresses shortages of health professionals in rural areas by offering interdisciplinary training projects to prepare students from various disciplines to practice together, and clinical training experiences in *rural health and mental health care settings* to expose students to rural practice.(p.51)

Nurse training:

Nurse disadvantaged assistance.--The Committee recommends \$3,693,000 for nursing education opportunities for individuals from disadvantaged backgrounds. This is the same as both the House allowance and the fiscal year 1993 amount and \$1,500,000 below the administration request. This program provides grants and contracts to qualified schools and education programs to recruit individuals from minority and disadvantaged

backgrounds, and to assist them with their nursing education by providing training, *counseling*, and stipends.(p.53)

Ryan White AIDS Programs

Comprehensive care programs--Title II:

The Ryan White Act requires that 15 percent of the funding under title II be used to serve children, women, and their families. Up to 10 percent of the total formula grant budget may be used for special projects of national significance [SPNS]. These grants to States, localities, or community-based organizations fund programs for *health and mental health care and treatment* of individuals with HIV disease.(p.55)

Early intervention program--Title III:

The Committee recommends \$47,968,000 for title III early intervention grants. This is the same as the fiscal year 1993 amount, the administration request, and the House allowance. These funds are awarded competitively to primary health care providers to enhance health care services available to people at risk of HIV and AIDS. Funds are used for *counseling*, testing, diagnostic, and therapeutic services.(p.56)

CENTERS FOR DISEASE CONTROL AND PREVENTION Disease, Control, Research, and Training

Prevention centers:

The Committee believes that the decade of the 1990's promises to yield critical, lifesaving information, largely due to renewed efforts within the Public Health Service to focus on the *connections between health and behavior*. The Committee is aware of the research that is being conducted on behalf of the Connecticut Hospital Association at Yale-New Haven Hospital in the development of health promotion standards for behavior modification regimes to improve health status. The Committee is also aware of health promotion efforts at the University of Connecticut. The Committee encourages the expansion of opportunities for the development of health promotion standards that can help the United States meet the year 2000 health objectives for disease prevention and health promotion.(p.62)

Chronic and environmental disease prevention:

Included in the recommendation is \$128,000,000 for chronic and environmental disease prevention...

The Committee intends continued support for prevention activities directed at chronic diseases, including those present at birth, through elimination of *behavioral risk*

factors, increasing the prevalence of *health promoting practices*, and detecting disease early to avoid any complications.(p.67)

[...Intervening Text...]

As the Committee stated last year, children born in poverty are at much greater risk of mental retardation children not born in poverty. Research has proven that two-thirds of the mental retardation can be prevented by an early, intense, specific health and development program. CDC has initiated the planning process for a multisite study with the Robert Wood Johnson Foundation funds to evaluate the effectiveness of this *mental retardation prevention* program. The recommendation includes \$4,000,000 to implement these demonstration projects in up to five sites.(p.68)

[...Intervening Text...]

The Committee has provided \$8,546,000 for the *comprehensive school health program*. The Committee believes that comprehensive school health programs constitute one of the most hopeful and generally effective strategies the Nation can employ to prevent the major health problems that afflict the Nation. Funding increases will allow for expansion efforts supporting comprehensive school health programs. In providing these funds, the Committee recognizes the importance of multifunctional health education programs. Comprehensive school health education programs are effective in reducing school absenteeism, and in *effecting health behaviors*, such as tobacco use, physical activity, and nutrition with emphasis on their importance in preventing chronic diseases and improving the health of adolescents, including teenage mothers. The Committee feels that improving the nutrition of young women will have a positive effect on those who become mothers at an early age ultimately reducing the risks of low birthweight babies.(p.69)

[Conference]--\$123,004,000(programs not specified)(p.52)

Occupational safety and health:

The Committee's recommendation includes \$132,252,000 for occupational safety and health activities.... The increase of \$10,000,000 will provide the necessary operational support for laboratory research.

[...Intervening Text...]

Prevention of occupational disease ultimately depends on the recognition of an association between workplace exposure and human health response. *Laboratory research* is critical to the improvement of scientific investigations of worker populations and identification of problems at a stage where intervention can lead to prevention. Enhanced capabilities in surveillance and field investigations will ensure that the laboratory developments are stimulated by real workplace conditions and contribute to the prevention of significant occupational research. Additionally, these funds will be used to build a protective technologies-applied research program. With increasing sophistication of technology in the workplace, workers become the most vulnerable part of the system.

[...Intervening Text...]

The Committee remains concerned about reports of the increasing impact of *workplace stress* on the lives of millions of Americans. The Committee has noted the importance of these issues and encourages NIOSH to continue its work on occupational stress.(p.73)

[Conference]--\$128,337,000(p.52)

Human immunodeficiency virus:

The Committee is concerned about the lack of coordination between State and local health departments and community-based organizations directly funded by the CDC. These community-based agencies fill critical gaps in State and local health department's efforts to provide prevention information, education, and outreach services designed to *change individual behavior* and community norms in relation to HIV risk.(p.75)

NATIONAL INSTITUTES OF HEALTH
Balanced Research Program

Cancer centers:

The Committee believes NCI-supported cancer centers should establish the standard of treatment for cancer. Noting the increasing evidence that providing *psychotherapeutic support services* for cancer patients and their families is a low-cost, highly effective addition to other medical treatment, the Committee believes NCI should require cancer centers to provide supportive psychotherapeutic services to cancer patients at all stages of diagnosis and treatment, and to their families. Such services should include, but not be limited to, *individual counseling and education, group therapy for patients, and individual and group support for families*. Centers should also include in routine care for patients screening and treatment for concurrent psychiatric disorders such as depression and anxiety.(pp.79-80)

Cancer prevention and control:

There is increasing evidence that *psychological and social factors* influence cancer incidence, morbidity, and mortality. The Committee commends NCI for starting to develop research programs in *psychosocial intervention* and strongly urges NCI to continue and expand this research throughout the Institute. In particular, the Committee directs the Division of Cancer Prevention and Control [DCPC] to increase funding for clinical intervention trials that reflect the concerns of cancer patients, survivors, and their families in coping with cancer, such as outpatient pain management; professionally led support and self-help groups; increasing treatment adherence; managing side effects such as nausea; and identifying and reducing other barriers to treatment such as financial, cultural, and geographic obstacles. The Committee commends DCPC for its cooperative research program with the National Institute of Mental Health on the *psychosocial and social*

factors such as stress and support on physiological variables such as endocrine and immune function, and disease progression.(p.80)

National Heart, Lung, and Blood Institute

Behavioral cardiology SCOR.--The identification of *behavioral risk factors* for coronary heart disease--such as smoking, diets high in fat and salt, the overeating and underexercising that leads to obesity, noncompliance with blood pressure control regimens, and response to stress--has been a major advance in understanding cardiovascular disease. The Committee notes, however, that none of the existing NHLBI specialized centers of research, or SCOR, grants are behaviorally focused. Cardiovascular behavioral medicine is uniquely suited to mechanisms like the multidisciplinary SCOR approach, and to the SCOR program's goal of advancing basic knowledge to generate the most effective techniques and methods of clinical management and prevention of heart disease. *The Committee applauds NHLBI for its leadership in the behavioral sciences and urges NHLBI to redouble its efforts to elucidate the role of biobehavioral factors in the etiology, pathogenesis, and course of coronary heart disease.*(p.83)

National Institute of Child Health and Human Development

Mission.--NICHD is that component of the National Institutes of Health which is responsible for conducting and supporting research on maternal and child health, the population sciences, and medical rehabilitation. Research encompassed by these areas targets infant mortality; genetic diseases, including birth defects; mental retardation; women's reproductive health; contraceptive development and evaluation; infertility; pediatric, maternal, and adolescent AIDS; developmental biology; vaccine development; and demographic and *behavioral research.*(p.94)

Normative behavior.--The Committee urges NICHD to provide significant priority to *research on normative behavioral development of ethnic minorities*. The Committee recognizes that a long-term commitment to this research is necessary to establish a comprehensive data base in order to evaluate the effectiveness of early educational interventions and other childhood programs.(p.95)

Mental retardation and developmental disabilities.--The mental retardation research centers at NICHD pursue research that will lead to the full understanding of the *causes of mental retardation and other developmental disabilities*, the needs of people with mental retardation and developmental disabilities, and ways to reduce the incidence of these disabilities. Within the increase provided for NICHD, the Committee believes that the research efforts of the mental retardation research centers should be expanded.(p.96)

Developmental Disabilities Prevention Research Center.--Within the increase for NICHD, the Committee has provided sufficient funds for the creation of a Developmental Disabilities Prevention Research Center within a university affiliated program [UAP], which shall investigate the critical problems of *prevention and amelioration of mental retardation*, specifically including: a specialized research center engaged in the

multidisciplinary analysis of myelinogenesis as a critical period that is highly vulnerable to nutritional status during fetal and postnatal brain development. Priority emphasis shall be on experimental models which facilitate analysis of the molecular and cellular mechanisms of vulnerability and the potential for nutritional rehabilitation. The rationale and experimental design should include the following integrated projects: (1) determination of the regulatory mechanisms of myelinogenesis through functional analysis of myelin gene chromatin, (2) determination of the nutritional requirements for the development of mature myelin-forming cells, (3) analysis of nutritional deficiencies in the mechanism of myelin vulnerability, especially the basis of the critical period, and (4) characterization of the cellular and morphological correlates of brain nutritional dysmyelination during development and rehabilitation.(p.97)

National Institute of Environmental Health Sciences

Neurobehavioral and environmental neurotoxicology research.--The Committee notes that previous instructions to NIEHS have focused on expanding research on noncancer health effects and toxicants. A 1990 Office of Technology Assessment report on "Neurotoxicity" concluded that neurotoxic substances pose a substantial threat to public health and that Federal research programs were not adequately addressing neurotoxicity concerns. The Committee reemphasizes its support for an increase in *intramural research on neurobehavioral and environmental toxicology research. The Committee is concerned by the continued lack of representation from the behavioral science community on the National Advisory Environmental Health Science Council.* Such expertise would enhance the effort to incorporate neurobehavioral neurotoxicology research in NIEHS's intramural program and its applied disease prevention research efforts.(p.100)

National Institute on Aging

Mission.--The NIA conducts and supports *biomedical, social and behavioral research*, and other programs with respect to the aging process, including the prevention of diseases and other special problems of the aged. Aging research is critical to the development of new methods of prevention and treatment for the diseases and disabilities most commonly associated with old age. Research findings suggest the potential for reducing the major risk factors for preventable conditions, delaying the onset of age-related illnesses, and improving symptom management and rehabilitation, which could lead to a reduction in the use of long-term care and other health services.(pp.101-102)

Behavioral and demographic research.--The Committee encourages NIA to fund a field trial of several interventions that promote the independence of older adults. NIA research has shown that a vision defect in useful field of view correlates strongly with traffic accidents at intersections. NIA-funded researchers have developed a training program to correct this defect which occurs in some older drivers. The training program should be more widely tested to see if it can be used by community service agencies to help older adults whose mobility and independence depends on their ability to drive.

Similarly, NIA researchers have tested a program to help older adults overcome memory problems that compromise their ability to live independently, but that program should be more widely tested to see whether it can be adopted for broader use.(p.103)

National Institute of Nursing Research

Health promotion/disease prevention.--The Committee applauds NINR research focused on the development of community-based interventions to prevent illness such as the reduction of the risk of low-birth weight infants and increase the use of colorectal cancer screening kits by older adults aimed at early cancer detection. Preliminary findings of NINR-supported research have demonstrated the value of innovative, low-cost education techniques at the community level in preventing illness. NINR will continue its efforts in health promotion and disease prevention with special emphasis on younger children and the role of parents and family in the *acquisition of health behaviors* in young children from diverse populations.(p.109)

Behavioral research.--The Committee particularly commends the NINR for emphasizing behavioral and prevention research, as evidenced by an investment of 45 percent of the NINR research budget for studies in these areas. Childhood and adolescence in particular are critical times when *decisions to adopt risky or healthy behaviors* are first faced and can have significant influence on health in later life. The Committee looks forward to findings from NINR-funded health promotion studies such as those that examine community-based interventions to reduce the prevalence of cardiovascular risk factors in rural children; develop ways to have a positive effect on decisions regarding alcohol and tobacco use; and encourage good diet and exercise habits in young people.(p.109)

Women's health research.--Women's health issues, particularly those concerning the health of midlife women, should remain a priority for the NINR. Midlife women experience a number of ill-defined and poorly understood symptoms and/or syndromes. The physiologic and *psychologic distress* caused by these complex syndromes is a major reason for seeking medical care, loss of work time, and a decrease in health-related quality of life. The NINR will continue to build on its strong base of research to identify and study these symptoms and/or syndromes in an effort to develop effective interventions that may alleviate or prevent the distress *experienced by midlife women*.(p.110)

National Institute on Alcohol Abuse and Alcoholism

Mission.--NIAAA is the preeminent Federal agency for research focused on improving the treatment and prevention of alcoholism and alcohol-related problems. The Institute's research program, which encompasses a wide range of biomedical and *behavioral disciplines*, provides leadership in the national effort to combat these problems by developing new scientific knowledge that will reduce the enormous health, social, and economic consequences of this disease. Priorities include the continued study of genetics to identify the gene or genes that influence susceptibility to alcohol, neuroscience

research, health services research, development and assessment of new medications to reduce craving and prevent relapse, prevention studies, and clinical trials.

Fetal exposure to alcohol.--Problems related to fetal exposure to alcohol constitute a major public health concern, especially among minority populations. The effects range from terrible anatomical defects and mental retardation known as fetal alcohol syndrome [FAS] to the more subtle *defects in cognition and behavior* of fetal alcohol effects [FAE]. Fetal alcohol syndrome is one of the leading known causes of mental retardation in the Western world. Large differences have been observed in the tendency of different populations with similar histories of alcohol use to transmit FAS/ FAE to their offspring. The causes of these differences are unknown, but are considered both genetic and environmental. NIAAA is focusing its research efforts on the mapping of genes that confer FAS/FAE vulnerability in different populations, the underlying causes of abnormal neuronal development, and the *long-term effects of prenatal exposure on the intellectual and social development* of afflicted children.(pp.110-111)

National Institute on Drug Abuse

Mission.--NIDA is the lead Federal agency and predominant source of Federal and non-Federal funding in support of research on drug abuse, dependence, and addiction. NIDA research aims to increase the knowledge base on the *causes and consequences of drug abuse and addiction, including its biological, social, and behavioral bases, and to develop improved methods for the prevention of drug abuse, for its behavioral and pharmacological treatment, and for the delivery of that treatment in service settings*. Currently, only 4 percent of the Federal budget for drug abuse control is spent on drug abuse research and the development of new treatments and prevention efforts.(p.112)

Nonpharmacological treatment.--*Behavioral therapies*, including a range of psychosocial interventions, are the most frequently administered treatments for drug addiction, and they remain the only available treatment approaches for many drugs of abuse. Yet, *systematic research on psychotherapy and behavior therapy for drug addicts* is in its early stages. Although many forms of therapy exist, most were not developed or tested specifically for drug abusers. Behavioral therapies that have shown promise in small-scale studies need to be further tested and refined and new strategies must be explored.

[...Intervening Text...]

Individuals differ greatly in their susceptibility to drug abuse. Recent research suggests that focusing only on the individual is insufficient given the vital role played by family, peers, teachers, and others in the social environment who encourage and reinforce positive health behaviors. This has opened up new avenues for research on how environments can be better structured and strengthened to *promote positive self-regulated health behavior*. Also, with the availability of modern techniques of molecular biology, investigators can begin to look at genetic influences in drug abuse vulnerability.

Behavioral research.--The Committee commends NIDA for its research initiatives on behavioral determinants of drug abuse. The Committee encourages NIDA to continue to proceed with its clinical trials approach to using psychological interventions in drug

treatment.

The Committee also encourages NIDA to continue responding to the alarming increase in the incidence of AIDS among intravenous drug users, and the Committee strongly urges NIDA to *increase its behavioral research portfolio* to address the association between drug use and behaviors that put these individuals at risk for HIV/AIDS.(p.113)

Substance abuse centers.--It is the Committee's intention that NIDA support up to *five multidisciplinary comprehensive substance abuse training, service, and research centers* to demonstrate the effectiveness of centrally coordinated programs focused on women, children, minorities, and other underserved populations in both urban and rural settings. The Appropriations Committee in both the House and Senate have endorsed and recommended such centers to NIDA in each of the last several years. These centers, which are currently authorized, should be implemented through a national selection process in fiscal year 1994. Such centers should be designed to systematically develop and integrate knowledge derived from a variety of sources, research designs, and methodologies to maximize the effectiveness of substance abuse prevention, assessment, diagnosis, early intervention, and treatment from both outcome and cost perspectives. Centers should provide a stable environment for investigators from biomedical, behavioral, and social sciences to conduct coordinated and integrated basic, clinical, epidemiological, and evaluative research and training related to substance abuse. The centers should also enhance efficiency by providing basic support, coordination, and operating services to multiple projects. The Committee notes that the University of Miami has long advocated such a center approach and encourages NIDA to fully consider a proposal from this group.(pp.113-114)

National Institute of Mental Health

The Committee recommends an appropriation of \$613,444,000 for the National Institute of Mental Health [NIMH].

Mission.--The National Institute of Mental Health is the lead Federal agency for research on mental illness and mental health. NIMH is the foremost provider of support for mental health-related research throughout this country and the NIMH intramural research program is the largest scientific organization in the world dedicated to both mental disorders and neuroscience and behavioral research. The Institute's mission extends from the basic sciences to the ultimate use of research--addressing individual, family, and national needs for effective interventions and treatments. To accomplish its mission, NIMH has taken a strategic approach to conquering mental disorders through its four national research plans, focused on: schizophrenia; the neurosciences (also called the Decade of the Brain plan); child and adolescent mental disorders; and service improvement for people with severe mental disorders. The later plan, Caring for People with Severe Mental Disorders: A National Plan of Research to Improve Services, is guiding NIMH in a new generation of research into services improvement, encompassing studies of treatment effectiveness in real-life settings, as well as the ways service systems

affect the delivery of treatments and their cost effectiveness.(p.114)

Behavioral science task force.--The Committee understands that the NIMH National Advisory Council is in the midst of a major effort to develop a behavioral science research agenda. It has convened a distinguished behavioral science task force of outside experts and they are now conducting a comprehensive assessment of the basic behavioral and psychosocial research. The result should be a national plan for behavioral science research similar to other NIMH reports that have shaped the Institute's programs in schizophrenia, child and adolescent mental disorders, and neuroscience. The Committee applauds this effort and is looking forward to receiving the task force report when it is presented to the NIMH National Advisory Council. Further, the Committee requests NIMH to report back to Congress within 60 days of the final task force report with plans for implementing the recommendations of the task force.(pp.114-115)

Social work research.--The Committee instructs the NIMH to continue its efforts and activities directed toward developing social work research resources, including social work research development centers and targeting training initiatives for social work researchers, giving particular attention to the need to develop a cadre of minority researchers, including native Americans. The Committee expects the recommendations of the task force on social work research to be fully implemented and requests regular reports on the status of the implementation.(p.115)

Child and adolescent mental health.--The Committee notes that the *prevention of emotional disorders* is one of the most exciting fields in mental health services research, and that it holds significant promise for reducing mental health problems for children, youth, and adults. NIMH has supported prevention research over the past 10 years, and the Committee further notes that while the program is a small one, this research has led to major advances in the development of prevention interventions, particularly with respect to mental disorders among children and adolescents, in the area of suicide attempts among adolescents and adults, and in addressing issues of stress and coping among young adults. The Committee directs NIMH to fully support the six currently funded projects and to fund one additional project in this promising, innovative, and scientifically rigorous area of research. The Committee further urges NIMH and the Center for Mental Health Services to collaborate to ensure continued support for the program, and to ensure that the knowledge gained from this research is communicated effectively to prevention service providers.(p.115)

Rural and native American mental health research.--The Committee has set aside funds every year since fiscal year 1990 for rural and native American mental health research. The Committee commends NIMH for responding to the need for increased research on rural mental health issues, and particularly for developing three rural mental health research centers. These centers have achieved national stature and have contributed significantly to advancing rural mental health research. The Committee is concerned, however, that NIMH did not meet the Committee's fiscal year 1993 directive to allocate appropriate funding for rural mental health research and for research on mental health among native populations.

The Committee has provided additional funds for the NIMH to increase its funding

of rural and native American mental health research. The Committee intends that funds for rural mental health research be targeted primarily to existing research centers to promote individual and collaborative research that will be truly regional and national in scope. The Committee continues to place *high priority on research with a focus on family, community, and individual characteristics that promote or impair mental health in rural areas, and also the study of services to improve mental health in rural communities.*(pp.115-116)

Childhood mental disorders.--The Committee supports NIMH's continuing expansion of its research on childhood mental disorders, and particularly encourages the Institute's efforts to gain a firm understanding of the nature and scope of the problem so that better, more effective methods of treatment and service systems can be developed. The Committee is convinced that in order to set priorities for the most effective use of resources in this critical area, it is essential to develop a more thorough knowledge base about the prevalence of mental disorders in children and adolescents. Additionally, more must be learned about children's unique services needs and usage through a research effort aimed at clarifying what is known and unknown about the special service delivery needs of this vulnerable population. NIMH is also urged to magnify its efforts to address the critical shortage of *researchers in the area of child and adolescent mental health*, which has contributed to an overall lag in research-based knowledge relative to what is known about adult disorders.(p.116)

Equitable health insurance coverage.--The Committee has received the report of the National Advisory Mental Health Council, requested last year, regarding health insurance coverage of severely mentally ill individuals. As the NAMHC report clearly shows, there are many extremely promising and effective treatments for mental illness which, in fact, are sometimes more effective than routinely reimbursed therapies commonly used for serious physical illnesses. Without proper sustained treatment, however, many mental disorders can be virtually disabling. Furthermore, the costs associated with providing equitable coverage would be relatively modest, with net savings to the Federal budget. Based upon the evidence presented in the NAMHC's report, the Committee continues to believe that health insurance coverage that is equitable to that provided for major physical illness should be provided to *severely mentally ill individuals*, who are among the most vulnerable, ravaged, and neglected disease victims in our society.(pp.116-117)

Other.--The Committee encourages joint efforts in the pediatric-EMS area. The Committee appreciates the ongoing efforts of NIMH to ensure that the pressing *mental health needs of the native Hawaiian population* are addressed.(p.117)

[Conference]--The conferees remain concerned about suicide, particularly among youths, and are supportive of the suicide centers. The conferees strongly encourage the Institute to continue its commitment to basic and epidemiological research on potential causes and risk factors for suicide, as well as interventions to prevent suicide and suicidal behavior. (p.15)

John E. Fogarty International Center
for Advanced Study in the Health Sciences (FIC)

Mission.--The FIC *facilitates the assembly of scientists in biomedical, behavioral, and related fields*; promotes international scientific cooperation through its research programs; provides research and research training awards for foreign scientists to conduct research in the United States and for U.S. scientists to conduct research in other countries; coordinates NIH international research activities; and serves as a focal point for foreign scientists and visitors at the NIH. This year marks the 25th year since the establishment of the FIC. Its mission is more relevant today than ever, with epidemics and disease threats becoming more global.(p.120)

Office of the Director

Women's health initiative.--The Committee has included \$61,252,000 for the women's health initiative. The women's health initiative is a trans-NIH project designed to study prevention of the leading causes of death and disability among America's women; that is, of cancer, heart disease, and osteoporosis in postmenopausal women. There are three components of this initiative: a large clinical trial assessing the preventive benefits of low-fat dietary patterns, hormonal replacement therapy, and calcium/vitamin D supplementation; a long-term observational study to determine predictors and biomarkers of these diseases; and a community study to investigate strategies to improve lifestyles that prevent disease and to increase screening and identification of early disease. These studies will provide important advice to women and their health care providers regarding prevention of the most common causes of death, disability, and *how to implement adoption of healthful behaviors*.(p.123)

Office of Behavioral and Social Science Research.--The Committee supports the creation of the newly authorized Office of Behavioral and Social Science Research within the Office of the Director, and looks forward to reviewing the Office's report on behavioral research at NIH, required by NIH authorizations to be submitted to Congress by February 1, 1994. The Committee is concerned that NIH has not complied with past congressional directives to increase funding of basic and applied behavioral research and expects the Office to ensure that NIH increases significantly the amount of its overall budget devoted to *basic and applied behavioral research*. The Committee encourages the NIH Director to move quickly to establish the Office.

The Committee is particularly interested in NIH *increasing its commitment to research in health and behavior, personality research, social and developmental psychology across the lifespan, thinking and cognitive science, treatment effectiveness, psychopathology, and the biological bases of behavior*. What distinguishes these areas of research is that they focus primarily on the whole person, many times in the context of the family or social structure. The Committee directs that in fiscal year 1994 sufficient funds be set aside by the NIH Director as startup funds and to fund the development of the required report. This amount is intended to allow extensive consultation with outside

experts both in the development of the definition of behavioral and social science research and in the assessment of the current levels of support for those sciences.(p.126)

Aging research study section.--To realize the full potential of aging research and correct biases against aging research and career development at NIH, the Committee requests that not later than 6 months after the date of enactment of this act, the Secretary of Health and Human Services shall establish an NIH extramural study section for biomedical aging research for the purpose of reviewing applications for research project grants and other funding mechanisms. This study section shall be comprised primarily of scientists with significant experience and expertise in biomedical aging research. The Committee also expects that scientists with experience and *expertise in social and behavioral research* will be included in the study section.(p.127)

Health and behavior research.--The Committee is disappointed that NIH has not delivered the implementation plan, promised in April 1992, detailing ways in which the institutes, centers, and divisions plan to increase their portfolios of research on the connections between health and behavior. For the past 8 years, this Committee has repeatedly urged NIH to increase its commitment to this area of research. Because a range of health behaviors, from adhering to diet and exercise regimens to seeking prenatal care, must be considered in order to design effective programs for prevention, treatment, and rehabilitation, a solid program of both basic and applied research is required at NIH. The Committee understands the implementation plan is completed and is disappointed that it was not delivered to Congress in time for the Committee to evaluate it within the context of this bill.

NIH is directed to *clarify the scope of its commitment to research on health and behavior*, using a standard definition developed by the NIH Health and Behavior Coordinating Committee in consultation with behavioral and social science organizations. The newly authorized NIH Office of Behavioral and Social Sciences Research should produce guidelines for the ICD's at NIH to assist them in adhering to the definition. The Committee encourages NIH to expand research on adolescents, including basic research on peer influences and decisionmaking practices, and applied research on prevention of risk that could result in unintentional injury, violence, unintended pregnancy, and sexually transmitted diseases.(pp.127-128)

Native Americans.--The Committee is aware of the pressing health care problems within the native American population and is concerned about NIH's efforts to address those problems. The Committee is also supportive of efforts to increase the number of native Americans seeking *careers in the behavioral and biomedical fields*. The Committee requests the NIH to report on its activities on behalf of native Americans prior to next year's hearings.

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Committee recommends \$2,119,205,000 for substance abuse and mental health services activities for fiscal year 1994.... SAMHSA is responsible for supporting mental

health, alcoholism, and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States. The Agency consists of three principal centers: the Center for Mental Health Services; the Center for Substance Abuse Treatment; and the Center for Substance Abuse Prevention. In addition, the Office of the Administrator is responsible for overall management of the Agency.

[Conference]--\$2,125,178,000(p.56)

Center for Mental Health Services
(CMHS)

The Committee recommends \$396,477,000 for the CMHS... (which) administers the mental health block grant, homeless programs, clinical training and AIDS training, and the Children's Mental Health Services Program.(p.130)

[Conference]--\$417,102,000(p.55)

Mental health block grant:

The Committee recommends \$277,919,000 for the mental health block grant... (which) provides funds to States to support mental health prevention, treatment, and rehabilitation services.(pp.130-131)

Children's mental health:

The Committee recommends \$15,000,000 for the children's mental health program (which) will be used to help States develop and operate *comprehensive, community-based mental health services for children with serious emotional, behavioral, or mental disorders* so that children and their families can find the range of services they need close to home.(p.131)

[Conference]--\$35,000,000(p.55)

Clinical training:

The Committee recommends \$2,956,000 for *mental health clinical training* ...program (which) supports the recruitment, training, and placement of mental health professionals. Grants are made to public or nonprofit private institutions to train personnel to deliver services to underserved populations.(p.131)

[Conference]--\$2,500,000(p.55)

AIDS training:

The Committee recommends \$2,987,000 for AIDS training (which) ... provides training for mental health providers to address the *neuropsychiatric and psychosocial aspects* of HIV spectrum infection. Grantees link with the AIDS education and training centers, which emphasize training in HIV-related health care issues.(0.131)

[Conference]--\$2,943,000(p.55)

Community support demonstrations:

The Committee recommends \$24,402,000 for the Community Support Program (CSP)... The CSP and the related Child and Adolescent Service System Program [CASSP] demonstrations seek to determine *appropriate community-based alternatives for chronically mentally ill patients*; increase the effectiveness of services and statewide service systems of care; and promote service system improvements for children and youth with serious emotional, behavioral, or mental disorders. The Committee recognizes the importance of projects that provide both services to and research on the mental health needs of homeless youth, and urges CMHS to continue to give a priority to such projects.(p.131)

Grants to States for the homeless (PATH):

The Committee recommends \$29,462,000 for PATH grants ... PATH formula grants to States provide assistance to individuals who suffer from *severe mental illness* alone or in association with substance abuse disorders and who are, or are at imminent risk of becoming, homeless. Grants are provided for activities such as outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.(pp.131-132)

Homeless services demonstrations:

The Committee recommends \$21,419,000 for homeless service demonstrations These grants support the provision of *comprehensive community mental health services coordinated with required housing services* and study the effectiveness of one or more of these services components. Also supported is a collaborative effort with the Center for Substance Abuse Treatment (CSAT) to demonstrate effective local interventions for serving homeless persons to assess and treat substance abuse and co-occurring mental illnesses.(p.132)

Protection and advocacy:

The Committee has provided \$22,332,000 for protection and advocacy for the mentally ill.... This program helps ensure that the rights of mentally ill individuals are protected while they are inpatients in treatment facilities and for 90 days following their discharge. Funds are allocated to States according to a formula based on population and relative per capita income.(p.132)

[Conference]--\$21,957,000(p.55)

AIDS demonstrations:

Due to budget limitations, the Committee has not provided funding to initiate a new *AIDS mental health demonstration program*.

[Conference]--\$1,500,000(p.55)

Center for Substance Abuse Treatment

Treatment improvement grants:

The Committee has provided \$168,496,000 for demonstration programs to *improve the quality of substance abuse treatment*.... These funds support treatment services for: critical populations, including women and their children, racial and ethnic minorities, adolescents, rural populations, and residents of public housing; populations involved with the criminal justice system; and pregnant substance abusing women.(p.135)

[...Intervening Text...]

The Committee has provided \$5,429,000 for training. The training program permits CSAT to make awards to *increase the number of substance abuse professionals* and the number of health professionals providing treatment services. In order to increase the number of substance abuse professionals and to improve the ability of health practitioners to meet the needs of addicts in rural areas, the Committee directs SAMHSA to provide funds for a *graduate level substance abuse counseling program in Iowa*.(p.136)

Prevention programs:

The Committee recommends \$126,218,000 for CSAP prevention programs... These competitive demonstration projects are targeted to high-risk youth and ongoing projects serving pregnant and postpartum addicts and their infants.

The Committee has provided \$500,000 to continue a national education and prevention strategy to address the high incidence of alcoholism and substance abuse in native American communities...

[Conference]--\$124,218,000(p.56)

High risk youth:

The Committee's recommendation includes \$65,295,000 for high risk youth programs.... Of the \$9,000,000 increase provided, \$5,000,000 is for a substance abuse and youth violence special initiative. This initiative will attempt to *identify and target substance abuse prevention services at youth with established patterns of violent or antisocial behavior*. Programs will be funded in urban and rural areas experiencing high rates of violence. The Committee is also aware that many of the approaches in the high risk youth program are targeted at male behavior patterns leaving a critical need to address the needs of adolescent women. Therefore, the Committee recommendation includes \$4,000,000 to initiate a new program with *particular emphasis on those women whose use of substances is often accompanied by special factors that underlie or contribute to women's addictive problems*, such as physical or sexual abuse, including neglect, battering, rape, and child abuse.(pp.137-138)

[Conference]--High risk youth - \$63,295,000(p.56)

Training:

The Committee recommends \$14,512,000 for substance abuse training activities, the same level of funding as the fiscal year 1993 level, the administration request, and the House recommendation. The CSAP national training system provides continuing education in alcohol and other drug abuse education courses for health professionals, *social workers*, and community organization staff. This program focuses on the development and implementation of curriculum and effective models of training for health professions institutions.(p.138)

Health Care Financing Administration Program Management

Research, demonstrations, and evaluation:

The Committee is concerned that, despite enactment of the Patient Self-Determination Act [PSDA] in 1990, considerable confusion still exists among patients and providers regarding *patients' rights to consent to or refuse medical treatment*. Recent reports conclude that, despite the enactment of the PSDA, few Americans have executed advance directives. While there has been no definitive study of the fraction of end-of-life health care dollars spent on treatments which have been declined either verbally or by advance directive, or which were unwanted, it is estimated that these costs are significant. To begin to address this problem, the Committee has provided \$1,000,000 to support demonstration projects in at least four States, to implement education and *counseling* programs for patients and providers to improve their understanding of patients' rights under existing law to decline medical treatment and/or to formulate advance directives.(p.151)

Administration for Children and Families (ACF)
Refugee and Entrant Assistance

The Committee is aware that many refugees, such as Soviet Pentecostals, are evidencing *latent mental health needs* which are affecting their employability. The Committee expects the Office of Refugee Resettlement to grant wide latitude in the definition of employment services in order to achieve the employment objectives of the program. [...Intervening Text...]

The Committee notes with interest efforts by model rehabilitation programs to provide medical and *psychological treatment for persons who have been victims of torture* by foreign government security forces and others, and who are now residing in the United States. The Center for Victims of Torture in Minneapolis is an example of such a model program. The Committee urges the Department of Health and Human Services to support such efforts to provide treatment to torture victims.(p.162)

ACF Service Programs

Head Start:

Head Start provides comprehensive development services for low-income children and their families, emphasizing cognitive and language development, socioemotional development, physical and *mental health*, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities.

[...Intervening Text...]

The Committee is concerned with the poor nutrition habits of this Nation's school children. Preventive measures in these early years can prevent a life-time of poor health and improve the prospects for learning. If a comprehensive health education program is begun in the early childhood and continued through the formative years, the health of the next generation, and succeeding generations will be greatly improved. The Committee, therefore, directs the Department to increase funding to support health education training programs for teachers and other day-care workers to enhance teacher skills and develop a health education curriculum at the preschool level. Expanding training to day-care workers will support health and education instruction for preschool children who now receive little or no training in health and personal hygiene. By emphasizing the consequences of alcohol and drug use, seatbelt safety, and health and fitness, this initiative would *instill in these young minds good behavior patterns*, which will have social as well as cost-saving benefits for the future.(pp.165-166)

Social services research:

The Committee recommends \$13,828,000 for social services research... This program supports ... cross-cutting research, demonstration, evaluation, and dissemination activities, with the goal of reducing dependency and increasing self-sufficiency among the

most vulnerable populations...(p.170)

TITLE III - DEPARTMENT OF EDUCATION State Agency Programs

High School Equivalency Program:

This program provides 5-year *grants to institutions of higher education* and other nonprofit organizations to recruit migrant students aged 16 and over and provide the academic and support services needed to help them obtain a high school equivalency certificate and subsequently gain employment, win admission to a postsecondary institution or a job-training program, or join the military. Projects provide *counseling*, health services, stipends, and placement assistance. HEP will serve about 3,500 migrants in 1994.(p.187)

College Assistance Migrant Program:

This program provides 5-year *grants to institutions of higher education* and nonprofit organizations for projects that provide tutoring, *counseling*, and financial assistance to migrant students during their first year of postsecondary education. Projects also may use up to 10 percent of their grants for followup services after students have completed their first year of college, including assistance in obtaining student financial aid. CAMP will serve about 400 students in 1994.(p.187)

Drug-free schools and communities:

School personnel training.--The Committee provides \$13,614,000 for school personnel training grants ... (which) are used to train teachers and other school personnel in drug and alcohol abuse education and prevention. The Department holds two separate competitions: one for projects that train all categories of school personnel and one for projects that focus solely on *training counselors, social workers, psychologists, and nurses*.(p.192)

Training in early childhood education and violence counseling:

The Committee provides \$14,960,000 for training in early childhood education and violence counseling.... This program, first authorized by the Higher Education Amendments of 1992, provides *grants to institutions of higher education to recruit and train individuals for careers in early childhood development and in counseling young children affected by violence and the adults who work with them*.(p.197)

[Conference]--\$14,000,000(p.75)

Special Education

Serious emotional disturbance:

This program supports projects to *improve special education and related services for children and youth with serious emotional disturbances*. These children remain significantly unserved or underserved by special education. Funds may also be used to develop and demonstrate innovative approaches to assist and to prevent children with emotional and behavioral problems from developing serious emotional disturbances that require special education. Project awards range from 3 to 5 years in duration.(pp.200-201)

Rehabilitation Services and Disability Research

Helen Keller National Center:

The Helen Keller National Center consists of a national headquarter in Sands Point, NY, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices which provide referral and counseling assistance to deaf-blind persons; and an affiliated agency network system of 28 agencies. In 1994, the center hopes to provide direct services to approximately 70 individuals at headquarters and counseling and referral services to 1,700 persons through its regional representatives. Additional clients will be served through agencies affiliated with the center.(p.206)

Vocational and Adult Education

National programs, demonstrations.--The Committee has included \$2,000,000 for demonstration projects to educate and rehabilitate the incarcerated. Studies have shown that education can *prepare an inmate psychologically for return to society* and can result in lower rates of recidivism. The Committee urges the Department to take into account the views of practitioners in the field of corrections education when it develops plans for these projects. The Committee also urges the Department to ensure that the Office of Corrections Education has sufficient administrative resources to conduct these projects and to carry out the Office's other activities.(p.213)

Workplace literacy partnerships.--The Committee provides \$18,906,000 for workplace literacy partnerships grants... (to) support *competitive demonstration grants* for exemplary education partnerships that provide literacy training to meet workplace needs. These demonstration projects are designed and operated by partnerships between a business, industry, labor organization, or private industry council, and a State education agency, local education agency, *institution of higher education*, school, employment and training agency, or community-based organization. Programs are designed to improve the productivity of the work force through improvement of workers' literacy skills. Services

may include: providing adult secondary education, adult literacy and basic skills training, and literacy training for limited English-proficient adults; updating basic skills to reflect the changing needs of the workplace; improving the competency of adult workers in speaking, listening, reading, and problem solving; and providing educational counseling, transportation, and child-care services. Federal funds may support up to 70 percent of the cost of each program.(p.215)

Higher Education

Harris graduate fellowships:

This program provides competitive grants to postsecondary institutions to assist minority individuals and women who are underrepresented in master's, professional, and doctoral education programs. Funds for this program must be equally divided between doctoral and master's/professional students. In 1994, institutions will award fellowships averaging \$20,000 to about 1000 students.

The Committee understands that the *Department recently decided that fellowships would not be used to support graduate study in the field of psychology*. The Committee has been informed that there continues to be a shortage of minority psychologists and requests the Department to review and *provide a report to the Committee* regarding the data upon which this decision was based.(p.230)

DEPARTMENT OF DEFENSE APPROPRIATIONS BILL, 1994

[S.Rpt. 103-153; Conf.H.Rpt. 103-339; Pub.L. 103-139]

DEFENSE HEALTH PROGRAM Committee Adjustments

Health care reform, managed care initiatives, and equity:

Since passage of the Fiscal Year 1993 Defense Appropriations Act, the Committee has become increasingly concerned about several important weaknesses in the current military health care delivery system. These weaknesses include: a marked disparity of health care benefits for military members' dependents and retirees, a disparity driven more by geographic location than economic realities or medical diagnoses; significant barriers to accessing military treatment facilities, forcing eligible beneficiaries to use more expensive methods for achieving medical help; a lack of integration between the military direct care system and that of the private sector; a corresponding lack of incentives in both health care systems which would encourage users and suppliers to make more rational economic choices; and an administrative process so complex that it has witnessed personnel growth in medical management functions at rates six times greater than that for actual doctors and nurses.

At the heart of the Committee's concern about the Department's health services system is the disparate provision of health care benefits to members, retirees, and their families across the Nation. As it stands today, military members with the same rank, in the same occupation, and with the same family profile, yet who are stationed at two different bases (through no choice of their own) can expect to pay radically different sums for health care during the year. This is patently unfair.

The Committee believes that the time has come to remedy this situation. Therefore, *a general provision is recommended requiring the Department to implement within 3 years a nationwide managed health care program.* At a minimum, this nationwide program should include the following attributes: a single, stabilized benefit structure for all military beneficiaries covered under the CHAMPUS medical insurance program characterized by a triple option feature similar to that now available to certain beneficiaries; a regionally based health care management system similar to the lead agent concept under development by the Department of Defense; cost minimization incentives such as gatekeeping and enrollment procedures, capitation budgeting, and at-risk provider contracts; a reduction in provider numbers; a reasonable implementation schedule; and full and open competition for all contracts to provide health care services to all military health system beneficiaries.

The Committee understands that this new program will amount to a radical restructuring of the current military health care system. Certainly, the Committee intends to work with the Department to establish an appropriate implementation schedule for this program and address such congressional concerns as: the provision of health care for eligible beneficiaries at bases to be closed; over-the-counter prescriptions; dental benefits; *mental health care benefits*; and the role of the uniformed service treatment facilities in this new structure. The Committee fully expects the implementation schedule and the issues listed above to be addressed in the conference report accompanying the 1994 Defense Appropriations Act.(pp.370-371)

[Conference]--Notwithstanding any other provision of law, to establish region-wide, at-risk, fixed price managed care contracts possessing features similar to those of the CHAMPUS Reform Initiative, the Secretary of Defense shall submit to the Congress a plan to implement a nation-wide managed health care program for the military health services system not later than December 31, 1993: Provided, That the program shall include, but not be limited to: (1) a uniform, stabilized benefit structure characterized by a triple option health benefit feature; (2) a regionally-based health care management system; (3) cost minimization incentives including "gatekeeping" and annual enrollment procedures, capitation budgeting, and at-risk managed care support contracts: and (4) full and open competition for all managed care support contracts; Provided further, That the implementation of the nation-wide managed care military health services system shall be completed by September 30, 1996: Provided further, That the Department shall competitively award contracts in fiscal year 1994 for at least four new region-wide, at-risk, fixed price managed care support contracts consistent with the nationwide plan, that one such contract shall include the State of Florida (which may include Department of

Veterans Affairs' medical facilities with the concurrence of the Secretary of Veterans Affairs), one such contract shall include the States of Washington and Oregon, and one such contract shall include the State of Texas: Provided further, That any law or regulation of a State or local government relating to health insurance, prepaid health plans, or other health care delivery, administration, and financing methods shall be preempted and shall not apply to any region-wide, at-risk, fixed price managed care contract entered into pursuant to chapter 55 of title 10, United States Code: Provided further, That the Department shall competitively award within 13 months after the date of enactment of this Act two contracts for stand-alone, at-risk managed *mental health services* in high utilization, high-cost areas, consistent with the management and service delivery features in operation in Department of Defense managed mental health care contracts: Provided further, That the Assistant Secretary of Defense for Health Affairs shall, during the current fiscal year, initiate through competitive procedures a managed health care program for eligible beneficiaries in the area of Homestead Air Force Base with benefits and services substantially identical to those established to serve beneficiary populations in areas where military medical facilities have been terminated, to include retail pharmacy networks available to Medicare-eligible beneficiaries, and shall present a plan to implement this program to the House and Senate Committees on Appropriations not later than January 15, 1994.(pp.15-16)

[Conference]--The conferees direct the Department to establish a nation-wide military health care system featuring a uniform, stabilized benefit structure for all military members, retirees, and their families. The conferees understand that this direction entails a radical restructuring of the current military health care system. As such, they intend to work closely with the Department to establish an appropriate implementation schedule for this new program. In particular, the conferees believe it essential that details regarding the provision of health care for eligible beneficiaries at bases to be closed, over-the-counter prescription drug programs, dental benefits, *mental health care benefits*, and the role of the uniformed service treatment facilities be included in the plan to be provided to Congress.

The conferees are concerned that, as the Department transitions from health care demonstrations to the new nationwide program, some beneficiaries already participating in ongoing managed care programs within regions could have their care disrupted. The conferees encourage the Department to continue to closely monitor this concern, and to phase implementation of managed health care whenever possible, so that beneficiaries will continue to receive access to uninterrupted quality health care when necessary.(p.162)

Nursing research:

The Committee is pleased with the advances military nursing has made in the area of research and would like to see further nursing research studies, particularly in the areas of *child and spousal abuse, wellness, and preventive medicine*. The Committee is providing \$3,000,000 for nursing research in the belief that long-term results or such

research efforts will benefit the military and its beneficiaries for years to come.(p.372)

Uniformed Services University of the Health Sciences (USUHS):

The Committee strongly supports the dynamic training programs of health education and research now ongoing or planned at USUHS.... The university serves as a valuable asset in implementing health care reform so urgently needed by this Nation.

Based on available data and after payback of obligated services, the retention rate of USUHS graduates in the Armed Forces is estimated at 97 percent. This exceptionally high retention rate has a particularly stabilizing effect on both our military and public health care systems, which are constantly called upon to deliver care to those placed in harm's way and their families, as well as to the most needy citizens of our Nation. Retention rates of all other personnel, even those who graduate from other Defense Department-run schools such as the Naval Academy or the National War College, do not come close to this level.

During Desert Storm, the unique value of USUHS trained graduates became evident. These medical officers were able to immediately deploy directly from peacetime assignments to combat medical support operations. The special skills exhibited by USUHS graduates during Desert Storm are a testament to the true effectiveness and value of the university.

[...Intervening Text...]

... Also, the Committee is supportive of *field-based health psychology initiatives* ... at this university.(pp.372-373)

Social work:

The Committee recognizes the efforts the services have made to establish separate departments of social work at major medical centers. Further, the Committee cautions against taking any actions during this period of downsizing and realignment that would jeopardize or diminish the autonomy of social work departments and the services they provide.(p.373)

Child abuse/family support programs:

The Committee commends the Department of Defense for its continuing commitment to family support programs, especially its recent expansion of child care services. The Committee agrees that additional resources should be directed to the areas of youth development and child and spousal abuse, with abuse services focusing on prevention, early identification and referral, and coordination with substance abuse services.(p.374)

Professional psychology training:

Committee has been pleased with the Department's efforts during the past year to significantly enhance the utilization and training of military psychologists. The Committee has been particularly pleased with the significant progress that has been made in *modifying the psychology prescription training program*, based upon DOD's ongoing experiences and the recommendations of the American College of Neuropsychopharmacology. The Committee understands that the outside reviewers have been similarly impressed. The Committee also is quite satisfied with the progress being made in *instituting the clinical psychology doctoral program at USUHS*. Now that students have been enrolled, DOD should provide sufficient faculty resources to ensure eventual accreditation. It is important, however, that during the coming year the recruitment/assignment of students to both of these programs be tightened up. Health Affairs is directed to ensure that a systematic assignment process is developed whereby each service provides, at a minimum, two trainee slots for each initiative in a timely process, but not later than February 28, 1994.(p.374)

[Conference]--Psychology Prescription Privileges - The conferees agree to delete a general provision detailing certain restrictions regarding this program, as proposed by the Senate. The conferees expect the Department to continue to provide regular and timely reports to the Congress on the status of the psychology prescription privilege training project.(p.154)

General provisions. Sec. 8096. *Psychologists prescribing drugs*.--Restores provision allowing psychologists to prescribe drugs pursuant to agreed upon restrictions.(p.388)

[Pub.L. 102-396, Oct. 6, 1992]--General provision which was deleted:

Sec. 9072. None of the funds available to the Department of Defense shall be used for the training or utilization of psychologists in the prescription of drugs, except pursuant to the findings and recommendations of the Army Surgeon General's Blue Ribbon Panel as specified in its February and August 1990 meeting minutes.(106 Stat.1918)

Alternative health care delivery strategies:

Last year, the Committee endorsed the utilization of home health care and case management services under the CHAMPUS program. The results from the demonstration phase of this program have shown it to be a cost-effective alternative to hospitalization. Today, the movement to managed care has and will continue to foster innovative health care delivery methodologies aimed at cost-effective, accessible, quality alternatives. The Committee supports the prudent application of such alternative services to the military health service system and encourages the Department to continue to aggressively pursue implementation of such methodologies, not only to conserve limited resources but also to improve access and quality of beneficiary services. The Committee supports expanding the use of home health care within the direct care system, and also believes that the

Department should consider adopting other alternatives to prolonged hospitalization in direct care facilities. Emerging alternatives include subacute care and those treatments commonly employed within *progressive mental health programs, including partial hospitalization.*(p.374)

Women's health issues:

The Committee notes the increasing attention being given by the Department to identifying and addressing the primary and preventive health care needs of women. Of particular importance are the enhancements to care which have been provided in the areas of cervical and breast cancer screening and in the provision of epidural anesthesia for uncomplicated labor and delivery.

The Committee supports these initiatives and encourages the Department to expand its efforts to improve women's health. In addition, the Committee encourages efforts by the Department in the prevention of women's illnesses, particularly related to those areas which have been identified in the "Health People 2000: National Health Promotion and Disease Prevention Objectives."

The Committee directs the Department to provide a report evaluating the provision of preventive and primary health care services through military medical treatment facilities and the Civilian Health and Medical Program of the uniformed services to female members of the uniformed services and female covered beneficiaries eligible for health care under chapter 55 of title 10, United States Code. This report shall include a description of the demographics of the population, the leading categories of morbidity and mortality, a description of the numbers and types of health care providers employed in providing health care, and descriptions of programs the Department has in place or plans to implement to assess the health needs of women.(p.375)

Conference Recommendations

Fort Bragg Mental Health Demonstration Project:

The conferees support the House position and recognize that to ensure continuation of the current services the demonstration authority must be extended to allow for the delivery of and payment for services currently not part of the CHAMPUS benefit. [Conference, p.154]

Madigan Medical Center:

Restores House language for the continuation of the cooperative program model recently established at Madigan Medical Center for severely behavior disordered students ... [Conference, pp.154-155]

Mental health care:

The conferees are pleased with the delivery of mental health benefits through the competitively procured, at-risk managed care project to over 250,000 CHAMPUS beneficiaries in the Tidewater area of Virginia. The General Accounting Office documented that the cost savings from this project alone were \$148,000,000. Because of the Department's severe funding constraints, the conferees would like to see similar savings achieved in other high mental health cost areas as soon as possible, along with the concurrent high beneficiary satisfaction, and therefore include a provision to competitively expand the Tidewater concept as a step toward cost-effectiveness and nationwide beneficiary equity.[Conference, p.162]

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS APPROPRIATIONS ACT, 1994

[S.Rpt. 103-142; Conf.H.Rpt. 103-142; Pub.L 103-87]

TITLE I - MULTILATERAL ECONOMIC ASSISTANCE

DEPARTMENT OF STATE

United Nations Voluntary Fund for Victims of Torture:

The Committee notes that the use of torture is widespread and that tens of thousands of torture victims need psychological and other assistance. The Committee intends that funding for the U.N. Voluntary Fund for Victims of Torture shall be not less than the fiscal 1993 level of \$500,000.(p.58)

TITLE II - BILATERAL ECONOMIC ASSISTANCE

AGENCY FOR INTERNATIONAL DEVELOPMENT (AID)

Health Activities

Aging:

There is continued concern that AID is not devoting sufficient attention to the problems of aging in developing countries. The Committee is aware that the National Institute of Aging of the Department of Health and Human Services is interested in collaborating with AID on *cross-cultural research projects to study the behavioral, biomedical, and socioeconomic aspects of age-related problems*, with the goal of developing improved interventions and health policy options for older people in developing countries. Several U.S. universities offer unique educational leadership expertise in Pacific basin and Southeast Asia health issues. The Committee encourages AID to consider providing additional funds for this effort in fiscal 1994. AID should consult with the National Institute of Medicine on potential funding and legislative recommendations.(p.67)

Mental health:

The Committee continues to believe that an increased pool of mental health professionals in the developing world would be of assistance to development. However, the resources for education of mental health professionals are limited. The Committee believes that universities in the United States could provide AID with expert assistance in *increasing the number of mental health professionals in the developing world.*(p.67)

Other Development Assistance Issues

South Africa:

The Committee is concerned about the epidemic level of violence in South Africa, and is aware that the Family Institute has initiated a violence intervention program to assist groups that are particularly affected by the violence and have been marginalized or excluded. The Institute provides counseling to victims of violence, and *supports interventions that seek to prevent violence through mediation.* The Committee encourages AID to consider supporting this effort.(p.80)

DEPARTMENT OF STATE Migration and Refugee Assistance

Protection of refugee women:

The Committee urges the Bureau for Refugee Affairs to actively promote steps to address the special needs of refugee women, including that the UNHCR and other refugee relief organizations increase the number of female protection officers, fully involve women refugees in planning and implementing the delivery of services and assistance, and expand programs in maternal and child health, family planning, literacy, *counseling*, and other assistance for victims of trauma and abuse. Efforts should be made to collect accurate data on age and gender of refugee populations so appropriate programs can be designed.(p.112)

Unaccompanied minors:

More than 3,000 unaccompanied refugee children under age 16 remain in detention in camps throughout Southeast Asia. The Committee is greatly concerned about the continuing delays in the processing of unaccompanied refugee minors and the lack of adequate protection, supervision, education, *counseling*, or legal assistance. These conditions are taking a *long-term physical and emotional toll on this vulnerable group*, making their ultimate transition to the United States or other countries more difficult and expensive. There are increasing reports from volunteer placement agencies in the United States of arriving children troubled by abuse received in camps. The Committee believes these children need to receive higher priority in terms of screening resources, expeditious

processing, and resettlement funding. The Committee is concerned by reports that social services to these children will be cut in coming months.(p.113)

**DEPARTMENTS OF COMMERCE, JUSTICE, AND STATE, THE JUDICIARY,
AND RELATED AGENCIES APPROPRIATIONS ACT, 1994**

[S.Rpt. 103-105; Conf.H.Rpt. 103-293; Pub.L. 103-121]

TITLE I - DEPARTMENT OF JUSTICE AND RELATED AGENCIES

DEPARTMENT OF JUSTICE

State and Local Law Enforcement Assistance

Discretionary grants:

Chapter B: Correctional option grants.--The Committee recommendation provides a total of \$9,000,000 for discretionary grants to provide for correctional options (including the cost of construction) that provide alternatives to traditional modes of incarceration and offender release programs, to be allocated as follows:

--\$6,000,000 for grants to public agencies (sec. 515 (a)(1)). Within the amount provided, the Committee expects \$2,000,000 to be used to continue operation of Los Angeles County's pioneering juvenile boot camps. This cost effective and successful alternative for 4,500 young offenders utilizes *innovative residential treatment programs that combine military- style discipline, education, counseling, and other services and has served as a model for the Nation*. The Committee notes that one-half of the offenders committed to these camps do not commit other offenses and nearly 80 percent of those committed to the county's unique drug treatment boot camp remain arrest-free after their release. The Committee also expects \$400,000 be used for planning and design work for a multijurisdictional detention center in San Miguel County, NM. At the current time, local prisoners must be transported out of the county at considerable cost, which limits the funds available for rehabilitation and other purposes. Housing detainees and prisoners close to the home environment should assist in maintaining family and community relationships, which are essential for rehabilitation. The county has been working with the National Institute of Corrections in developing this concept. The grant is for planning and design purposes only; the county intends to fund the capital costs associated with this project.(pp.16-17)

[Conference]--Correctional options grants - \$12,000,000(p.13)

Grants to public agencies for alternative correctional options - \$9,600,000(p.16)

U.S. Marshals Service

Fees and expenses of witnesses:

The Committee recommends an appropriation of \$103,022,000...

This appropriation provides for fees and expenses of witnesses who appear on behalf of the Government in cases in which the United States is a party, including fact and expert witnesses, *mental competency examinations*, and witness protection. The Committee has included language, similar to that included in previous appropriations acts, which allows up to \$4,750,000 for protected witness safesites, and up to \$1,000,000 for the purchase and maintenance of armored vehicles for prisoner transportation. The recommendation provides new language making up to \$4,000,000 available until expended for the purchase, installation and maintenance of a secure automated information system.(pp.24-25)

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES,
APPROPRIATIONS ACT, 1994

[S.Rept. 103-113; Conf.H.Rpt. 103-299; Pub.L. 103-138]

TITLE II - RELATED AGENCIES

DEPARTMENT OF HEALTH AND HUMAN SERVICES:
HEALTH RESOURCES AND SERVICES ADMINISTRATION
Indian Health Services

Mental health.--The Committee recommends an increase of \$6,908,000, which includes \$5,308,000 for the transfer of the social services program from the hospitals and clinics activity, and an increase of \$1,600,000 for programs to address the problem of child sexual abuse. Before expending these funds, however, IHS should work cooperatively with the Bureau of Indian Affairs in the development of a comprehensive program that takes into account the needs of both agencies, so that the affected population may be served most effectively. The Committee expects the two agencies to coordinate in the development of the fiscal year 1995 budget for these programs.

Within the total amount, the Committee continues the funding levels provided in fiscal year 1993 for the Navajo (\$300,000), Hopi (\$200,000), Washoe (\$150,000), and Bay Mills (\$100,000) child sexual abuse programs.

The Committee encourages the IHS to explore the possibility of tribal contracting for the provision of health services for indigent Indians involuntarily committed for treatment in North Dakota and South Dakota.

Alcohol and substance abuse.--The Committee recommends an increase of \$1,000,000 to address unmet need and \$300,000 to staff the Gila River Regional Youth Treatment Center at the 85-percent level. Within the total recommended for the alcohol and

substance abuse program is \$1,000,000 to continue the current level of service at the Gallup Alcohol crisis Center.(p.110)

[Conference]--Increase of \$135,000 to fund the Gila River regional youth treatment center at 75 percent of need.(p.56)

TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT
APPROPRIATION BILL, 1994
[S.Rpt. 103-106; Conf.H.Rpt. 103-256; Pub.L. 103-123]

TITLE III - EXECUTIVE OFFICE OF THE PRESIDENT AND
FUNDS APPROPRIATED TO THE PRESIDENT

Funds Appropriated to the President

Special forfeiture fund:

Of the \$75,000,000 made available to the special forfeiture fund in fiscal year 1994, the Committee has provided the following sums for the following purposes:

[...Intervening Text...]

\$10,000,000 for the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration (SAMHSA) for capacity expansion treatment; ... (p.60)

[Conference]--\$25,000,000 shall be transferred to the SAMHSA, \$10,000,000 to the Center for Substance Abuse Prevention (CSAP) for community-partnership grants, and \$5,000,000 to CSAP for residential women/children program, and \$10,000,000 for the Substance Abuse Prevention and Treatment Block Grant to the States...(p.4)

TITLE IV - INDEPENDENT AGENCIES
OFFICE OF PERSONNEL MANAGEMENT

Health promotion and disease prevention:

The Committee instructs the Director of OPM to expend not to exceed \$1,000,000 in fiscal year 1994 to continue and expand efforts to ensure that Federal employees and their families have ready access to health promotion and disease prevention activities. The Committee continues to be aware that the U.S. prevention services task force has reported that *substituting behavioral interventions in ways to maintain good health would be more likely to reduce morbidity and mortality in this country than any other category of clinical intervention*. The Committee expects OPM to continue to collaborate with the health promotion and disease prevention centers currently being supported by the Centers for Disease Control of HHS and further, to ensure that efforts are also made to develop

innovative ways to utilize video communication technology. The Committee further expects OPM to continue to utilize the unique expertise that has been demonstrated by the University of Arizona and the University of Hawaii under this project. The Committee expects the development of culturally sensitive model programs targeted toward minority groups, that is, native Hawaiians, native Americans, Filipinos, et cetera. The Committee further directs OPM to provide a report to the Congress on its health promotion and disease prevention activities no later than December 31, 1993.(pp.83-84)

[Conference]--The conferees expect OPM to continue to collaborate with the Centers for Disease Control and Prevention of HHS to secure health promotion and disease prevention and disease prevention expertise from academic institutions and further, to ensure that efforts are also made to develop innovative ways to utilize video communications technology. The conferees further direct OPM to utilize the unique expertise that has been demonstrated by the University of Arizona and the University of Hawaii under this program.(pp.38-39)

DEPARTMENTS OF VETERANS AFFAIRS AND
HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES
APPROPRIATIONS ACT, 1994

[S.Rpt. 103-137; Conf.H.Rpt. 103-143; Pub.L. 103-112]

TITLE I - DEPARTMENT OF VETERANS AFFAIRS

VETERANS HEALTH ADMINISTRATION
Committee Recommendations

The Committee has made the following changes to the budget request:

[...Intervening Text...]

+\$3,000,000 for marriage and family counseling of veterans of the Persian Gulf war.

[...Intervening Text...]

+\$1,000,000 for readjustment counseling veterans centers.(p.19)

[Conference]--\$2,000,000 - marriage/family counseling(p.11)

TITLE III - INDEPENDENT AGENCIES

ENVIRONMENTAL PROTECTION AGENCY

Research and development:

FCCSET.--The Office of Science and Technology Policy's (OSTP) Federal Coordinating Counsel on Science, Engineering, and Technology (FCCSET) was

established to provide basic and/or applied research, data gathering, modeling activities, as well as economic research, with both short and long-term scientific and public policy benefits for several Presidential initiatives. This research supports six FCCSET Committees: Advanced Manufacturing, Advanced Materials and Processing, Biotechnology, Global Change Research Program, High Performance Computing and Communications, and Math and Science Education. EPA's major activities with FCCSET research result in: One, environmental considerations are factored into all phases of selection, processing, use, and disposal of advanced materials; two, accelerating the transfer of biotechnology research discoveries to environmentally safe commercial applications; three, better understanding of the global earth system in relation to greenhouse gases, radiation, ozone, and its impact on ecosystems; four, using emerging computer technology to perform multipollutant and multimedia pollutant assessments; five, incorporating environmental considerations in developing, evaluating, and commercializing advanced manufacturing processes; and six, providing access to opportunities, financial assistance, and facilities that *stimulate student interest in math and environmental sciences*.(pp.103-104)

Abatement, control, and compliance:

FCCSET.--The Office of Science and Technology Policy's (OSTP) Federal Coordinating Counsel on Science, Engineering, and Technology (FCCSET) was established to provide basic and/or applied research, data gathering, modeling activities, as well as economic research, with both short and long-term scientific and public policy benefits for several Presidential initiatives. These resources support one FCCSET committee: Math and Science Education. EPA's major activities with FCCSET math and science research includes providing access to opportunities, financial assistance, and facilities that *stimulate student interest in math and environmental sciences*.(p.108)

EXECUTIVE OFFICE OF THE PRESIDENT
Office of Science and Technology Policy

The Office of Science and Technology Policy (OSTP) was created by the National Science and Technology Policy, Organization, and Priorities Act of 1976 (Public Law 94-238) and coordinates science and technology policy for the White House. OSTP *provides authoritative scientific and technological information, analysis, and advice* for the President, for the executive branch, and for Congress; participates in formulation, coordination, and implementation, analysis, and advice for the President, for the executive branch, and for Congress; *participates in formulation, coordination, and implementation of national and international policies and programs that involve science and technology*; maintains and promotes the health and vitality of the U.S. science and technology infrastructure; and coordinates research and development efforts of the Federal Government to maximize the return on the public's investment in science and technology and to ensure Federal resources are used efficiently and appropriately.(p.122)

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

General description:

The National Aeronautics and Space Administration was established by the National Aeronautics and Space Act of 1958 to conduct space and aeronautical research, development, and flight activities for peaceful purposes designed to maintain U.S. preeminence in aeronautics and space. These activities are designed to continue the Nation's premier program of space exploration and to invest in the development of new technologies to improve the competitive position of the United States. The NASA program provides for a vigorous national program ensuring leadership in world aviation and as the preeminent spacefaring nation.

- Increasing NASA's investment in aeronautics research, technology, and facilities, as well as high-performance computing capabilities;
- Providing safe and effective assured access to space using both the space shuttle and expendable launch vehicles;
- Continuing an effective program of space science including exploration of the solar system and expanding our understanding of the origin and evolution of the universe;
- Continuing activities which support use of the unique environment of space to increase our understanding of the impact of microgravity on the human body and the behavior of materials;*
- Moving forward with activities which support increasing our understanding of the global environment as an integrated system; and
- Improving the way NASA approaches the development and transfer of advanced technology, by integrating the development of advanced technology with its space commercialization efforts.

NASA has also been directed to undertake an intense review to redesign the space station. Funding for the space station, activities which support utilization of the space station, and other initiatives to stimulate the development of new technology is included in the budget request.(p.137)

Research and development:

The Space Science and Applications Program has been restructured into three organizational elements. The Space Science Program includes activities related to the exploration of the solar system, our understanding of the origin and evolution of the universe, and the fundamental laws of the stars and planets. The Life and Microgravity Sciences Program includes activities supporting use of the unique environment of space to increase our *understanding of the impact of microgravity on the human body and the behavior of materials*. The Mission to Planet Earth Program includes activities which support increasing our understanding of the global environment as an integrated system.(p.142)

Mission to Planet Earth:

CIESIN.--The Committee has deleted all funds requested for the consortium for international Earth science information network. In addition, \$10,000,000 of 1993 program funds, and an additional \$10,000,000 in construction of facility funds, have been proposed for rescission. The Committee has reluctantly made these reductions due to the overall lack of focus for the CIESIN program, the recognition that its role does not properly belong with NASA, and the fact that the *National Science Foundation's directorate for social, behavioral, and economic sciences already has an interdisciplinary program on the human dimensions of global environmental change.*(p.153)

[Conference]--Deletes language proposed by the Senate limiting the dollars available for the mission to planet earth activities and for a socioeconomic data active archive center.(p.33)

NATIONAL SCIENCE FOUNDATION

Research and related activities:

[...Intervening Text...]

The Foundation's discipline-oriented research programs are subdivided into the following activities: biological sciences; computer and information science and engineering; engineering; geosciences; mathematical and physical sciences; and *social, behavioral, and economic sciences*. International cooperative research activities are also within the research and related activities appropriation.(p.169)

[...Intervening Text...]

In the social, behavioral, and economic sciences activity, NSF will provide broad support for basic research in these fields, with special emphases on research on human dimension of global change, economics of manufacturing, and intelligent systems. Also included is support for international cooperative scientific activities, in particular, with the former Soviet Union and Eastern Europe; and programs to maintain comprehensive data bases on the Nation's science and engineering resources.(p.170)

[Conference]--Deletes language proposed by the Senate prohibiting expenditures for the establishment of any new research centers in fiscal year 1994.

The conferees expect that beginning in fiscal year 1995, the National Science Foundation will establish, through a competitive process, a *Center for the Human Dimensions of Climate Change* at a level of approximately \$6,000,000 annually.(p.37)

Behavioral and social science research.--The Committee commends the Foundation for its response on incorporating aspects of the human capital initiative into the fiscal year 1994 budget. This *initiative was developed with the help of more than 70 scientific organizations and coordinated by the American Psychological Society. It couples research in behavioral and social science in a number of key areas of great importance to the*

Nation, including violence, worker productivity, schooling and literacy, drug and alcohol abuse, aging, and health. The Committee expects a report by September 1, 1994, on the actions the NSF has taken to implement this initiative. In addition, the report should outline a long-range plan for how the initiative will be used to develop strategic research projects specifically in the behavioral and social science activities funded by the NSF.(p.172)

DISADVANTAGED MINORITY HEALTH IMPROVEMENT ACT OF 1993

[S.Rpt. 103-200; S.1569]

Background and Need for the Legislation:

Despite our impressive gains in scientific knowledge and our increased ability to diagnose, prevent and cure disease, many minority citizens in America do not benefit from these advances. Over \$900 billion a year is spent on health care in this country, yet the health status of racial and ethnic minorities lags far behind the rest of the nation. Today, African Americans, Hispanics, Native Americans, and Asian Pacific Islanders as a whole are often in poorer health than average citizens of third world countries. Because minorities are less likely to receive health care services, their children are at risk for being born prematurely or with physical disabilities. Minority adults have a higher likelihood of dying from diseases that most physicians consider preventable.(p.7)

[...Intervening Text...]

There is a desperate need to train racial and ethnic minority mental health professionals to serve in public settings such as community mental health centers in underserved areas. It has been shown that minority mental health providers are more likely than non-minority mental health providers to provide mental health services to disadvantaged minority groups. Unfortunately, *there is an overall shortage of psychologists and other mental health professionals.* There are currently 578,000 mental health providers serving 50 million adults and 7.5 million children with mental illness. Only 20 percent of all those with mental illnesses are being treated. Of long standing concern is the traditionally low level of participation by minorities. Although there has been progress increasing the number of minorities much more needs to be done. In 1985, there were 2,000 African American psychologists to serve a population of 30 million, 805 Asian American psychologists to 3.7 million, and 180 Native American psychologists to a population of 2 million. In 1986, there were 1,500 Hispanic American psychologists to serve 17 million, however, of those enrolled.

S. 1569 seeks to improve the health status of individuals from disadvantaged backgrounds, including racial and ethnic minorities, by: (1) providing support for health promotion and disease prevention activities designed to reduce the occurrence of illnesses that are highly prevalent among individuals from disadvantaged backgrounds, including racial and ethnic minorities; (2) reauthorizing the Office of Minority Health to coordinate federal efforts to better understand and reduce the incidence of death, illness and disability

among disadvantaged minority Americans; and (3) increasing the supply of racial and ethnic minority health professionals. (p.11)

TITLE II--HEALTH SERVICES

COMMUNITY SCHOLARSHIP PROGRAMS

Summary:

Reauthorizes the Grants to States for Community Scholarship Programs for three years.

Authorizes \$1 million for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.

Changes current requirement, that to be eligible for a scholarship an individual must come from and return to the Federally-designated health professional shortage area (HPSA) of the sponsoring community organization to practice primary care. The student must come from a federally designated HPSA and agree to practice in the HPSA served by the sponsoring organization.

Specifies that health manpower shortage area designation pertains to a Federally-designated health professional shortage area.

Modifies the definition of primary health services to include general internal medicine and general pediatrics.(pp.2-3) *and mental health.*

Changes in existing law:

Public Health Service Act, Sec. 338L

(k) DEFINITIONS.--For purposes of this section:

(1) * * *

(2) PRIMARY HEALTH CARE.--The term "primary health care" means health services regarding family medicine, [[internal medicine, pediatrics, or obstetrics and gynecology, that are provided by physicians, certified nurse practitioners, certified nurse midwives, or physicians assistants.]] *general internal medicine, general pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.*(p.47)

[Existing law proposed to be omitted is enclosed in double brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman.]

HEALTH SERVICES FOR PACIFIC ISLANDERS

Summary:

Authorizes \$3 million for fiscal year 1994 and such sums as may be necessary for each of the fiscal years 1995 and 1996.

Authorizes a study to determine the effectiveness of projects funded under this program.

Authorizes a program to provide health promotion and disease prevention services and medical training to American Samoans.(p.3)

TITLE III - MINORITIES IN THE HEALTH PROFESSIONS

CENTERS OF EXCELLENCE

Summary:

Requires programs to carry-out community-based training programs to prepare students in secondary schools and institutions of higher education for attendance at the health professions school.

Provides training to students of the school to enable the students to provide health service to minorities at community based-health facilities.

Allows COEs to establish consortia.

Deletes the requirement that schools participating in a COE consortium be part of the same institution of higher education or be located within 50 miles of the applicant school.

Adds schools of pharmacy and schools of clinical psychology to the list of schools eligible to be a Center of Excellence.

Authorizes \$25 million for fiscal year 1994 and such sums as may be necessary for each of the fiscal years 1995 and 1996.

Allows the original 4 HBCUs to apply for funds in the other category only if the amounts appropriated for the fiscal year is greater than \$23.5 million.(p.4)

Changes in existing law:

Public Health Service Act, Sec.739

(a) * * *

* * * * *

(2) to establish, strengthen, or expand programs to increase the number and quality of minority applicants to the school *through collaboration with public and nonprofit private entities to carry out community-based programs to prepare students in secondary schools and institutions of higher education for attendance at the health professions school;*

* * * * *

(4) with respect to minority health issues, to carry out activities to improve the information resources and curricula of the school and clinical education at the school; [[and]]

(5) to facilitate faculty and student research on health issues particularly affecting minority groups[.]; and

(6) to train the students of the school at community-based health facilities that provide health services to a significant number of minority individuals and that are located at a site remote from the main site of the teaching facilities of the school.

(e) [[Authority Regarding Native American Centers of Excellence.--]] Authority Regarding Consortia.--

[[(1) Authority for collectively meeting relevant requirements.--With respect to meeting the conditions specified in subsection (c)(4), the Secretary may make a grant under subsection (a) to any school of medicine, osteopathic medicine, dentistry, or pharmacy that has in accordance with paragraph (2) formed a consortium of schools that meets such conditions (without regard to whether the schools of the consortium individually meet such conditions).]]

(1) In general.--The Secretary may make a grant under subsection (a) to any school of medicine, osteopathic medicine, dentistry, clinical psychology, or pharmacy that has in accordance with paragraph (2) formed a consortium of schools.

(2) Requirements regarding consortium.--A consortium of schools has been formed in accordance with this paragraph if--

[[(A) the consortium consists of a school seeking a grant pursuant to paragraph (1) and 1 or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, or public health;

[[(B) the schools of the consortium have entered into an agreement for the allocation of such grant among the schools;

[[(C) each of the schools agrees to expend the grant in accordance with this section; and

[[(D) each of the schools of the consortium--

[[(i) is part of the same institution of higher education as the school seeking the grant; or

[[(ii) is located not farther than 50 miles from the school seeking the grant.]]

(A) the consortium consists of--

(i) the health professions school seeking the grant under subsection (a); and

(ii) one or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, or public health, or graduate programs in mental health practice;

(B) the schools of the consortium have entered into an agreement for the allocation of such grant among the schools; and

(C) each of the schools agrees to expend the grant in accordance with this section.

(3) Authority for collectively meeting relevant requirements in certain cases.--With respect to meeting the conditions specified in subsection (c)(4) for Native American Centers of Excellence, the Secretary may make a grant to any school that has in accordance with paragraphs (1) and (2) formed a consortium of schools that meet such conditions (without regard to whether the schools of the consortium

individually meet such conditions).

* * * * *

(i) Funding.--

(1) Authorization of appropriations.--For the purpose of making grants under subsection (a), there are authorized to be appropriated [[such sums as may be necessary for fiscal year 1993]] \$25,000,000 *for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.*

(2) Allocations by secretary.--

(A) * * *

* * * * *

(C) Of the amounts appropriated under paragraph (1) for a fiscal year and available after compliance with subparagraph (A), the Secretary shall make available 40 percent for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (5) of subsection (c). *Health professions schools described in subsection (c)(2)(A) shall be eligible for grants under this subparagraph in a fiscal year if the amount appropriated for the fiscal year under paragraph (1) is greater than \$23,500,000. Such schools shall be eligible to apply only for grants made from the portion of such amount that exceeds \$23,500,000.*(pp.55-56)

[Existing law proposed to be omitted is enclosed in double brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman.]

TITLE IV - RESEARCH AND DATA COLLECTION

OFFICE OF RESEARCH ON MINORITY HEALTH

The Committee recognizes that the Office of Research on Minority Health (ORMH) bases its agenda on the deliberations and recommendations of a Fact Finding Team which completed its work in December of 1991. The Fact Finding team's charge was to assess current National Institutes of Health programs and to make recommendations for *improving the health of minorities across the life span and for increasing the participation of minorities in all phases of biomedical and behavioral research.*

As a vehicle for implementing the recommendations, ORMH created the Minority Health Initiative, a multi-component program that utilizes partnerships with the Institutes, Centers, and Divisions of NIH, other government agencies, and outside organizations to accomplish its objectives. Much of the Minority Health Initiative has already been launched and the Committee expects that the Advisory Committee will ensure the completion of the Minority Health Initiative, build on the recommendations of the Fact Team and recommend additional priority areas of research.(pp.16-17)

TITLE V - MISCELLANEOUS

CLINICAL TRAINEESHIPS

Summary: Adds Counseling to the list of eligible disciplines for clinical traineeships in mental health.(p.6) [Psychology included in existing law.]

Changes in existing law:

Public Health Service Act, Sec. 303

Sec. 303. (a) in carrying out the purposes of section 301 with respect to mental health--

* * * * *

(d)(1) Any individual who has received a clinical traineeship, in psychology, psychiatry, nursing, marital and family therapy, *counseling* or social work, under subsection (a)(1) that was not of a limited duration or experimental nature (as determined by the Secretary) is obligated to serve, in service determined by the Secretary to be appropriate in the light of the individual's training and experience, at the rate of one year for each year (or academic year, whichever the Secretary determines to be appropriate) of the traineeship.

[Existing law proposed to be omitted is enclosed in double brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman.]

THURGOOD MARSHALL SCHOLARSHIP PROGRAM

Summary: (R)edesignat(es) the Scholarship for disadvantaged students to the Thurgood Marshall Scholarship Program. Scholarship recipients will be known as Thurgood Marshall Scholars. Students attending will be known as Thurgood Marshall Scholars. Students attending Physician Assistant Training Program are eligible for participation in the program.(p.30) [Clinical psychology included in existing law.]

Changes in existing law:

Public Health Service Act, Sec. 737

(a) Establishment of Program.--

(1) In general.--Subject to subsection (e), the Secretary may make grants to health professions schools for the purpose of assisting such schools in providing scholarships to individuals (to be known as Thurgood Marshall Scholars) described in paragraph (2).

* * * * *

(3) Health professions schools.--For purposes of this section, the term "health professions schools" means schools of medicine, nursing (as schools of nursing are defined in section 853), osteopathic medicine, dentistry, pharmacy, podiatric

medicine, optometry, veterinary medicine, public health, schools offering programs for the training of physician assistants, or allied health, or schools offering graduate programs in clinical psychology.

* * * * *

(pp.53-54)

[Existing law proposed to be omitted is enclosed in double brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman.]