

# Legislative accomplishments: Accomplishments, by Congress: 102nd Congress

Daniel K. Inouye Papers

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M E M O R A N D U M

TO: Senator Inouye

DATE: October 16, 1992

FROM: Diana

RE: Native Hawaiian/Pacific Islander Issues

FY'93 LABOR, HHS, EDUCATION APPROPRIATIONS BILL  
(Sen. Rpt. #102-397; H.R. 5677; Conf. H.Rpt. #102-  
974; PL 102-394)

DEPARTMENT OF LABOR:

Training and Employment Services:

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 \$62,370,000 for these purposes, \$630,000 below the 1992 level, \$3,909,000 over the budget request, and the same level as provided by the House. (p. 11)

[Conference]--\$61,871,000 (p. 54)

National Activities--The Committee has also provided \$4,102,000 to continue the Samoan, Pacific Islander, and Asian immigrant employment and training initiative which provides job training, bilingual and vocational education, and job placement for these unemployed and underemployed groups. Of this total, \$3,100,000 is for the State of Hawaii, \$750,000 is for California, and \$250,000 is for Washington. In its first 2 years, over 1,600 individuals received, or are presently receiving services, and more than 850 have been placed in jobs. The cultural sensitivity and bilingual vocational training is a large part of the program's success. Additionally, the program will expand to address the recent and planned layoffs of Hawaii's agricultural workers, primarily in sugarcane and pineapple. Their needs in securing targeted job training and placement are very similar to that already provided by this program. (p.13)

[Conference]--The conference agreement includes \$4,000,000 to continue the Samoan, Pacific Islander and Asian American employment and training initiative. (p. 11)

DEPARTMENT OF HEALTH AND HUMAN SERVICES:

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Health Care Delivery and Assistance:

Community Health Centers--The Committee recommends that some funds be directed to addressing the pressing health care needs of recent Filipino immigrants to the State of Hawaii. It is expected that the enactment of Public Law 101-649 will result in Hawaii receiving more than 3,000 newly naturalized Filipino veterans during the coming year, many of them elderly and afflicted with tropical diseases such as tuberculosis.

The Committee is disturbed that HRSA has not made the health care needs of Asian and Pacific Islander Americans a priority, in spite of congressional direction. Many of these recent arrivals to the United States are medically underserved due to cultural differences. The Committee notes that community health centers must provide translation services; however, BHCDA has provided only minimal resources for this purpose. The Committee believes HHS should revise current regulations to increase the weight given to the pressing needs of this population, rather than relying exclusively on geographic designations. The Committee urges BHCDA to work closely with AAPCHO to ensure that Asian and Pacific Islander Americans are better served by the CHC program. (p. 39)

[Conference]--The conferees continue to be concerned that, notwithstanding assurances, the Health Resources and Services Administration (HRSA) has not given sufficient attention to the health care needs of Asian and Pacific Islander Americans who for cultural and language reasons do not have adequate access to health care. The conferees urge HRSA to make this population a priority. (p. 15)

Payment to Hawaii, Treatment of Hansen's Disease--The Committee has included \$3,000,000 for the payment to Hawaii. This is the same as the administration's request and the fiscal year 1992 amount, and \$30,000 over the House allowance. Payments are made to the State of Hawaii to partially support the cost for care and treatment of persons with Hansen's disease. Federal support accounts for about 54 percent of the total cost of this Hansen's Disease Program. (p. 41)

[Conference]--\$2,976,000 (p. 64)

Native Hawaiian Health Care--The Committee recommends \$3,677,000 for native Hawaiian health care services. This is \$117,000 more than the House allowance and \$81,000 more than the fiscal year 1992 appropriation. The administration requested no funds.

Of the funds provided, \$450,000 is intended for the administration of Papa Ola Lokahi, to coordinate, implement, and update the comprehensive health care master plan to maintain and improve the health status of native Hawaiians; to train personnel of the native Hawaiian health care organizations; and to identify and research diseases that are most prevalent among native Hawaiians. The Committee has provided \$500,000 for the native Hawaiian scholarship program administered by the Kamehameha Schools/Bishop Estate. The Committee wishes to make it absolutely clear that these funds should support native Hawaiians attending a wide range of health care disciplines, and in particular nurse practitioner programs. This scholarship program is no longer to be utilized exclusively to support medical students. The remaining \$2,727,000 is for grants to native Hawaiian health care organizations serving the island of Kaua'i/Ni'ihau, O'ahu, Moloka'i/Lana'i, Maui, and Hawai'i, to provide comprehensive health promotion and disease prevention services, and primary health care services, to native Hawaiians. (p. 41)

[Conference]--\$3,590,000 (p. 64)

The conferees intend that the native Hawaiian health scholarship program shall receive the same level of funding as in fiscal year 1992. (p. 15)

Pacific Basin Initiative--The Committee has included \$2,638,000 for initiatives in the Pacific basin region. This is \$91,000 more than the fiscal year 1992 amount and \$116,000 more than the House amount. The administration requested no funds. The Committee intends that \$1,700,000 shall be used to continue the medical officer training program. The Committee further directs HHS to explore having the Institute of Medicine develop a long-term strategic plan for the future of this region. The remaining funds are to support a wide range of health promotion and disease prevention training projects and to establish the national advisory panel envisioned in the authorizing law. The Committee again recommends that support be provided for postdoctoral psychology programs. The Committee also supports the Waianae Coast Comprehensive Health Center receiving support under this initiative. This particular facility has an outstanding record of being responsive to the primary health care need of the region and providing necessary technical training. The Committee is aware of and appreciates the key role the University of Hawaii's School of Public Health has played over the years in providing leadership to this particular public health initiative, in its many forms. (p.41-42)

[Conference]--\$2,559,000 (p. 64)

Of the amounts made available for the Pacific Basin program, \$1,700,000 shall be available to continue the medical officer training program. (p. 15)

Maternal and Child Health Block Grant--The Committee 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 MCH to significantly expand its efforts through the Hawaii UAP program this year. (p. 43)

#### Health Professions:

Border Health Education Centers--The Committee recommends \$3,856,000 for health education and training centers, the same as the fiscal year 1992 amount and \$993,000 over the House. The administration requested no funds. These health education and training centers train primary care health personnel in areas with exceptionally low density population or exceptional needs, such as the Pacific basin, frontier rural areas, American Indian reservations, and settlements of recent refugees. (p. 48)

[Conference]--\$2,840,000 (p.66)

Interdisciplinary Traineeships--The Committee recommends \$4,654,000 for rural health interdisciplinary training projects. This is the same as the fiscal year 1992 amount, and \$1,199,000 over the House. The administration requested no funds. This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offering clinical training experiences in rural health and mental health care settings to expose students to rural practice. (p. 48)

[Conference]--\$4,023,000 (p. 66)

Pediatric Health Care Demonstrations--The Committee recommends that new demonstration projects be established to address the social and developmental needs of native Hawaiian children and native Americans. (p. 51)

#### NATIONAL INSTITUTES OF HEALTH

##### National Cancer Institute:

Prostate Cancer--The Committee directs that \$36,976,000 be made available for prostate cancer research, \$8,511,000 more than requested and \$9,400,000 more than last year. NCI is committed to the early detection, successful treatment, and ultimately the prevention of prostate cancer. A full range of research programs dedicated to achieving these goals includes basic studies at the genetic level to determine the molecular events that trigger prostate cancer development. Investigators are seeking improved methods for the early detection of prostate cancer and ways to identify the more

benign form from its more life-threatening counterpart that warrants prompt medical treatment. Chemoprevention trials using Proscar or retinoids are under development. NCI's PLCO trial will evaluate the effectiveness of digital rectal exams, prostate-specific antigen measurements, and transrectal ultrasound examination as screening tools for prostate cancer. Specialized programs of research excellence [SPORE] focus on the full spectrum of prostate cancer research. One such center will be named the Matsunaga Conte Cancer Research Center. (p. 77)

Native Americans--The Committee is pleased that the NCI is taking steps to develop strategies for increasing the number of native Americans who participate in NCI-sponsored training programs. Other activities seek to develop new ways of reducing cancer incidence and mortality in native American populations and increasing the number of native Americans who are principal investigators and coinvestigators on NCI-sponsored research projects. Collaborative links are now being forged between native Americans and selected cancer centers located in key regions of the Nation. These institutions are ideally situated for developing and sustaining active recruitment of native Americans into ongoing training programs and can identify and develop research priorities and strategies tailored to each locale. A workshop entitled "Strategies and Opportunities for Training Native Americans in Cancer Prevention and Control" was held in August 1992. Participants included leaders from native American communities throughout the continental United States, Alaska, Hawaii, and American Samoa who contributed cultural perspectives and sensitivities for the development of effective strategies in cancer prevention and play a leading role in their successful implementation. The Institute remains committed to the development of programs that address the unique concerns of these populations and, in particular, reduce the barriers faced by native American women when seeking screening for breast and cervical cancers....

Further, the Committee understands that little cancer prevention and control activities specific to American Indians, Alaska Natives, native Hawaiians, and American Samoans is made available. This may be directly related to the absence of quality research proposals. Therefore, the Committee urges the NCI to organize several research training events which emphasize development of technical skills, training in research methodology and evaluation, and proposal development in fiscal year 1993. (p. 78)

National Institute of Diabetes and Digestive and Kidney Diseases:

Diabetes--The Committee has been pleased with NIDDKD's evolving efforts to expand its diabetes research program to

target the historically underserved populations of native Americans and native Hawaiians. This is a truly pressing public health problem for these indigenous peoples. Part-Hawaiian males, for example, have a death rate 128 percent higher than the U.S. average, and overall native Hawaiians die from diabetes at a rate 222 percent higher than should be expected. Accordingly, the Committee directs NIDDKD to continue to make this particular population a priority during the coming fiscal year. (p. 90)

#### National Institute of Mental Health

Rural and Native American Mental Health--The Committee is disappointed that NIMH has not faithfully followed its directives regarding family-centered mental health research to date, and expects NIMH to comply with the Committee's intent to fund this work research in fiscal year 1993. The Committee has provided \$15,000,000 for behavioral research on rural and native American mental health issues. The Committee has received the report, "The State of Native American Youth Health," drawn from a survey of 14,000 Indian youth. The report notes that suicide is increasing among native American youth, a finding confirmed by the Office of Technology Assessment study on adolescent mental health. In conducting research on native populations under this initiative, the Committee urges NIMH to coordinate with the Indian Health Service. (p. 96-97)

#### National Institute of Environmental Health Sciences:

NIEHS Research Centers--The Committee has been pleased with NIEHS's responsiveness to the pressing public health care needs associated with volcanic emissions in the State of Hawaii and urges the eventual establishment of an environmental health center at the University of Hawaii. The Committee has further been impressed with the Institute's sensitivity to the importance of ensuring that professional nursing and behavioral scientists are actively encouraged to become involved in the environmental health arena. (p. 119)

[Conference]--The House and Senate bills provide \$225,115,000 for the Institute. The conferees are supportive of the Institute addressing public health hazards associated with volcanic emissions in Hawaii and Alaska. (p. 20)

#### SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION:

Mental Health and Substance Abuse Block Grants--The Native Hawaiian "set-asides" for these grants are approximately .4% of the total appropriation of \$1,408,428,000 = \$5,633,712 (p. 73)

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH:

Health Initiatives:

Health Service Management--...The Committee directs the Department to again assign a senior programmatic Public Health Service employee to the State of Hawaii to assist in ensuring that those involved in the Native Hawaiian Health Care Act and the various Pacific basin and other rural health care initiatives become able to participate more effectively in other relevant Public Health Service programs. The Committee understands that the previous assignee has significantly enhanced the Department's understanding of the pressing health care needs of the region. (p. 154)

ADMINISTRATION FOR CHILDREN AND FAMILIES:

Children and Family Services Programs:

Child Welfare Research and Demonstrations--The Committee recommends an appropriation of \$6,532,000 for this effort, \$2,120,000 less than the budget request, \$120,000 less than the fiscal year 1992 enacted level, and \$2,033,000 less than the House allowance. Last year the Committee included language 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 expected the Assistant Secretary for Children and Families to direct \$500,000 toward the 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. The Department did not follow through on a similar directive included in last year's report. The Committee reiterates its strong interest in this project. (p. 180-181)

Social Service Research--Last year the Committee included language 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 expected the Assistant Secretary for Children and Families to direct \$500,000 toward the 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, this directive was ignored. Accordingly, the Committee reiterates its significant interest in this project. (p. 182-183)

Native American Programs--The Committee recommends \$35,000,000, \$874,000 more than the fiscal year 1992 enacted level and the budget request, and \$1,215,000 more than the House allowance. 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 remains very supportive of ensuring that ANA continues to support the authorized activities of the National Center for Native American Studies and Indian Policy Development, the urgently needed environmental planning and management programs, and the native Hawaiian revolving loan fund programs. (p. 184)

[Conference]--\$34,720,000 (p. 87)

[Conference]--Funding is available to continue the Native Hawaiian revolving loan program, the National Center for Native American Studies and Indian Policy Development, the Native American Languages Act, and environmental planning and management programs. (p. 31)

#### Administration on Aging:

Grants to Indian Tribes--The Committee recommends \$15,086,000 for title VI grants to Indian tribes and native Hawaiians, approximately the same level as the fiscal year 1992 enacted level. In accordance with the distribution of funds mandated by the Older Americans Act, of the amount provided, \$13,581,000 will fund part A, grants to Indian tribes, and \$1,505,000 will fund part B, grants to native Hawaiians.

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 older Indians who are 60 years of age or older, and part B grants are made to public and nonprofit organizations serving at least 50 older native Hawaiians who are 60 years of age or older. (p. 186)

[Conference]--\$15,110,000 (p. 89)

Aging Research and Training--...The Committee continues to be very supportive of the efforts of the State of Hawaii's Executive Office on Aging to develop a comprehensive long-term care financing demonstration program. Given its extensive experience with providing comprehensive health

care coverage to all of its citizens, Hawaii possesses a truly unique capability to develop a long-term care program, which could ultimately serve as a model to States across the Nation. Accordingly, the Committee strongly urges AOA to work closely with Hawaii in developing and supporting such a program. (p. 187)

[Conference]--\$25,973,000 (p. 89)

#### DEPARTMENT OF EDUCATION:

##### IMPACT AID:

The Committee recommends an appropriation of \$751,756,000 for impact aid, which is \$19,942,000 less than the fiscal year 1992 appropriation, \$219,626,000 more than the administration's request, and \$12,225,000 less than the House allowance. (p. 195-196)

[Conference]--\$750,155,000. For FY 1993 Hawaii's Impact Aid funds total approximately \$20,000,000 (p. 93)

##### SCHOOL IMPROVEMENT PROGRAMS:

###### Drug-Free Schools and Communities:

National Programs--For drug-free schools national programs, the Committee has provided \$62,133,000, the same as the 1992 level, \$9,279,000 less than the House allowance, and \$10,000,000 less than the administration's request.

This program authorizes discretionary grants and contracts for a variety of programs designed to combat drug use in schools and communities, primarily through education and prevention activities. Funds are currently used for programs for students in institutions of higher education [IHE's], grants to IHE's for demonstration projects, programs for Indian youth, programs for Hawaiian natives, and Federal activities. Funds also support five regional centers for drug-free schools. The regional centers are charged with assisting State and local educational agencies and colleges and universities in developing and evaluating drug prevention programs. The administration's request included no funds for separate programs for Hawaiian natives. The Committee, however, has included funding for the Hawaiian natives as authorized by law. (p. 202)

[Conference]--\$61,636,000 (p. 94)  
Hawaii receives .2% = \$123,272

Education for Native Hawaiians--For programs for the education of native Hawaiians, the Committee provides \$6,500,000, \$100,000 more than the fiscal year 1992 comparable level and \$164,000 more than the House allowance.

The administration did not request funding for these programs.

The 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. (p. 206)

[Conference]--\$6,448,000 (p. 95)

[Conference]--The conferees are agreed that of the funds made available, \$1,000,000 shall be for the gifted and talented program and at least \$3,500,000 shall be for family based education centers. (p. 36)

#### VOCATIONAL AND ADULT EDUCATION:

##### Vocational Education:

Basic Grants--The Committee has included \$990,500,000 for basic grants, \$40,750,000 more than the fiscal year 1992 appropriation and equal to the administration's request. The House recommended \$980,595,000 for the Basic State Grant Program. (p. 224). The Vocational Education Act of 1984, Part A, Sec. 101 & 103, mandates a Native Hawaiian set-aside of .25% of this grant.

[Conference]--\$972,750,000 (p. 100)  
.25% of this amount = \$2,431,875

National Programs, Demonstrations--The Committee has included \$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. And, native Hawaiian families comprise 30 percent of those receiving welfare with native Hawaiians having double the unemployment rate of the State. This project is to implement a year round employment and training program, including providing basic education skills and preemployment tutoring. Thirty percent of the adult native Hawaiian population is functionally illiterate and, therefore, essentially lacking upward mobility. The Committee expects that a career shadowing program will be implemented, under which at-risk Hawaiian youth will be provided real-life mentoring experiences. In order to make this project effective, the Committee expects the Department to provide funding to a native Hawaiian organization with an outstanding track record, such as Alu Like, Inc., in working with these indigenous peoples, and further to report to the Committee on the results of this demonstration program. (p. 227)

## HIGHER EDUCATION:

Assistance to Guam--The bill includes \$400,000 for assistance to Guam, which is \$100,000 less than the 1992 appropriation. Neither the administration nor the House provided 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. 246)

[Conference]--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 which inserts a citation for payments to Guam under title XII of the Higher Education Act. The conference agreement includes \$400,000 for this purpose as proposed by the Senate. The House bill did not include funds for this program. (p. 40)

## EDUCATION RESEARCH, STATISTICS, AND IMPROVEMENT:

Territorial Teacher Training--For territorial teacher training, the Committee recommends \$1,751,000. This is the same as the House allowance and \$18,000 less than the fiscal year 1992 appropriation and the request.

Funds are awarded to the departments of education in American Samoa, Guam, the Northern Mariana Islands, the Republic of Palau, and the Virgin Islands to train elementary and secondary schoolteachers. Funds also may be used to provide technical assistance to, and coordination among, the teacher training programs in the territories. These training efforts have been important in assisting the outlying areas to upgrade the qualifications of their uncertified instructional staff and to assist teachers to obtain college degrees. (p. 261)

[Conference]--\$1,737,000 (p. 108)

## LIBRARIES:

The Committee recommends an appropriation of \$120,240,000 for public libraries services, construction and interlibrary cooperation in fiscal year 1993, which is the same as the fiscal year 1992 comparable appropriation, \$85,524,000 more than the administration's request, and \$1,205,000 more than the House allowance. (p. 261)

[Conference]-- Native Hawaiians receive 2% of the total appropriation for each of these items as mandated by Title IV. (p. 109)

Public libraries services for Native Hawaiians---\$1,664,540  
Public libraries construction for Native Hawaiians-\$331,680  
Interlibrary Cooperation for Native Hawaiians-----\$394,980

TO MAKE NATIVE HAWAIIAN HEALTH CENTERS FEDERALLY QUALIFIED  
HEALTH CENTERS

(S. 3274, Bill to amend various medicare and medicaid provisions of the Social Security Act, added as an amendment to HR 11, Bill to amend the Internal Revenue Code of 1986 to provide tax incentives for the establishment of tax enterprise zones; and conference report to HR 11, H. Rept. 102-1034)

Sec. 286. NATIVE HAWAIIAN HEALTH CENTERS

(a) IN GENERAL.--Section 1905(1)(2)(B)(iv) (42 U.S.C. 1396d(1)(2)(B)(iv) is amended by striking the period at the end and inserting "or is a native Hawaiian health center operated under the Native Hawaiian Health Care Act of 1988."

(b) EFFECTIVE DATE.--The amendment made by subsection (a) shall apply to services furnished on or after October 1, 1992.

[Conference]--The Conference agreement does not include the Senate amendment. (CR H 12582, October 5, 1992)

VETERANS HEALTH CARE ACT OF 1992 (HR 5193; S 2575 and conference report)

Title VI, Sec 602:

Limitations on prices of drugs purchased by certain federally assisted clinics and hospitals--

Require a manufacturer to enter into an agreement with the Secretary of HHS under which the manufacturer must agree to extend to a covered entity a discount for a covered outpatient drug or biological equal to or greater than the discount provided for that drug or biological under the Medicaid outpatient drug rebate program.

...define the term "covered entity" to include the following:...(h) a Native Hawaiian Health Center receiving fund under the Native Hawaiian Health Care Act of 1988 (CR pg S 17879, S 17885, October 8, 1992)

[Conference]--Section 602(a) would, in proposed new section 340B(a)(4) of the PHSA, define the term "covered entity" to include all of the entities listed in the description of the Senate bill, except..., and would also include...(b)a Native Hawaiian Health Center... (CR pg S 17899, October 8, 1992)

FY'93 DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES  
APPROPRIATIONS BILL, 1993 (Sen. Rpt. #102-345; H.R. 5503;  
Conf. H. Rpt. #102-901; PL 102-381)

DEPARTMENT OF THE INTERIOR:

National Park Service:

Operation of the National Park System--

Native Hawaiian Culture and Arts Program, Senate Committee  
recommended \$2,000,000. (p. 24)

[Conference]--The managers agree to the following  
distribution of funds under Statutory and Contractual Aid:  
Native Hawaiian Culture and Arts Program \$2,000,000. (p.  
29-30)

DEPARTMENT OF VETERANS AFFAIRS AND HOUSING AND URBAN

DEVELOPMENT APPROPRIATIONS BILL: (Sen Rpt. 102-356; H.R.  
5679 and Conf. Rpt. H.R. 102-902; PL 102-389)

Native American Veteran Housing Loan Program Account:

Program Description--Bill language has been added providing  
for a native American veterans' home loan pilot program.  
This program will test the feasibility of enabling VA to  
make direct home loans to native American veterans who live  
on U.S. trust lands.

Committee Recommendation--The Committee has provided  
\$5,000,000 for this program, including \$500,000 for  
administrative expenses. A limitation of \$58,400,000 on  
direct loans has also been included.

The Committee believes this program is vitally needed  
to address housing needs of native American veterans living  
on trust lands. Because trust lands are not considered  
adequate as collateral or security in the event of default,  
private lenders refuse to make loans for housing on trust  
lands. For this reason, there has not been a single  
documented case of a native American veteran utilizing a VA-  
guaranteed home loan on reservations or other trust lands  
since the inception of the VA home loan program in 1944.  
(p. 17)

[Conference]-- 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 authorizing  
a new Native American veteran housing loan program; and  
appropriating \$4,500,000 for program costs, \$500,000 for  
administrative expenses, and establishing a loan limitation  
of \$58,400,000. (p. 10)

National Commission on American Indian, Alaska Native, and Native Hawaiian Housing:

Program Description--The National Commission on American Indian, Alaska Native, and Native Hawaiian Housing is authorized by the Department of Housing and Urban Development Reform Act of 1989. The Commission is composed of 12 members, 2 appointed by the Secretary of Housing and Urban Development, 2 appointed by the Senate Select Committee on Indian Affairs, 3 appointed by the House Committee on Banking, Finance, and Urban Affairs, 3 appointed by the Senate Committee on Banking, Housing, and Urban Affairs, 1 native Hawaiian appointed by the Secretary, and 1 native Hawaiian appointed by the Senate Select Committee on Indian Affairs.

This Commission evaluates the factors currently impeding the development of safe and affordable housing for American Indians, Alaska Natives, and native Hawaiians.

Committee Recommendation--The Committee has provided for a third year of funding in the amount of \$500,000 for the National Commission on American Indian, Alaska Native, and Native Hawaiian Housing. The House did not provide any funding for the Commission. This is the same amount appropriated for fiscal year 1992. The amount provided will enable the Commission to follow through with the implementation of the 34 recommendations made in its final report, and will help address the housing crisis which pervades the native American communities. (p. 155)

[Conference]--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 appropriating \$500,000 for salaries and expenses of the Commission. (p. 71)

RECLAMATION PROJECTS AUTHORIZATION AND ADJUSTMENT ACT OF 1992 (HR 429; S 684; H Rpt 102-1016)

Title XL--This title may be cited as the "National Historic Preservation Act Amendments of 1992"

[Conference]--Authorizes national preservation program for native Americans including Native Hawaiians. (p. 159)  
This bill includes a matching grant program for carrying out this Act. (p. 164)

M E M O R A N D U M

TO: Senator Inouye

DATE: October 21, 1992

FROM: Diana

RE: Nursing Issues

FY' 93 LABOR, HIGHS, EDUCATION APPROPRIATIONS BILL  
(Sen. Rpt. #102-397; H.R. 5677)  
Conf. H.Rpt. #102-974; PL 102-394)

DEPARTMENT OF LABOR:

Occupational Safety and Health Administration:

-The Committee is pleased to note that the Occupational Safety and Health Administration plans to establish a separate Office of Occupational Health Nursing at a level comparable to the Office of Medicine. This is a positive step forward toward ensuring that the occupational nursing perspective is adequately and appropriately represented in the OSHA policymaking process. (p. 26)

DEPARTMENT OF HEALTH AND HUMAN SERVICES:

Rural America:

Primary Care Health Professions and Nursing Programs- The Committee has restored and 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. Total funding recommended for health professions training programs is \$268,719,000. (p. 35)

HEALTH RESOURCES AND SERVICES ADMINISTRATION:

Health Care Delivery and Assistance:

National Health Service Corps- The Committee recommends \$119,641,000 for the National Health Service Corps (NHSC), the same as the administration request, \$19,452,000 over the fiscal year 1992 amount, and \$18,430 more than the House provided. The NHSC appropriation includes \$43,065,000 for the field program, which supports health care providers and NHSC obligors; and \$76,576,000 for the NHSC loan and scholarship recruitment programs. The Committee intends that up to \$5,000,000 of scholarship and loan 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. The remaining \$71,576,000 is intended for



scholarship and loan repayment agreements, and the State loan repayment program. Authorizing law requires that at least 10 percent of the recruitment funds must be targeted to nurse-practitioners, physician assistants, and other nonphysician health providers. (p. 40)

[Conference]--\$118,683,000 (p. 63)

Native Hawaiian Health Care- Of the funds provided, \$450,000 is intended for the administration of Papa Ola Lokahi, to coordinate, implement, and update the comprehensive health care master plan to maintain and improve the health status of native Hawaiians; to train personnel of the native Hawaiian health care organizations; and to identify and research diseases that are most prevalent among native Hawaiians. The Committee has provided \$500,000 for the native Hawaiian scholarship program administered by the Kamehameha Schools/Bishop Estate. The Committee wishes to make it absolutely clear that these funds should support native Hawaiians attending a wide range of health care disciplines, and in particular nurse practitioner programs. This scholarship program is no longer to be utilized exclusively to support medical students.... (p. 41)

[Conference]--The conferees intend that the native Hawaiian health scholarship program shall receive the same level of funding as in fiscal year 1992. (p. 15)

#### Health Care Delivery and Assistance:

Maternal and Child Health Block Grant- ...Last year the Committee included bill language directing MCH to establish an Office of Adolescent Health, pursuant to the findings of the Carnegie Council on Adolescent Health. The Committee was very pleased with progress to date and urges MCH to develop a focused approach to its efforts. The Committee particularly feels 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 and especially with minority youth. The Committee reiterates its concern that the Department should initiate special health professions training tracks in adolescent health, especially for nurse practitioners and physician assistants. (p. 43)

[Conference]--\$664,640,000 for total Maternal & Child Health Block Grant

## Health Professions:

Minority Scholarships- The Committee recommends \$17,264,000 for minority scholarships, the same as the House amount, \$174,000 less than the fiscal year 1992 amount, and \$151,000 below the request. Grants are made to health professions schools for student scholarships. Nursing scholarships account for 30 percent of these funds. Schools use up to 25 percent of the funds for undergraduates. (p. 45)

[Conference]--\$17,126,000 (p. 65)

[Conference]--The conferees concur with language contained in the House report indicating that all health professions disciplines eligible by statute should be able to participate in the Minority Scholarship program and requesting a report on the progress in achieving this directive. (p. 16)

## Nurse Training:

Advanced Nurse Education- The Committee recommends \$12,400,000 for advanced nurse training for fiscal year 1993. This is \$30,000 more than the fiscal year 1992 appropriation and \$3,215,000 more than the House amount. No funds were requested by the administration. 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. (p. 49)

[Conference]--\$12,271,000 (p. 66)

Nurse Practitioners and Nurse Midwives- The Committee has included \$15,560,000 for nurse practitioner and nurse midwife programs. This is \$1,004,000 above the fiscal year 1992 amount and \$4,752,000 over the House amount. No funds were requested by the administration. This program supports programs preparing nurse practitioners and nurse midwives to work 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. 49)

[Conference]--\$15,465,000 (p. 66)

Special Projects- The Committee recommends \$10,500,000 for nursing special projects. This is \$2,406,000 more than the House amount and \$402,000 less than the appropriation for fiscal year 1992. The administration requested no funds. These funds support projects to increase the supply of nurses to meet unique health needs of underserved areas, demonstrate methods to improve access to nursing services in nontraditional settings, and demonstrate innovative nursing practice models.

The Committee continues to support the nursing pediatric-EMS initiative by the division of nursing and HRSA pediatric-EMS personnel. The Committee supports cooperative efforts by the division and the American Red Cross to ensure that professional nursing addresses national health emergencies. The Committee encourages support of projects targeted toward the broad health care needs of adolescents, particularly minority adolescents. (p. 49)

[Conference]--\$10,416,000 (p. 66)

Traineeships- The Committee has included \$14,106,000 for professional nurse traineeships, the same as the fiscal year 1992 appropriation and \$3,632,000 over the House amount. The administration requested no funds for this program. 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. 49)

[Conference]--\$13,993,000 (p. 66)

Nursing Disadvantaged Assistance- The Committee recommends \$3,375,000 for nursing disadvantaged assistance, which is the same as the fiscal year 1992 amount, \$706,000 less than the House, and \$747,000 less than the request. This program provides grants to schools and other education programs to recruit individuals from disadvantaged backgrounds and assist them with nursing education by providing training, counseling, and stipends. (p. 49)

[Conference]--\$3,698,000 (p. 66)

Nurse Anesthetists- The Committee recommends \$2,750,000 for nurse anesthetist programs. This is \$833,000 more than the fiscal year 1992 appropriation and \$1,326,000 over the House amount. No funds were requested by the administration. This program funds tuition, fees, stipends, and travel costs of nurse anesthetist students. Almost one-half of all anesthesia care in the United States is provided by nurse anesthetists, and over two-thirds of nurse anesthetists deliver cost-effective services in small hospital settings in medically underserved areas. The Committee encourages the Division of Nursing to develop necessary criteria to award expansion grants to nurse anesthesia education programs expeditiously. (p. 49-50)

[Conference]--\$2,728,000 (p. 66)

Undergraduate Scholarships- The Committee does not recommend funding for undergraduate nursing scholarships, which the same as the budget request and \$2,377,000 less than the fiscal year 1992 amount. The House provided

\$1,765,000. This program provides scholarships to full-time students to cover tuition and fees at participating schools. In return, students must serve at least 2 years in facilities experiencing nursing shortages. (p. 50)

[Conference]--\$0 (p. 66)

Loan Repayment for Shortage Area Service- The Committee recommends \$2,414,000 for nursing loan repayment. This is \$961,000 more than the fiscal year 1992 amount and \$1,335,000 more than the House provided. The administration requested no funds. These funds are used to repay student loans in exchange for at least 2 years' service in public health facilities experiencing a critical shortage of nurses. (p. 50)

[Conference]--\$2,045,000 (p. 66)

#### NATIONAL INSTITUTES OF HEALTH:

##### National Cancer Institute:

##### Cooperative Clinical Research:

Psychosocial Counseling-Last year the Committee strongly urged NCI to further explore the impact on survival and quality of life of cancer patients from psychosocial counseling services and to give greater priority to counseling services as an integral aspect of medical care. Psychosocial counseling is short-term, time-limited therapy that addresses not only the emotional and adjustment issues of coping with long-term illness, but also issues such as the need to comply with medical treatment plans. In addition, the Committee requested NCI to conduct a study to identify payment mechanisms which should be utilized to provide these important services within cancer centers. The Committee is pleased that NCI will initiate a new program to evaluate the efficacy of specific counseling interventions in improving quality of life and increasing medical compliance. This initiative recognizes the importance of psychosocial counseling early in the history of the disease, such as the time of identification of high risk, at the diagnosis of the cancer, and the initiation of cancer treatment. In response to the Committee's concern about the uncertainty of payment for psychosocial counseling, NCI's initiative should include an evaluation of costs of services and potential payment mechanisms. The Committee again strongly urges NCI to continue these efforts and to expand their initiative to also include the impact of psychosocial counseling on survival. (p. 80)

National Institute of Child Health and Human Development:

Other Priorities- The Committee continues to be most supportive of efforts targeted toward our Nation's adolescents and, in particular, young minorities. The Committee feels that a priority within this research portfolio should be given to studies addressing normal development and prevention. The establishment of exploratory centers of excellence should be considered, as well as continuing joint studies with the National Institute for Nursing Research. (p. 114-115)

National Institute of Environmental Health Sciences:

NIEHS Research Centers- ...The Committee has been pleased with NIEHS's responsiveness to the pressing public health care needs associated with volcanic emissions in the State of Hawaii and urges the eventual establishment of an environmental health center at the University of Hawaii. The Committee has further been impressed with the Institute's sensitivity to the importance of ensuring that professional nursing and behavioral scientists are actively encouraged to become involved in the environmental health arena. (p. 119)

National Center for Nursing Research:

The Committee recommends an appropriation of \$49,000,000 for the National Center for Nursing Research [NCNR]. This is \$432,000 more than the administration request, \$4,030,000 more than the 1992 appropriation of \$44,970,000, and \$1,637,000 more than the House allowance.

The research programs of the NCNR focus on improving patient care and the environment in which it is delivered. Research is also aimed at providing a better understanding of the physiological and behavioral processes that relate to promoting, maintaining, and recovering health, as well as coping with illness. (p. 134-135)

[Conference]--\$48,202,000 (p. 72)

[Conference]--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 sum proposed by said amendment, insert: \$48,591,000. And on page 25 of the House engrossed bill, H.R. 5677, strike all in line 19 and insert in lieu thereof the following: NATIONAL INSTITUTE OF NURSING RESEARCH. The managers on the part of the Senate will move to concur in the amendment of the House to the amendment of the Senate. (p. 20)

Symptom Management: Acute Pain in Vulnerable Populations-

The Committee recommended funding support for the NCNR initiative aimed at the assessment and management of acute

pain and exacerbations of acute pain associated with chronic illness as it relates to vulnerable populations, such as children, minorities, and older persons. Due to the multidimensional nature of pain, including physiological, behavioral, and sociocultural attributes, caring for patients in pain is an extremely complex issue. Accurate pain assessment and treatments are often inadequate for effective pain relief. Studies will include improved pain assessment techniques as well as pharmacological and nonpharmacological approaches to pain management. (p. 135)

Research in Midlife Women- The Committee recommends funding for the NCNR women's health initiative aimed at health research in midlife women. These studies are designed to decrease morbidity experienced by women of this age group and to increase significantly the health-related quality of life among midlife and ultimately aging women as they live longer. A better understanding of the biologic, psychologic, and sociocultural determinants of those women who make the transition to postreproductive years is a critical component of these studies. (p. 135)

Long-Term Care- The Committee has included funding to support the NCNR long-term care program that will focus on the development and testing of interventions for clinical problems encountered in the long-term care of the elderly residing in institutions, as well as within the community. The identification and development of nursing interventions for clinical problems such as mobility, cognition, depression, functional impairment, and social isolation will facilitate self-care, increase the involvement of family members, and, ultimately, increase the potential for rehabilitation and discharge to the home, thus integrating the elderly back into the community. (p. 135)

Intramural Research- The collaborative effort between NIA and NCNR to encourage studies of interventions to manage Alzheimer's disease symptoms is to be commended. This interdisciplinary approach holds great promise in understanding this complex disease and successful methods to improve care. The Committee is pleased that the NCNR continues its commitment to studying the prevention of HIV infection and the care of patients afflicted with this disease. These studies include the physiological and psychological factors in HIV-positive individuals and their care providers, and nutritional problems that may be related to treatments and immune function. Additionally, the NCNR is working collaboratively with the National Heart, Lung, and Blood Institute and the National Institute on Aging on the Honolulu Asian aging study. This study focuses on the impact on the care provider of caring for an individual with dementia. (p. 135-136)

Minority Health Concerns- The Committee urges NCNR to continue efforts to address minority health concerns. New reports highlight the disparity between death and illness experienced by minority Americans and that experienced by the U.S. population as a whole. NCNR has supported research that targets minority populations in several areas such as adolescent health, diabetes, cancer, prevention of low birthweight infants, and long-term care of older persons. The Committee is pleased with the progress NCNR has made in encouraging minority nurses to participate in research training and urges continued efforts to involve minority students in nursing research. (p. 136)

Childhood Development- The Committee continues to be very supportive of research efforts targeted toward our Nation's adolescents, and particular minority and younger adolescents. The collaborative efforts between NCNR and NICHD have been most impressive and should be continued and expanded. Priority should be given to focusing upon the strengths of normal development. (p. 136)

Research Training- Research training and career development has been an important initiative for NCNR as it builds a cadre of investigators able to address complex clinical problems as well as complex methodological issues. The Committee encourages NCNR to maintain research training as a priority, to encourage more focus on post-doctoral preparation, and to target new areas of study where there are emerging opportunities, such as the interface between the biological and behavioral sciences. (p. 136)

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH:

Agency for Health Care Policy and Research:

Medical Treatment Effectiveness Program--...The Committee continues to be impressed by AHCPR's efforts to actively include the wide variety of practice disciplines that contribute to the quality of patient care, such as nursing, physical therapy, and psychology, as components of its medical outcome research initiatives. The Committee feels that the development of advanced nursing practice curriculum and guidelines in the prescription privilege arena would be particularly useful at this time, and urges AHCPR to work collaboratively with the Division of Nursing to accomplish this objective. The Committee further encourages AHCPR to develop an adolescent health initiative, and particularly, with an emphasis on stressing inherent strengths and coping abilities. (p. 157-158)

## HEALTH CARE FINANCING ADMINISTRATION:

### Research, Demonstration, and Evaluation:

National Uniform Electronic Billing and Data System Demos--  
...The Committee continues to be very supportive of research projects which address the issue of effectively utilizing nurse practitioner services. The Committee would especially be interested in exploring the availability of pediatric and family nurse practitioner care under the various State Medicaid programs. (p. 162)

### DEPARTMENT OF EDUCATION:

#### School Improvement Programs:

School Personnel Training--The Committee provides \$13,863,000 for school personnel training grants, \$10,000,000 less than the fiscal year 1992 comparable level, \$139,000 more than the House allowance, and the same as the administration's request.

The drug-free schools and communities school personnel training program awards competitive grants to establish, expand, or enhance programs and activities for the training of teachers, administrators, and other personnel concerning drug and alcohol abuse, education, and prevention. Two separate programs are authorized: one for training all categories of school personnel and one for training counselors, social workers, psychologists, and nurses only. (p. 201)

[Conference]--\$13,614,000 (p. 94)

### RELATED AGENCIES ACTION:

#### Physician Payment Review Commission-

The Committee recommends the transfer of \$4,451,000 from the Medicare trust funds to support operations of the Physician Payment Review Commission (PPRC). This is \$45,000 below the independent commission's request to the Congress, the same as the House amount, and \$53,000 over the fiscal year 1992 amount.

The Physician Payment Review Commission was established by the Consolidated Omnibus Reconciliation Act of 1985 (Public Law 99-272). The Commission is charged with making recommendations to the Secretary of Health and Human Services and to Congress regarding Medicare payments for health services provided by physicians and other practitioners. (p. 274)

[Conference]--\$4,415,000 (p. 111)



DEPARTMENT OF DEFENSE APPROPRIATION BILL, 1993 (H.R. 5504, Sen Rpt 102-408; Conf Rpt. 102-1015; PL 102-396)

**Research, Development, Test and Evaluation:**

**Medical Research, Development, Test and Evaluation:**

Nursing Research--The Committee has been pleased at the response by the military nursing community to its initiative to provide funding for medical-related research by nurses. In fiscal year 1992, \$1,000,000 was provided for this initiative and the Committee understands that 66 excellent proposals were received, requesting a total of almost \$4,500,000. To continue this project, the Committee is recommending \$2,000,000 to fund nursing research proposals in fiscal year 1993. Funding is to be provided to the Uniformed Services University of the Health Sciences for dissemination to those projects which are approved by the Chief Nurses of the Army, Navy, and Air Force. (p. 220)

[Conference]--The Conferees have agreed not to fund medical research in Title VI, the Defense Health Program, as proposed by the Department and have transferred \$313,033,000 back to Title IV. Total funding for medical research, including this transferred funding, is detailed below:  
...Nursing Research      \$2,000,000. (p. 118-119)

**Other Department of Defense Appropriations:**

**Committee Adjustments:**

Nurse Practitioners--\$1,000,000 is provided to begin planning and implementation of a training program for nurse practitioners at the Uniformed Services University of the Health Sciences. (p. 322)

[Conference]--\$1,000,000 (p. 151)

Pediatric EMS--Following up on last year's program to improve the documentation, clinical outcomes, rehabilitation, and prevention of pediatric emergencies, \$300,000 is appropriated to refine and implement pediatric emergency services for review of tasks pertaining to head trauma, seizures, and respiratory distress by the existing interdisciplinary DOD Civilian External Peer Review Program, and to pilot test and refine review criteria for ingestion and dehydration. Preliminary results of a pilot study indicate a wide disparity in the educational preparation of emergency room personnel to handle pediatric emergencies. An additional \$150,000 is appropriated for development of an interdisciplinary education program. The Committee believes that the Department will be well served to use the expertise of a nationally recognized pediatric medical center and wishes to ensure that all disciplines, including nursing,

will be actively involved in developing this educational program for nurses, physicians, other health care providers, and beneficiaries of pediatric emergency health care. The Committee believes that the goal of this program should be improved documentation, clinical outcomes, rehabilitation, and prevention. (p. 322-323)

[Conference]--\$450,000 (p. 151)

#### Special Pays and Training:

Nonphysician Health Care Providers--...The Committee notes that the Department of Defense continues to experience a shortage of certified registered nurse anesthetists [CRNAs]. National data indicate a wide disparity between civilian and military CRNA salaries; typically, civilian CRNA's earn up to \$30,000 more in annual salary than military CRNA's. The Committee believes that one way to decrease this disparity is to increase the annual incentive special pay for CRNA's from \$6,000 to \$15,000. The Committee directs the Department to evaluate its need for military nurse anesthetists and to consider the efficacy of increased incentive pay for attracting and retaining CRNA's on active duty.

In addition, the Committee recommends that the Department consider increasing the number of military hospitals which serve as clinical affiliates for CRNA civilian education programs and explore further increasing the number of military schools for nurse anesthesia.

Another nursing issue is the nursing accession bonus. Because of national salary and benefits data about registered nurses in the civilian work force and because of the proven effectiveness of the current nursing accession bonus plan, the Committee wishes to express its strong support for continuation of this benefit. (p. 325)

[Conference]--

Nursing Demonstration Project--The conferees concur with the House on the need for a nursing demonstration project and have included \$2,000,000 for the Army Surgeon General to establish such a program only at Mount Aloysius College, Pennsylvania. (p. 153)

#### HR 6180--AN ACT TO AUTHORIZE APPROPRIATIONS FOR THE NATIONAL TELECOMMUNICATIONS AND INFORMATION ADMINISTRATION, AND FOR OTHER PURPOSES

#### Sec 134--Communications for Rural Health Providers:

(b) Advisory Panel--The Secretary of Commerce, in conjunction with the Secretary of Health and Human Services, shall establish an advisory panel to develop recommendations for the improvement of rural health care through the collection of information needed by providers and the

improvement in the use of communications to disseminate such information.

(c) Composition of Panel--The Panel shall be composed of individuals from organizations with rural constituencies and practitioners from health care disciplines, representatives of the National Library of Medicine, and representatives of different health professions schools, including nurse practitioners. (p. 24)

INDIAN HEALTH AMENDMENTS OF 1992 (S. 2481; Sen Rpt. 102-392; and Conf Rpt. in CR, October 7, 1992; PL 102-538)

Definitions--"Health profession" means family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions. (CR S-17207, October 7, 1992)

Indian Health Manpower:

[Conference]--Indian Health Professionals: (CR S-17207)

Indian Health Manpower Programs and Scholarship Assistance:

...The Committee intends the provisions of this title to be interpreted broadly by the Indian Health Service. The Committee believes that the amendment will provide the Indian Health Service with the flexibility to target the recruitment efforts on health professions that are in demand throughout Indian country. The Committee recognizes the need to provide scholarship assistance to Indian students who are enrolled in a course of study on a part-time basis. This change in the scholarship program will help provide badly needed assistance to single parents and those who are unable to go to school on a full-time basis. The Committee understands that part-time nursing students are often in need of scholarship assistance in order to continue their education. The Amendment further provides that the IHS shall not deny scholarship assistance to eligible applicants solely because they receive benefits or assistance from other federal programs. (p. 8-9)

[Conference]--The Secretary shall provide one of the grants authorized under subsection (a) [continuing education allowances] to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs

established under section 114(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b). (p. CR S-17208)

Recruitment and Retention of Nurses:

The Committee Amendment includes a variety of programs to improve the ability of the Indian Health Service to recruit and retain nurses within the Indian Health Service. The Nursing program is amended to allow nurses employed by the IHS to receive continuing education allowances. This amendment includes nurse anesthetists in addition to nurses, nurse midwives, and nurse practitioners in Nursing Programs, and authorizes grants to establish and develop clinics operated by these professions to provide primary health care to eligible patients. The Nursing program authorization provides that not less than \$1,000,000 of the annual appropriation be used to carry out the nursing program for the training of nurse midwives and nurse practitioners.

The Amendment also includes a provision to require that 25 percent of all retention bonuses awarded by the Indian Health Service be awarded to nurses. The Committee has included a provision which authorizes the Secretary to award retention bonuses to any nurse or physician employed by an Indian tribe under an Indian Self-Determination Act contract. This provision will assure that physicians and nurses employed by self-determination contractors will be eligible for retention bonuses if their positions are necessary and recruitment or retention is difficult. The Committee is aware of the problems experienced by Indian tribal governments and tribal contractors because of the difficulty in retaining health professionals. The Committee intends this language to help address the problem of retaining qualified health professionals in tribal health programs.

The Committee Amendment also includes language to allow nurses employed in Indian health programs to participate in advanced training programs in order to obtain an advanced degree. The Amendment includes a new section to award grants to public or private schools of nursing to provide primary care services in medically underserved rural areas. These clinics shall be designed to provide nursing students with a structured clinical experience that is similar in nature to physician residency training programs.

The Committee desires to make clear that it intends that all categories of nurse practitioners, including nurse anesthetists, be included in recruitment provisions such as those for nursing educational grants, wherever the term nurse practitioner appears in the Act. Specific mention of nurse anesthetists in the Act is intended to highlight the role that nurse anesthetists play in clinics which provide critical services to Indian populations, and is not intended to limit IHS's ability to include nurse anesthetists in the grants awarded within the Nursing program.

The Committee intends these provisions to provide a variety of incentives to nurses employed in Indian health programs in an effort to address the national shortage of nurses within the Indian Health Service.

The Committee Amendment provides for the continuation of the Community Health Representative training program and provides for the consideration of lifestyle factors (i.e. alcoholism, family dysfunction, and poverty) affecting Indian health in developing health promotion and disease prevention training curricula. (p. 9-10)

[Conference]--Beginning with fiscal year 1993, of the amounts appropriated under the authority of this title for each fiscal year to be used to carry out this section, not less than \$1,000,000 shall be used to provide grants under subsection (a) for the training of nurse midwives, nurse anesthetists, and nurse practitioners....

...Beginning with fiscal year 1993, not less than 25 percent of the retention bonuses awarded each year under subsection (a) shall be awarded to nurses....The Secretary may pay a retention bonus to any physician or nurse employed by an organization providing health care services to Indians pursuant to a contract under the Indian Self-Determination Act if such physician or nurse is serving in a position which the Secretary determines is-(1) a position for which recruitment or retention is difficult; and (2) necessary for providing health care services to Indians....

...The Secretary, acting through the Service, shall establish a program to enable licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian health program..., and have done so for a period of not less than one year, to pursue advanced training. Such program shall include a combination of education and work study in an Indian health program...leading to an associate or bachelor's degree (in the case of a licensed practical nurse or licensed vocational nurse) or a bachelor's degree (in the case of a registered nurse). An individual who participates in a program under subsection (a), where the educational costs are paid by the Service, shall incur an obligation to serve in an Indian health program for a period of obligated service equal to at least three times the period of time during which the individual participates in such program. In the event that the individual fails to complete such obligated service, the United States shall be entitled to recover from such individual an amount determined in accordance with the formula specified in subsection (1) of section 108 in the manner provided for in such subsection....

...the Secretary, acting through the Service, is authorized to provide grants to public or private schools of nursing; for the purpose of establishing, developing, operating; and administering clinics to address the health care needs of Indians, and to provide primary health care

services to Indians who reside on or within 50 miles of Indian country, as defined in section 1151 of title 18, United States Code. Grants provided under subsection (a) may be used to-(1) establish clinics, to be run and staffed by the faculty and students of a grantee school, to provide primary care services in areas in or within 50 miles of Indian country...(2) provide clinical training, program development, faculty enhancement, and student scholarships in a manner that would benefit such clinics; and (3) carry out any other activities determined appropriate by the Secretary. The Secretary may award grants under this section in such amounts and subject to such conditions as the Secretary deems appropriate. The clinics established under this section shall be designed to provide nursing students with a structured clinical experience that is similar in nature to that provided by residency training programs for physicians. The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section. Out of amounts appropriated to carry out this title for each of the fiscal years 1993 through 2000 not more than \$5,000,000 may be used to carry out this section. (CR S-17208-17209)

#### Loan Repayment Program:

The Committee Amendment includes a broad description of health professionals eligible to participate in the loan repayment program as defined under section 4. Changes to the loan repayment program would allow part-time students to be eligible for the loan repayment program. The Amendment would set a minimum of 25 percent for the provision of financial assistance for nurses, nurses practitioners or nurse midwives and a 10 percent minimum for mental health professions. The setting of a minimum percentage for nurses and mental health professionals is based on the significant shortage of both professions in the Indian Health Service. Nursing vacancies typically range from 14 to 20 percent in all areas of the IHS. Further in 1990, the Office of Technology Assessment found that only 17 trained mental health providers were available to address the mental health needs of children and adolescents. To remedy this discrepancy, the 1990 amendments to the Indian Health Care Improvements Act required the IHS to designate resources over the next five years to hire at least 500 more mental health professionals. The Committee believes that the term "mental health providers" should include those health professionals with training in the fields of psychology, social work, psychiatry, psychiatric nursing and marriage and family therapy. (p. 10-11)

[Conference]--...of the total amounts appropriated for each of the fiscal years 1993, 1994, and 1995 for loan repayment contracts under this section, the Secretary shall provide that (i) not less than 25 percent be provided to applicants

who are nurses, nurse practitioners, or nurse midwives; and (ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)). (CR S-17209)

Recruitment of Health Professionals:

...The Committee intends to allow tribally controlled postsecondary vocational institutions to participate in the nursing program grants authorized under section 112 and the Tribal Culture and History Program authorized under section 113 of the Act. The amendment will allow the United Tribes Technical Center and the Navajo Community College to participate in these programs along with other Tribally Controlled Community Colleges.

The Committee Amendment also includes a provision that establishes an Indians into Medicine program for Indian Health Service nurses and mental health professionals. The Committee is concerned that INMED programs established under existing law have operated to exclude nurses and mental health professionals. The Committee believes that INMED programs specifically geared to nursing and mental health professionals will serve as a beneficial incentive and recruitment tool of the Indian Health Service. These programs will help to significantly increase the number of nurses and mental health professionals working in the Indian Health Service. ... (p. 12)

[Conference]--Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 112(e). (CR S-17210)

...The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities...The Secretary and the Indian tribe or tribal organization shall enter into a written contract with each recipient of such scholarship. Such contract shall...require the recipient of such scholarship to meet the educational and licensure requirements necessary to be a physician, certified nurse practitioner, certified nurse midwife, or physician assistant....

...The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter ...referred to as USDSM) to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen area of the Service. The purposes of the program established pursuant to a grant provided under subsection (a) are...to provide academic and scholarly opportunities for physicians, physician assistants, nurse practitioners, nurses, and other

allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region....The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools. (CR S-17210-17211)

TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT  
APPROPRIATION BILL, 1993 (Sen. Rpt. 102-353 to H.R. 5488;  
Conf. Rpt. 102-919; PL 102-393)

Section 8902(k)(1) of 5 U.S.C. is amended to read as follows:

When a contract under this chapter requires payment or reimbursement for services which may be performed by a clinical psychologist, optometrist, nurse midwife, nursing school administered clinic, or nurse practitioner/clinical specialist, licensed or certified as such under Federal or State law, as applicable, or by a qualified clinical social worker as defined in section 8901(11), an employee, annuitant, family member, former spouse, or person having continued coverage under section 8905a of this title covered by the contract shall be free to select, and shall have direct access to such a clinical psychologist, qualified clinical social worker, optometrist, nurse midwife, nursing school administered clinic, or nurse practitioner/nurse clinical specialist without supervision or referral by another health practitioner and shall be entitled under the contract to have payment or reimbursement made to him or on his behalf for the services performed. (p. 111)

[Conference]--no change

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED  
PROGRAMS APPROPRIATION BILL, 1993 (Sen. Rpt. 102-419; H.R.  
5368; Conf. Rpt. H.R. 102-585; PL 102-391)

Bilateral Economic Assistance: Agency for International  
Development-

Development Assistance Fund/Health Activities:

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 is currently receiving 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. 82)

[Conference]--no change

Morocco Eye Project--The Committee urges that additional funds be made available by AID for the Morocco Eye Project.

In 1989, the Committee endorsed a project to relieve the suffering and restore the sight of 14 students in the School for the Blind in Fez, Morocco. Two years later, the Committee is pleased to report that surgery has restored all or partial sight to 13 of these children. From this modest initiative has grown a program to aid the blind in Morocco involving the establishment of a training program for over 200 nurses and doctors in the diagnosis of ocular diseases in the Province of Taroudant. This successful program can serve as a model for other developing countries. (p. 83)

[Conference]--no change

Special Assistance Initiatives/Former Republics of the Soviet Union:

Health--In the former Soviet Union the state of medical care is decades behind our own. One tragic result is that thousands of children who are born with curable heart defects, who could be treated and lead a normal life in the United States, die at an early age. The Committee is aware of the contribution of Heart To Heart, a U.S.-based organization established with private donations to assist children in the former Soviet republics suffering from life-threatening heart defects. American doctors and nurses have volunteered their time to train Russian doctors and do surgery, and have established a model program in St. Petersburg. The Committee urges AID to support Heart To Heart's efforts to expand its program. (p. 125)

[Conference]--no change

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES  
APPROPRIATIONS BILL, 1993 (Sen Rpt 102-345, HR 5503; Conf Rpt 102-901; PL 102-381)

Department of Health and Human Services:

Health Resources and Services Administration:

Indian Health Services:

Public Health Nursing--The Committee recommends a decrease of \$695,000, which includes reductions of \$198,000 for pay absorption, \$57,000 for Kotzebue staffing, and \$500,000 for

the proposed public health nursing initiative; offset partially by an increase of \$60,000 for staffing at the Taos clinic. (p. 105)

[Conference]--Changes to the House proposed level include a realignment of funds for staffing at new facilities based on recently-provided information from IHS and a 50 percent reduction in the funds proposed for population growth. Specifically, the net decrease to the amount proposed by the House includes...decreased for population growth of ...\$157,000 in public health nursing..decreases for staffing of new facilities of \$172,000...and decreases of \$500,000 in public health nursing. Net amount appropriated for public health nursing=\$20,360,000 (p. 62)

Indian Health Professions--The Committee recommends an increase of \$500,000 for the nursing program. Funding included in the budget request for recruitment and retention programs are to be awarded consistent with the direction provided in the statement of the managers accompanying the fiscal year 1992 conference report. (p. 105)  
(Audrey K. receives \$1,500,000)

[Conference]--\$7,682,000 (p. 62)

NATIONAL INSTITUTES OF HEALTH REAUTHORIZATION ACT OF 1992  
(Sen Rpt. 102-263, HR 2507; Conf. Rpt. HR 102-525; Vetoed by the President)

National Institute of Nursing Research- The Committee notes that when the Congress established the National Center for Nursing Research with the Health Research Extension Act of 1985, it recognized that nursing research should be included in the mainstream of scientific investigation. Over the ensuing years, the Committee has been impressed by the success of the Center's research programs including those on health-promoting behaviors and on new approaches to health care delivery. In that brief period, the Center has built a broad base of research and training programs that reflects the scope of programs supported by the National Research Institutes at NIH.

In recognition of the Center's expanded role at the NIH, the Committee redesignates the Center as the National Institute of Nursing Research. It is the intent of the Committee that this new designation serve to further integrate nursing research into the activities and priorities of the NIH. (p. 39)

(Although this bill was vetoed by the President, the redesignation of the National Center of Nursing Research to National Institute of Nursing Research was accomplished through Appropriations)

HEALTH PROFESSIONS EDUCATION EXTENSION AMENDMENTS OF 1992  
(Conf Rpt. HR 102-925; PL 102-408)

**TITLE II-NURSE EDUCATION ACT:**

When the Congress last reauthorized the Nursing Education Act in 1988, it called for an evaluation of projects funded under title VIII of the Public Health Service Act. In May 1991, the Secretary issued a final report to Congress on the evaluation of these projects. The report provided an overview of how and to what extent the grants carried out under each of the Title VIII sections had met their legislative objectives. A major conclusion from the evaluation study was that Federal funds provided to schools of nursing were an important source of development and start-up funds for graduate nursing education, and served as an incentive for innovation in nursing practice.

The Conferees recognize that many steps have been taken to address the current shortage of registered nurses and that the Nursing Education Act has helped to address this critical shortage. The goals of this reauthorization are to train more nurse practitioners, nurse midwives, and nurse anesthetists, and to improve access to health care in medically underserved and rural areas. (p. 125)

Authorization Period- The Conference agreement extends for two fiscal years the authorization of appropriations for expiring nurse education programs. This will ensure that when Congress considers the reauthorization of title VIII programs, neither the disadvantaged student assistance programs nor other title VII programs are being reauthorized. Maintaining the discrete focus of Federal assistance on nursing education underscores the continued importance that Congress places on the contribution of nursing to the provision of health care generally and health care reform in particular. (p. 125)

Special Project Grants and Contracts- Section 202 of the Conference agreement streamlines the nursing special projects authority to place greater emphasis on a smaller number of categorical areas. The Conferees were concerned about the growing diversity of special projects at a time of declining resources. Accordingly, the Conference agreement sharpens the focus of the special projects statute by limiting assistance to four specific categories. These categories include: (1) expanding enrollment in professional nursing programs; (2) promoting career mobility programs which upgrade the skills of licensed vocational or practical nurses, nursing assistants, other paraprofessional nursing personnel; (3) supporting programs that provide continuing education for nurses providing care in medical underserved or rural communities; and (4) developing or expand programs that improve access to primary care in noninstitutional settings in medically underserved or rural communities. By

specifying only a limited number of eligible project categories, the Conferees intend to focus resources on activities that will make the most important contribution to expanding the number of educational opportunities available to individuals desiring to pursue a nursing career.

One of the four priority project is education and training programs for nursing assistants and other paraprofessional nursing personnel to become licensed vocational or practical nurses or, potentially, registered nurses. The Conferees intend that this demonstration be coordinated with similar special projects to provide a comprehensive career development ladder for all categories of nursing personnel. The proposal is modeled in many respects after reports of the successful New York City Project "Ladders in Nursing Careers" (LINC), which provides counseling services as well as tuition assistance to nursing students. The Conferees believe that nursing providers and the professional nursing profession generally should look toward entry level nursing personnel as viable candidates to pursue educational opportunities to become professional nurses. With respect to LPN-LVN programs, the Conferees intend that funding be awarded solely to schools whose educational curriculum is approved, certified, or otherwise endorsed by the applicable State board as meeting the requirements for such programs.

The Conference agreement modestly reduces the authorization level below the comparable fiscal year 1992 appropriations, consistent with the Conferees' beliefs that additional funds are necessary to expand support for the training of nurse midwives and nurse practitioners. The Conferees recommend that funds no longer necessary to maintain the fiscal year 1992 level of special project program activity be allocated to nurse practitioner and nurse midwife training activities under section 822. The program is authorized for \$10.5 million for each of the fiscal years 1993-1994.

The Conferees recognize that a number of grants originally awarded under the old special projects authority involve multi-year project periods. Subject to the Secretary's discretion, the Conference agreement contains a provision to permit continued support of such project through the originally agreed upon project period. (p. 125-126)

Advanced Nurse Education- Section 203 of the Conference agreement makes substantive changes to the program of grants for Advanced Nurse Education (section 821). The Conference agreement continues the Congress' commitment to support the education of nurses who are pursuing advanced education, especially in clinical specialties and public health nursing. The Conference agreement eliminates grants or contracts for programs training nurse researchers and nurse administrators and requires that not more than 10 percent of the appropriation in any fiscal year be used for providing

grants or contracts for programs leading to doctoral degrees. The Conferees are aware of the need for nurse researchers. The National Center for Nursing Research (NCNR) was established in 1986 at the National Institutes of Health to foster, conduct, administer, and support research training programs directed at promoting the growth and quality of research related to nursing and patient care. The fiscal year 1992 appropriation for the NCNR is \$45 million, and the Conferees note there are funds available through the recently designated National Institute of Nursing Research (NINR) to support training. NINR supports nursing research through research grants, cooperative agreements, and research and development contracts. The Conferees believe that the NINR provides an appropriate source of funds for training nurse researchers. In addition, nurses interested in pursuing careers in administration can receive support on a case by case basis in traineeships in public health and health administration. There is authorized to be appropriated \$12 million for fiscal years 1993 and 1994 for section 821. (p. 126-127)

Nurse Practitioner and Nurse Midwife Programs- Section 204 of the Conference agreement makes changes to the program of grants and contracts for Nurse Practitioner and Nurse Midwife training. Nurse practitioner and nurse midwifery programs have contributed to improving the quality of care by expanding the nurse's role in assessment and case management and in increasing access to primary health care, particularly in medically underserved or rural communities. The Conference agreement emphasizes the need for recipients of funds to work in medically underserved or rural communities. The Conference agreement expands funding for nurse practitioner programs that train providers to treat adolescents and children by removing the special consideration previously provided for geriatric and gerontological nursing applications. There is authorized to be appropriated \$20 million for fiscal years 1993 and 1994. (p. 127)

Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds- Section 205 makes no changes to the program of grants for Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds. This program assists students from disadvantaged backgrounds to overcome financial, educational, or cultural barriers that prevent entry into nursing schools and interfere with successful completion of their studies. The Conferees emphasize that students who may have an associate degree in nursing would be eligible to receive funding under this section if they are financially, educationally or culturally disadvantaged. There is authorized to be appropriated \$5 million for fiscal year 1993 and \$6 million for fiscal year 1994. (p. 127)

Traineeships for Advanced Education of Professional Nurses- Section 206 of the Conference agreement includes substantive changes to the Traineeships for Advanced Education Professional Nurses. The Conference agreement allows all individuals interested in pursuing graduate level training as nurse clinicians the opportunity to become registered nurses. This will also allow students in graduate-level nursing programs to participate in traineeships when they have completed their basic nursing preparation, as defined by their schools. No longer will licensure as a registered nurse be a prerequisite for recipients of these stipends. The Conference agreement emphasizes preference for clinicians but authorizes traineeships for public health nurses and nurse educators. The Conference agreement eliminates the post-baccalaureate faculty fellowship and requires that not more than 10 percent of funds appropriated under this section in any fiscal year be used for providing traineeships to individuals pursuing doctoral degrees. To support traineeships for the advanced education of nurses, the Conference agreement authorizes \$20 million for each of the fiscal years 1993 and 1994. (p. 127)

Nurse Anesthetists- Section 207 makes changes to the program of grants and contracts for training nurse anesthetists. Recognizing the important role that nurse anesthetists fill in medically underserved and rural communities, the Conference agreement supports additional funding to maintain, expand, or establish new programs for training nurse anesthetists and to provide additional traineeships to the students. The Secretary will give preference to applicants that provide their students with clinical training in rural health settings. Grant recipients must give preference in awarding traineeships to individuals who are residents of medical underserved areas. The Conference agreement authorizes \$3 million for fiscal year 1993 and \$4 million for fiscal year 1994. (p. 128)

Student Loans- Section 208 of the Conference agreement makes changes to the program of Allotment and Payment of Federal Capital Contributions to schools of nursing. The Conference agreement amends section 838(a)(3)(A) to require that funds remain in the Nursing Student Loan Program until expended, rather than only for the current two year period, after which time they could have been spent for other Department of Health and Human Services' purposes. The Conference agreement ensures that nursing students loan money will be used only for nursing loan programs and will not be diverted to other purposes in the Department. (p. 128)

Preferences and Required Information- Section 209 establishes funding preferences for qualified applicants who demonstrate a high placement rate of their graduates into practice settings that provide health services to residents

of medically underserved communities or who demonstrate a significant increase in the placement of their graduates into such settings. The intent of this provision is to provide an incentive for the development of programs that will train health professionals to meet the health service needs of medically underserved communities. These preferences are substantively identical to the preferences applied to title VII programs under section 791 of this Act. (p. 128)

Transfer of Loan Repayment Program- Section 211 of the Conference agreement includes substantive changes to the loan repayment program. Subsection (h) and section 837A have been deleted and the authority for the Loan Repayment Program is transferred to a new subpart. Section 846 facilitates the employment of nurses in medically underserved or rural areas by providing federal funds to repay student loans for those agreeing to serve in such areas. The Conference agreement supports the implementation of the loan repayment program as a method of reducing or eliminating financial barriers to nursing education. The Conference agreement authorizes \$5 million for fiscal year 1993 and \$6 million for fiscal year 1994. (p. 128)

Advisory Council on Nurses Education and Practice- Section 212 of the Conference agreement redesignates the National Advisory Council on Nurses Education as the National Advisory Council on Nursing Education and Practice. (p. 129)

#### **TITLE VII-HEALTH PROFESSIONS EDUCATION:**

##### **Special Training Projects:**

Rural Areas--Section 778 extends the authorization of appropriations for the health care for rural areas program. In general, amounts provided shall be used to fund interdisciplinary training projects designed to used new and innovative methods to train health care practitioners to provide services in rural areas; demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care; ...increase the recruitment and retention of health care practitioners in rural areas and make rural practice a more attractive career choice for health care practitioners. (p. 66)

Nursing School-Run Clinics--included in the Senate version was dropped in conference.

PREVENTIVE HEALTH AMENDMENTS OF 1992 (HR 3635, Conf Rpt 102-1019; PL 102-531)

**TITLE III-CERTAIN PROGRAMS:**

Establishment of Office of Adolescent Health

In General--There is established an Office of Adolescent Health within the Office of the Assistant Secretary for Health, which office shall be headed by a director appointed by the Secretary. The Secretary shall carry out this section acting through the Director of such Office.

Duties--With respect to adolescent health, the Secretary shall coordinate all activities within the Department of Health and Human Services that relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care, including coordinating...the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, and social workers... (p. 16)

REVENUE ACT OF 1992 (H.R.11; Congressional Record, October 5, 1992; Vetoed by the President)

**Title X- Medicare Provisions**

Amendments relating to Part B of the Medicare Program

Nurse Practitioners and Physicians' Assistants-

Senate Amendment- Expands the settings in which nurse practitioners, clinical nurse specialists and physicians' assistants may bill Medicare Part B for services performed to include all outpatient settings... (p. H 12575)

[Conference]-The conference agreement does not include the Senate amendment. (p. H 12575)



M E M O R A N D U M

TO: Senator Inouye

DATE: November 20, 1992

FROM: Diana

RE: Adolescent Health Issues

PREVENTIVE HEALTH AMENDMENTS OF 1992 (Conf. H.Rpt. #102-1019; PL 102-531)

**Title III-Certain Programs:**

Establishment of Office of Adolescent Health

In response to the report of the Office of Technology Assessment entitled "Adolescent Health," the conference report provides for the establishment of an Office of Adolescent Health within the Office of the Assistant Secretary for Health. This office is authorized to make demonstration grants for the improvement of adolescent health, including provisions authorizing an effort recently begun by the Secretary of HHS regarding the promotion of health among minority males. (p. 45)

[Last year the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education included bill language targeting \$2,000,000 of MCH funds to establish a new Office of Adolescent Health at HRSA to fund projects implementing recommendations made by the Office of Technology Assessment in its report on adolescent health. The Committee urged the Department to establish a special blue ribbon advisory committee to oversee the office, and to ensure that projects funded combine education and health programs; for example, nursing school-administered clinics on school grounds. (p. 53, Sen. Rpt. #102-104) The House/Senate conferees deleted without prejudice the bill language regarding an Office of Adolescent Health. The conferees intended \$2,000,000 to be used to establish such an office. The office should coordinate Departmental efforts to improve adolescent health, including increasing the number of health providers such as nurse practitioners and physician assistants trained in adolescent health. (p. 21, Conf. H. Rpt. # 102-282)]

FY 93 LABOR, HHS, EDUCATION APPROPRIATIONS BILL  
(Sen. Rpt. #102-397; H.R. 5677; Conf. H.Rpt. #102-974;  
PL 102-394)

Title II-Department of Health and Human Services:

HEALTH RESOURCES AND SERVICES ADMINISTRATION:

Health Care Delivery and Assistance:

Maternal and Child Health Block Grant- ...Last year the Committee included bill language directing MCH to establish an Office of Adolescent Health, pursuant to the findings of the Carnegie Council on Adolescent Health. The Committee was very pleased with progress to date and urges MCH to develop a focused approach to its efforts. The Committee particularly feels 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 and especially with minority youth. The Committee reiterates its concern that the Department should initiate special health professions training tracks in adolescent health, especially for nurse practitioners and physician assistants. (p. 43)

[Conference]--no change

Health Professions:

Nurse Training:

Special Projects--...The Committee continues to support the nursing pediatric-EMS initiative by the division of nursing and HRSA pediatric-EMS personnel. The Committee supports cooperative efforts by the division and the American Red Cross to ensure that professional nursing addresses national health emergencies. The Committee encourages support of projects targeted toward the broad health care needs of adolescents, particularly minority adolescents. (p. 49)

[Conference]-no change

Pediatric Health Care Demonstrations:

The Committee recommends \$23,000,000 for pediatric AIDS demonstrations. This amount is \$3,844,000 over the House allowance and \$3,650,000 over the administration request and

the fiscal year 1992 amount. These funds support projects to develop community-based, family centered coordinated services for women, infants, and children who are infected with HIV or at risk of developing HIV disease.

The Committee is pleased to learn that through 1990, over 16,000 clients have been served, which include 5,161 infants and children and 5,572 women. The projects constitute the single largest Federal program providing comprehensive HIV services to children, adolescents, women, and families, which now comprise the fastest growing segment of the HIV/AIDS population.

It is the Committee's intent that with the increased funds, existing demonstration projects should receive additional support to meet increased demand for services. A second consideration is the need to expand projects to serve adolescents. Unless otherwise specified, funds provided are for projects that deliver direct, family-centered, coordinated comprehensive health, and social services. Funding provided shall not be used for title IV of the Ryan White Act. (p. 51)

[Conference]-\$20,909,000 (p. 67)

#### CENTERS FOR DISEASE CONTROL:

##### Disease Control, Research, and Training:

Preventive Health and Health Services Block Grant...The block grant is a funding mechanism which allows the States to allocate funds based on their preventive health priorities. Specific prevention activities are eligible for funding from the block grant. Some of these activities include community-based programs to deter smoking and alcohol use among children and adolescents, programs to detect and prevent hypertension, programs to reduce the incidence of chronic diseases, and support for comprehensive public health services. (p. 56)

[Conference]-no change

##### Sexually Transmitted Diseases--

The Committee recommends \$95,000,000 for sexually transmitted disease prevention and control, \$5,490,000 more than the budget request, \$6,179,000 more than the fiscal 1992 appropriation, and \$6,497,000 more than the House allowance.

The Committee continues to be extremely concerned about the numbers of sexually transmitted diseases [STD] especially among women, adolescents, and young adults. To further add to this concern is the fact that the tools to control this epidemic in most instances already exist--case management, patient followup, and adequate treatment.

Estimates are that approximately 12 million STD infections occur each year, and two-thirds of these cases occur in persons under 25 years of age. At the beginning of the 1990's, infectious syphilis was at the highest level in over 40 years. In 1990, syphilis rates among African-Americans were 56 times higher than whites, and rates among Hispanics were 7 times higher. There has also been at least a fivefold increase in congenital syphilis cases among women. Annually, approximately 1.3 million new cases of gonorrhea occur at an estimated cost of almost \$1,000,000,000; 25 percent of these cases are in teenagers. In addition, four new types of antibiotic resistance to gonorrhea have emerged in the last decade. Furthermore, in 1990 the highest gonorrhea rates among women occurred in adolescents. Increased national and congressional recognition of women's health issues has uncovered a great disparity in service delivery programs in the area of sexually transmitted diseases for women. Many of these diseases, like chlamydia have become a national public health issue. Chlamydia is easily treated, but few women receive the necessary treatment, thus increasing their risk for serious infection leading to infertility. Last year, the subcommittee provided \$2,000,000 for the CDC to startup a national chlamydia screening program. The Committee is encouraged by the progress made by CDC in this program and urges that the CDC spend no less than \$2,500,000 to continue these efforts. Chlamydial infection is the most common bacterial STD with approximately 4 million new cases annually at a total cost estimated to exceed \$2,200,000,000.

The Committee has received information that CDC has announced plans to start a new program of enhanced services by expanding access to STD services beyond categorical STD clinics in addition to the STD clinics now funded. The Committee has been informed that a majority of States would have their funds reduced by over 10 percent. The Committee agrees that STD services should be expanded and has added \$5,940,000 for the enhanced services. The Committee directs that, at a minimum, all States receive the same funding for the current services as was provided in fiscal year 1992.

The recommendation includes \$83,128,000 for grants and \$11,872,000 for program operations. The Committee directs CDC to utilize the increase provided in grant funds to address STD prevention and control among those populations most affected by the epidemic. The Committee would like to see new and innovative prevention approaches among women, adolescents, and young adults. With this infusion of new dollars, now is the time for CDC to make major inroads into reducing one of the most important public health problems in this country. (p. 57-58)

[Conference]-\$90,027,000 (p. 69)

Chronic and Environmental Disease Prevention--...Through its prevention efforts, CDC translates chronic disease and hazardous substance research findings into practical public health programs that reduce death, illness, and disability. The Committee notes that the prevention and control projects involve high-risk elderly, adolescents and young adults, women, and minority populations....

The Committee has included a \$3,000,000 increase for the CDC program to counteract tobacco use. Smoking remains the single most preventable cause of death in this country, alone causing 434,000 deaths per year. Further, those most at risk from the ill health effects of smoking tend to be minorities, women, and the young. The Committee is convinced that smoking cessation efforts can make a difference. Over 40 controlled clinical trials have examined various combinations of smoking cessation counseling, educational literature, and nicotine replacement therapy. Studies have shown that these efforts can succeed in helping up to 40 percent of smokers quit. This recommendation will provide the resources and impetus for programs we know work by directing particular attention to groups at special risk--pregnant women, children, and adolescents. (p. 61-62)

[Conference]-no change

Injury Control--...The increase in violent behaviors and death among many of America's urban youth is deeply disturbing, and the Committee supports increased action to prevent and intervene in youth violence. The Committee commends the recent CDC report, "Prevention of Youth Violence: A Framework for Community Action," which contains a number of program suggestions for State and county health officers and community organizations. CDC is urged to continue a strong focus on community demonstration interventions, coupled with rigorous evaluation research, so that successful strategies may be identified. CDC is also urged to improve surveillance of homicide and violent injury so that more information is available to researchers and policymakers about the perpetrators of violence. CDC is urged to coordinate research, where appropriate, with the National Institute of Child Health and Human Development and the National Institute of Mental Health. (p. 65-66)

[Conference]-no change

NATIONAL INSTITUTES OF HEALTH:

National Institute on Alcoholism and Alcohol Abuse  
(NIAAA):

...The Committee notes that NIAAA and the National Institute on Drug Abuse (NIDA) are required to obligate 15 percent of funds provided for health services research. This research is essential to ensure that components and costs of effective treatment for women, men, adolescents, and children across modalities are established and that the efficacy of treatment is documented. The Committee intends that NIAAA and NIDA target these funds to conduct the following research: (1) for all modalities of treatment, determine the client and program factors that influence treatment-seeking behavior, treatment retention and efficacy and relapse after treatment; (2) for all modalities of treatment, determine the relationship between treatment outcome, the content and organization of treatment and the costs of treatment; (3) determine standards and criteria by which to measure treatment outcome for all modalities; (4) evaluate primary and secondary prevention activities and determine what activities are effective, including the efficacy of alcohol beverage labeling and advertising and alcohol excise taxes. (p. 95)

[Conference]-no change

National Institute of Mental Health:

Rural and Native American Mental Health--The Committee is disappointed that NIMH has not faithfully followed its directives regarding family-centered mental health research to date, and expects NIMH to comply with the Committee's intent to fund this work research in fiscal year 1993. The Committee has provided \$15,000,000 for behavioral research on rural and native American mental health issues. The Committee has received the report, "The State of Native American Youth Health," drawn from a survey of 14,000 Indian youth. The report notes that suicide is increasing among native American youth, a finding confirmed by the Office of Technology Assessment study on adolescent mental health. In conducting research on native populations under this initiative, the Committee urges NIMH to coordinate with the Indian Health Service. (p. 96-97)

[Conference]-no change

Prevention--The Committee is pleased with NIMH's progress toward developing a major primary prevention agenda, working with the Institute of Medicine. The Committee expects that this will be an ongoing initiative and supports NIMH making

prevention a high priority by designative funds and staff resources to follow up on the recommendations of the IOM study. The Committee particularly supports projects targeted toward young adolescents. NIMH should consult regularly with primary prevention researchers and advocates on this initiative. (p. 97-98)

[Conference]-no change

National Institute of Neurological Disorders and Stroke:

Sleep Disorders--The Committee is very pleased that the NINDS has focused greater attention on narcolepsy research by sponsoring a scientific symposium on narcolepsy, by issuing requests for proposals, and by funding additional research proposals. Still, overall funding for narcolepsy research through NINDS is relatively modest given the scope of this serious sleep disorder. The Committee strongly recommends that NINDS more aggressively focus on narcolepsy and that special attention be placed on narcolepsy onset among teenagers and adolescents. To assist the Institute in initiating or approving proposals, NINDS may consider appointing persons with narcolepsy expertise to the NINDS Advisory Council. (p. 101)

[Conference]-no change

National Institute of Child Health and Human Development:

The Committee recommends an appropriation of \$534,094,000 for the National Institute of Child Health and Human Development [NICHD]. This is \$11,144,000 less than the administration request, \$14,370,000 more than the fiscal year 1992 appropriation of \$519,724,000, and the same as the House allowance.

The research programs of the NICHD focus on the important public health issues that span the life cycle and greatly affect our Nation. These problems include infant mortality; maternal, pediatric, and adolescent AIDS; unintended pregnancy; and the range of problems that inhibit the physical or behavioral development of children into fully functional, maximally productive adults. These problems, costly in both human and economic terms, include birth defects, mental retardation, and developmental disabilities. The NICHD also supports research on the development of more effective and safer methods of contraception, strategies for combating infertility in both men and women, and medical rehabilitation research. (p. 110)

[Conference]-\$529,821,000 for NICHD (p. 71)

Behavioral Development--The Committee encourages the NICHD to embark on a long-term planning process to investigate psychological and behavioral processes of the middle childhood years, ages 5 to 11. The Committee appreciates that many problems of adolescence and young adulthood--problems of school dropouts, unwanted pregnancies, gangs, alcohol and drug abuse, and AIDS, among others--have their roots in the preceding years of middle childhood. Yet the Committee understands that middle childhood may be the period least understood by child development experts. In order to combat the behavioral and emotional concerns that emerge in adolescence, we need a strong research agenda on a number of basic social and emotional processes at play in the earlier years, including skills involved with decisionmaking, resolving conflicts, fighting off peer pressure, building self-confidence, traditional academic functioning, and many others. (p. 114)

[Conference]-no change

Violence Prevention--The Committee commends NICHD for its role in minority health research advancement, particularly for its coordination with the NIH Office of Minority Health, of increased research on youth violence prevention. As the Institute with the greatest expertise in the growth and development of youth, NICHD has a strong role to play in researching the understudied area of youth violence. The Committee urges NICHD to coordinate with the National Institute of Mental Health and the Centers for Disease Control, Center in Injury Prevention and Control, in research on youth violence. (p. 114)

[Conference]-no change

Other Priorities--The Committee urges NICHD to continue its efforts in the area of osteogenesis imperfecta and other disorders which affect the skeleton of infants, children, and adolescents, and, in particular, those afflicted with Paget's disease.

The Committee continues to be most supportive of efforts targeted toward our Nation's adolescents and, in particular, young minorities. The Committee feels that a priority within this research portfolio should be given to studies addressing normal development and prevention. The establishment of exploratory centers of excellence should be considered, as well as continuing joint studies with the National Institute for Nursing Research. (p. 114-115)

[Conference]-no change



National Institute of Arthritis and Musculoskeletal and  
Skin Diseases

Sports Medicine and Exercise Physiology--The Committee has included funding to permit NIAMS to intensify its efforts to conduct surveillance of and enhance research on sports injuries in youth. Benefits of musculoskeletal fitness are being more appreciated throughout the Nation. Both adults and children of all ages are becoming more physically active, resulting in a need for more information on the risks and benefits of moderate and strenuous exercise, as well as on ways to reduce sports-related injuries. (p. 127)

[Conference]-no change

National Institute on Deafness and Other Communication  
Disorders:

Social Implications of Communication Disorders--The diseases which affect communication at any age have a damaging effect on the person and society: the child who has a communicative disorder, be it hearing, voice, speech, and/or language, is frequently an underachiever in school and has substantial problems in social integration; the incidence of communication disorders in populations of juvenile offenders has been found to be much greater than in the rest of the population...The Committee is interested in learning from the Institute its views on these matters. (p. 131)

[Conference]-no change

National Center for Nursing Research:

Minority Health Concerns--The Committee urges NCNR to continue efforts to address minority health concerns. New reports highlight the disparity between death and illness experienced by minority Americans and that experienced by the U.S. population as a whole. NCNR has supported research that targets minority populations in several areas such as adolescent health, diabetes, cancer, prevention of low birthweight infants, and long-term care of older persons....(p. 136)

[Conference]-no change

Childhood Development--The Committee continues to be very supportive of research efforts targeted toward our Nation's adolescents, and particular minority and younger adolescents. The collaborative efforts between NCNR and NICHD have been most impressive and should be continued and expanded. Priority should be given to focusing upon the strengths of normal development. (p. 136)

[Conference]-no change

Office of the Director:

The Committee has been particularly pleased with the efforts of the National Cancer Institute to develop innovative programs targeted at encouraging minority youth to eventually pursue careers in the behavioral and biomedical sciences. In the judgment of the Committee, these initiatives should be given greater visibility during next year's hearings.

The Committee requests that the Director develop an Institute-wide report on her efforts to target the needs of adolescents, and, in particular, research efforts addressing normal development. In this regard, the Committee encourages increasing the number of projects that are supported by more than one institute. (p. 141-142)

[Conference]-no change

Minority Health Initiative--The Committee has included \$43,000,000 for the minority health initiative. The minority health initiative [MHI] is a major trans-NIH project that supports research and research training activities aimed at improving the health of minority Americans. The MHI will focus on the following goals: closing the health gap that currently exists between minority Americans and the majority populations; and increasing the opportunities for minorities to pursue careers in the biomedical sciences. The NIH will address the minority health life-span issues, including infant mortality, health behaviors of adolescent and young adult minorities, and the health status of older minority Americans. The initiative will also focus on recruitment and retention of minorities in a wide array of research and health care professions. (p. 143)

[Conference]-no change

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION:

Center for Mental Health Services:

Community Support Demonstrations--The Committee recommendation includes \$24,885,000 for the Community Support Program [CSP], the same as the administration request and the fiscal year 1992 amount, and \$249,000 more than the House allowance. The Community Support Program and the related Child and Adolescent Service System Program [CASSP] demonstrations seek to determine appropriate alternatives to long-term, inpatient care for chronically mentally ill patients; and to promote service system

improvements for severely mentally disturbed children and youth. (p. 147)

[Conference]-\$24,439,000 (p. 73)

Prevention Demonstrations--The Committee has provided \$5,478,000 for mental health prevention services demonstrations. This is the same as the fiscal year 1992 amount. The administration requested no funds, and the House provided none. This activity funds programs offering preventive services to chronically mentally ill individuals and those at risk of developing a mental illness. The Committee believes prevention of mental illness is the most effective and the most cost-effective approach. The Committee continues to support demonstration projects to determine the effectiveness of school-based education programs aimed at adolescents who are demonstrably at risk of suicide. The Committee is especially supportive of studies of rural and inner-city adolescents. The Committee intends to fund youth suicide prevention demonstrations, as differentiated from studies of undiagnosed major mental disorders or antisocial behavior. (p. 148)

[Conference]-funding lost in conference (p. 73)  
The conferees are aware that prior to the reorganization, NIMH had developed and implemented a primary prevention portfolio. During the transition period, it is expected that both agencies will work collaboratively to ensure that funds made available will be utilized to ensure that the best projects are supported. (p. 23)

Center for Substance Abuse Treatment:

Treatment Improvement Grants--The Committee recommends \$143,790,000 for programs to improve the quality of treatment. This is \$43,602,000 more than the fiscal year 1992 amount, \$26,664,000 more than the House, and \$2,165,000 more than the administration request. These funds support treatment services for critical populations, including residential treatment for substance abusing pregnant women, racial and ethnic minorities, adolescents, rural populations, and residents of public housing projects; and treatment in criminal justice settings. (p. 149)

[Conference]-\$133,920,000 (p. 73)  
Included in this amount is \$11,000,000 for residential treatment programs for women and children including \$2,000,000 for programs with a primary focus on women and infants impacted by alcohol abuse; \$18,654,000 for the campus treatment program; \$45,310,000 for treatment programs among critical populations; \$18,077,000 for comprehensive community treatment programs; \$33,454,000 for treatment in

criminal justice; \$5,505,000 for training and \$3,000,000 to carry out section 571 of the Public Health Service Act. (p. 22)

Center for Substance Abuse Prevention:

Prevention Programs--The Committee recommends \$147,141,000 for CSAP prevention programs, \$1,422,000 less than the administration request, \$14,178,000 more than the House allowance, and \$22,404,000 over the fiscal year 1992 amount. These competitive demonstration projects are targeted to high-risk youth, and ongoing projects serving pregnant and postpartum addicts and their infants. In addition, this activity funds conference grants, technical assistance and evaluation contracts, a communications program for community education and the National Clearinghouse for Alcohol and Drug Abuse Information. The Committee has provided \$500,000 to continue a national education and prevention strategy to address children of alcoholics and substance abusers in native American communities. (p. 151)

[Conference]-\$135,904,000 (p. 74)  
The conferees are aware of the increasing need for substance abuse prevention programs in youth homes serving disadvantaged youth ages 13-17, particularly males who are at risk, or already have had problems with the judicial system. Within the increase provided for the Center for Substance Abuse Prevention, the conferees encourage the Center to give priority to projects which support substance abuse prevention services for high risk youths residing in youth homes which focus on a range of at-risk behaviors, including substance abuse, runaway, truancy, physical and sexual abuse, delinquency and family conflict. (p. 22)

Community Youth Activity Program--The Committee has not funded the Community Youth Activity Program. The administration requested no funds, and the House provided none. The authorization for the program has expired. (p. 151)

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH:

Adolescent Family Life--The Committee has provided \$7,683,000 for the Adolescent Family Life Program. This is the same as the House amount, \$78,000 below the fiscal year 1992 appropriation, and \$4,302,000 below the administration request. The authorization for the program expired September 30, 1985.

The objective of the Adolescent Family Life Program is to develop effective, family centered demonstration models designed to prevent adolescent pregnancy. Since 1982, about \$125,000,000 has been provided for these demonstrations. (p. 152)

[Conference]-\$7,622,000 (p. 75)

#### ADMINISTRATION FOR CHILDREN AND FAMILIES:

##### Children and Family Services Programs:

Runaway and Homeless Youth--This program addresses the crisis needs of runaway and homeless youth and their families through support to local and State governments and private agencies. The Runaway and Homeless Youth Act requires that 90 percent of the funds be allocated to States for the purpose of establishing and operating community-based runaway and homeless youth centers, on the basis of the State youth population under 18 years of age in proportion to the national total. The remaining 10 percent funds networking, and research and demonstration activities including the National Toll-Free Communications Center.

The Committee provides \$35,751,000 for this program, the same as the fiscal year 1992 appropriation. With this funding level over 350 runaway and homeless youth shelters will serve 65,000 youths nationwide. The Committee does not accept the administration's proposal to consolidate this program with the Transitional Living Program and the Drug Education and Prevention Program for Runaway and Homeless Youth. (p. 179)

[Conference]-\$35,110,000 (p. 86)

Transitional Living for Homeless Youth--The Committee recommends an appropriation of \$12,000,000 for transitional living for homeless youth, the same level as the fiscal year 1992 enacted level.

This program awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services. (p. 180)

[Conference]-\$11,785,000 (p. 86)

Child Welfare Research and Demonstrations--The Committee recommends an appropriation of \$6,532,000 for this effort, \$2,120,000 less than the budget request, \$120,000 less than

the fiscal year 1992 enacted level, and \$2,033,000 less than the House allowance. Last year the Committee included language 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 expected the Assistant Secretary for Children and Families to direct \$500,000 toward the 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. The Department did not follow through on a similar directive included in last year's report. The Committee reiterates its strong interest in this project.

Child welfare research and demonstration funds support research and demonstration activities in four basic areas: child welfare, child care, youth development, and family and child development, with the basic goal of strengthening the family as the primary agent responsible for the developmental needs of children and youth. (p. 180-181)

[Conference]-\$6,480,000 (p. 87)

Youth Drug Abuse Prevention and Education--The Committee recommends \$15,011,000 for drug education and prevention for runaway and homeless youth, authorized by the Anti-Drug Abuse Act of 1988. This level is \$275,000 less than the fiscal year 1992 appropriation.

This program makes grants to public and private nonprofit organizations to support family and group counseling, community education, outreach, and drug abuse prevention training to individuals working with runaway and homeless youth.

The Committee also recommends \$10,943,000 for the Drug Education and Prevention Program for Youth Gangs, also authorized by the Anti-Drug Abuse Act of 1988. This is the same level as the budget request and the fiscal year 1992 appropriation. The purpose of this program is to reduce and prevent the participation of youth gangs in illicit drug activities. (p. 181-182)

[Conference]-\$14,891,000 for drug education and prevention for runaway youth  
\$10,747,000 for drug education and prevention for youth gangs (p. 86)

Administration on Aging:

Older Americans Act/Office of the Secretary--The pending Older Americans Act includes a number of revisions to the aging research and training title of the act. The Committee notes that these improvements may be addressed by the Administration on Aging on a discretionary basis. In particular, the Committee urges the AOA to consider funding for demonstration programs, as proposed in the pending OAA reauthorization legislation, in several key areas in addition to the School-Based Meals Program. These are:...for the identification and replication of successful multigenerational programs and for demonstration of innovative intergeneration programs involving older individuals serving as resources to at-risk youth, young offenders, preschool children, teen parents, and/or vulnerable families.... (p. 187)

[Conference]-no change

**TITLE III-DEPARTMENT OF EDUCATION:**

School Improvement Programs:

Dropout Prevention Demonstrations--...The Committee is impressed with the success of the Cities In Schools Dropout Prevention Program now operating in many communities across the country. This program has had great success in dropout prevention by bringing together partnerships of local educators, businesses, and government agencies in a community-based effort to bring directly to schools such services as tutors, drug and alcohol counselors, psychiatrists, day care, career counseling, and motivational speakers. The Committee expects that \$2,000,000 of the funds provided for dropout prevention demonstrations will be used for programs such as cities in schools. (p. 205)

[Conference]-no change

Special Education:

Serious Emotional Disturbance--The Committee has included \$4,400,000 for the serious emotional disturbance program, \$400,000 more than the fiscal year 1992 appropriation and the administration's request and \$440,000 more than the House allowance.

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

disturbances that require special education. Project awards range from 3 to 5 years in duration. (p. 211)

[Conference]-\$4,147,000 (p. 97)

Secondary and Transitional Services--The bill provides \$23,000,000 for secondary and transitional service projects, an increase of \$4,000,000 over the budget request and the fiscal year 1992 appropriation and \$1,715,000 over the House appropriation. Of the amount provided, \$8,006,000 will be available to continue secondary education and transitional services for youth with disabilities, except those under subpart (e). The remaining \$14,994,000 will be available to fund the one-time, 5-year competitive State grants authorized under Public Law 101-476, subpart (e). These grants support efforts between State vocational rehabilitation agencies and State education agencies to develop, implement, and improve systems to provide transition services for youth with disabilities from age 14 through the age they exit schools. The amount provided will allow an additional 9 or so States to receive funding in fiscal year 1993, and will support 24 continuation grants additionally. (p. 212)

[Conference]-\$21,966,000 (p. 97)

Postsecondary Education--The Committee has provided \$10,000,000 for postsecondary education programs, \$1,000,000 more than the fiscal year 1992 appropriation and the administration's request and \$1,090,000 less than the House allowance.

This program supports efforts to improve postsecondary programs for persons with disabilities. Program funds currently support grants to postsecondary and vocational technical schools for serving deaf students; demonstrations to focus on vocational outcomes for students who have recently left secondary education; and demonstrations to develop short-term educational interventions necessary to assist youth to secure competitive employment. Of the amount provided, at least \$4,000,000 will be available for continued support to four institutions serving the deaf and the Committee has provided \$1,000,000 for the establishment of at least one additional regional postsecondary program. (p. 212)

[Conference]-\$8,839,000 (p. 97)



VOCATIONAL AND ADULT EDUCATION:

Vocational Education:

National Programs, Demonstrations--...The Committee has included \$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. And, native Hawaiian families comprise 30 percent of those receiving welfare with native Hawaiians having double the unemployment rate of the State. This project is to implement a year round employment and training program, including providing basic education skills and preemployment tutoring. Thirty percent of the adult native Hawaiian population is functionally illiterate and, therefore, essentially lacking upward mobility. The Committee expects that a career shadowing program will be implemented, under which at-risk Hawaiian youth will be provided real-life mentoring experiences. In order to make this project effective, the Committee expects the Department to provide funding to a native Hawaiian organization with an outstanding track record, such as Alu Like, Inc., in working with these indigenous peoples, and further to report to the Committee on the results of this demonstration program....(p. 227)

[Conference]-no change

DEPARTMENT OF DEFENSE APPROPRIATIONS BILL FOR 1993 (HR 5504; Conf Rpt 102-1015: PL 102-396)

TITLE IX- GENERAL PROVISIONS:

Fort Bragg Child/Adolescent Demonstration Project:

[Conference]-The conferees understand that this project is entering its final 16 months and believe it is important to maintain the project's integrity, and therefore the conferees urge the Department not to incorporate this demonstration into any other initiatives during fiscal year 1993.

The conferees have also learned that Department of the Army problems in providing data for the comparison sites have delayed the project's evaluation. The conferees direct that the Department assure the availability of CHAMPUS data and other information required to evaluate the demonstration.

The introduction of Gateway to Care has further delayed the completion of the evaluation. To compensate for these

delays and allow for a complete study, the evaluation should be extended by none months into fiscal year 1994. (p. 167)

INDIAN HEALTH AMENDMENTS OF 1992 (S 2481; Sen Rpt 102-392 and Conf Rpt in Congressional Record, October 7, 1992; PL 102-538)

## TITLE II-HEALTH SERVICE

### Mental Health Services:

...The Committee Amendment establishes the Intermediate Adolescent Mental Health program to provide grants to Indian tribal governments and tribal organizations to provide intermediate mental health services to Indian children and adolescents. The Committee is very concerned about the overall lack of available mental health treatment services for Indian children and adolescents. It has come to the Committee's attention that many Indian tribes do not have adequate mental health services for Indian children and adolescents. Some tribes are forced to place children and adolescents who are in crisis, acting out or suicidal, out in juvenile detention facilities because there are no alternatives. In many cases hospitals and shelters are not equipped or willing to accept an adolescent in crises. The Committee is very concerned that it has become a standard practice on some reservations to place suicidal children and adolescents in detention without adequate supervision or treatment. It is very important that these children and adolescents receive treatment in a safe and well-supervised setting.

This program would allow Indian tribal governments to provide a variety of treatment options for Indian health care providers such as inpatient and outpatient services, emergency care, suicide prevention and crises intervention to children and adolescents. It would allow tribal governments to remodel or renovate existing facilities to provide intermediate mental health services in the community without having to remove the child from the reservation for off-reservation residential treatment. it allows the health care providers to work with the family to directly address situations in the home as part of the treatment of an adolescent in crisis. The Committee intends these services to be coordinated with existing services in the community in order to provide a fully coordinated approach to the treatment of an adolescent in crisis. (p. 19-20)

[Conference]- The Secretary, acting through the Service, may make grants to Indian tribes and tribal organizations to provide intermediate mental health services to Indian

children and adolescents, including--inpatient and outpatient services; emergency care; suicide prevention and crisis intervention; and prevention and treatment of mental illness, and dysfunctional and self-destructive behavior, including child abuse and family violence. Funds provided under this subsection may be used to construct or renovate an existing health facility to provide intermediate mental health services; to hire mental health professionals; to staff, operate, and maintain an intermediate mental health facility, group home, or youth shelter where intermediate mental health services are being provided; and to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units....An Indian tribe or tribal organization receiving a grant under this subsection shall ensure that intermediate adolescent mental health services are coordinated with other tribal, Service, and Bureau of Indian Affairs mental health, alcohol and substance abuse, and social services programs on the reservation of such tribe or tribal organization....(CR S 17212)

#### Native American Youth Health:

In March 1992, Dr. Blum of the University of Minnesota published the report, "The State of Native American Youth Health." This report was based on a survey of 14,000 American Indian/Alaskan Native adolescents living on or near reservations. The report represents a survey of approximately one out of every eleven Indian youths. However, this report does not include information regarding those Indian youths who are most at risk, those who have dropped out of school. According to estimates in the report, approximately 40 percent of school-aged Indian youths have dropped out of school. This report found that the death rate for American Indian/Alaskan Native adolescents is twice the national average. The death rate for Indian males is nearly three times the national average. The nutritional health of Indian youth remains largely unknown although several Indian tribes have reported rates of obesity among adolescents ranging from 30 to 66 percent. One Indian youth in four has indicated that they believe their health status is not very good or poor.

Among Indian and Alaska Native youth, suicide is the second leading cause of death. The suicide mortality rate for Indian youth aged 15-19 is 2.5 times higher than the national average, for Indian youth aged 10-14 is four times higher than the national average. The report indicates that American Indians begin abusing substances at a younger age than non-Indian youth. The high rates of mortality associated with suicide and accidents can be attributable to alcohol and substance abuse. Finally, the report concludes that the Native American youth have far less access to

health care services than the rest of the Nation's youth. The findings of the study do note that there is a window of opportunity between the sixth and eighth grades to have a positive impact on health and lifestyle of Indian youth by the promotion of healthy lifestyles before children begin high risk behaviors. The report recommends the development of innovative Native American youth-specific programs, community-based health services, and integrated physical and mental health services in schools.

In response to this report the Committee Amendment amends the Act to authorize the Comprehensive School Health Education program which provides grants to tribal governments to develop comprehensive school health education programs for children from preschool through grade 12 in schools located on Indian reservations. The Committee intends these programs to fully integrate the provision of community health services into the schools to improve the health status of Indian and adolescents. The findings of the report on the "State of Native American Youth Health" clearly establish the interrelationship between poor health and school failure. The Committee Amendment would establish in each school a comprehensive health education program to work with Indian youth in the schools. This program would provide training to teachers on comprehensive school health education curricula to help identify risk behaviors and to more fully involve the community in health promotion and education efforts in the schools. It is the Committee's intention that these programs utilize to the fullest extent possible existing services and programs on nutrition education, personal health mental health wellness, chronic disease prevention, substance abuse prevention and safety education. The Committee Amendment directs the Secretary to provide technical assistance in development and dissemination of health education materials, and to establish criteria for approval of grant applications. The amendment also requires that grant recipients prepare annual reports and specified information to be included in the reports. The Committee strongly encourages tribal governments, school authorities, the Bureau of Indian Affairs and the Indian Health Service to enter into active partnerships to fully integrate health education programs in schools.

The Committee Amendment directs the Secretary of the Interior to develop and implement in each Bureau of Indian Affairs school, including all boarding and residential schools operated by the Bureau of Indian Affairs, comprehensive school health education programs. The Committee intends that the Secretary of Health and Human Services shall assist in the development and implementation of these programs. The programs established in BIA schools should be accomplished through the cooperative planning efforts of the BIA, the IHS, and those tribal or Alaska

Native communities that are directly served by those schools. The Committee recognizes the several very successful efforts of Indian communities to establish community health education programs in the schools to promote the health, education, and welfare of Indian students. The Committee believes that a national comprehensive school education program for Indian tribal communities will be instrumental in elevating the health status of Indian youth across the country.

The Committee Amendment establishes the Indian Youth Grant Program which authorizes the Secretary to make grants to Indian tribal governments, tribal organizations, and urban Indian organizations to develop innovative mental and physical health programs for preadolescent and adolescent Indian youths. These programs should include components which promote mental and physical health, and involve cultural values, community and family participation, and traditional healers. The amendment authorizes the Secretary to disseminate information on models of health care services delivery and to encourage and provide technical assistance in the implementation of such models. The Committee intends programs established under this section to, in part, respond to the problems identified in the University of Minnesota report entitled, "The State of Native American Youth Health." In that report, Dr. Blum and Dr. Resnick emphasized the importance of programs specifically targeting Indian youth and programs that are community-based which involve the family. Grants made available under this section are designed to improve the health status of Indian youth. (p. 23-24)

[Conference]--The Secretary, acting through the Service, is authorized to make grants to Indian tribes, tribal organizations, and urban Indian organizations for innovative mental and physical disease prevention and health promotion and treatment programs for Indian preadolescent and adolescent youths. Funds made available under this section may be used to develop prevention and treatment programs for Indian youth which promote mental and physical health and incorporate cultural values, community and family involvement, and traditional healers; and develop and provide community training and education....The Secretary shall disseminate to Indian tribes information regarding models for the delivery of comprehensive health care services to Indian and urban Indian adolescents; encourage the implementation of such models; and at the request of an Indian tribe, provide technical assistance in the implementation of such models.... (CR S17214)

TITLE VII-SUBSTANCE ABUSE PROGRAMS

...The Committee Amendment includes a provision to address the special problems of the City of Gallup in the prevention and treatment of alcohol and substance abuse among adult and adolescent members of the Navajo Nation and surrounding Indian communities. The Committee is very concerned about the significant problems of alcohol and substance abuse among American Indians residing near the City of Gallup. The Committee has received evidence of American Indians that have died of exposure, or have been run over by cars, or involved in fatal car accidents on the roads on the Navajo reservation leading to Gallup. Each weekend, local jail facilities are overloaded to the point where individuals are stacked like wood in the holding cells. There has been a renewed effort by the city of Gallup, the State of New Mexico and the Navajo Nation and other Indian tribes in the area to address this very tragic situation. The Committee intends this section to lend federal assistance to these efforts by providing resources to establish comprehensive alcohol and substance abuse programs in and around Gallup, New Mexico. The Committee Amendment would authorize grants to the Navajo Nation to provide 15 residential beds for adult long term treatment, to establish a clinical assessment team to determine the treatment needs of Indian clients, to provide 12 beds for an adolescent shelter bed program. The Committee believes that the problem of alcohol and substance abuse in the Gallup area is so sever as to require the full cooperation and intensive efforts of the Indian Health Service, the city of Gallup, the State of New Mexico, the Navajo Nation, and the other surrounding Indian communities....

...The Committee has added a provision for the establishment of a regional youth alcohol and substance abuse prevention and treatment center located in Sacaton, Arizona on the Gila River Indian Reservation. This center shall be operated in a facility owned by the Gila River Indian community and leased to the Indian Health Service. This provision also provides for a unit of this regional treatment center to be operated in Schurz, Nevada to serve American Indians in that area. (p. 32-33)

[Conference]--The Secretary shall develop and implement a program for acute detoxification and treatment for Indian youth who are alcohol and substance abusers. The program shall include regional treatment centers designed to include detoxification and rehabilitation for both sexes o a referral basis. These regional centers shall be integrated with the intake and rehabilitation programs based in the referring Indian community. The Secretary shall construct, renovate, or, as necessary, purchase, and appropriately staff and operate, a youth regional treatment center in each

area under the jurisdiction of an area office...Until additional residential youth treatment facilities are established in Alaska pursuant to this section, the facilities ...shall make every effort to provide services to all eligible Indian youth residing in such State...The Secretary, acting through the Service, shall, in consultation with Indian tribes identify and use, where appropriate, federally owned structures suitable as local residential or regional alcohol and substance abuse treatment centers for Indian youth; and establish guidelines for determining the suitability of any such federally owned structure to be used as a local residential or regional alcohol and substance abuse treatment center for Indian youth...The Secretary, in cooperation with the Secretary of the Interior, shall develop and implement within each Service...unit community-based rehabilitation and follow-up services for Indian youth who are alcohol or substance abusers which are designed to integrate long-term treatment and to monitor and support the Indian youth after their return to their home community....Services...shall be administered within each service unit by trained staff within the community who can assist the Indian youth in continuing development of self-image, positive problem-solving skills, and nonalcohol or substance abusing behaviors. Such staff shall include alcohol and substance abuse counselors, mental health professionals, and other health professionals and paraprofessionals, including community health representatives. In providing the treatment and other services to Indian youth authorized by this section, the Secretary shall provide for the inclusion of family members of such youth in the treatment programs or other services as may be appropriate. Not less than 10 percent of the funds appropriated for the purposes of carrying out (this) subsection shall be used for outpatient care of adult family members related to the treatment of an Indian youth under that subsection....The Secretary shall conduct a study to determine the incidence and prevalence of the abuse of multiple forms of drugs, including alcohol, among Indian youth residing on Indian reservations and in urban areas and the interrelationship of such abuse with the incidence of mental illness among such youth. The Secretary shall submit a report detailing the findings of such study, together with recommendations based on such findings, to the Congress no later than two years after the date of the enactment of this section....

...The Secretary shall make grants to the Navajo Nation for the purpose of providing residential treatment for alcohol and substance abuse for adult and adolescent members of the Navajo Nation and neighboring tribes. Grants made pursuant to this section shall be used to...provide at least 12 beds for an adolescent sheltered program in the city of Gallup, New Mexico, which shall serve as a satellite facility to the

Acoma/Canoncito/Laguna Hospital and the adolescent center located in Shiprock, New Mexico, for emergency crisis services, assessment, and family intervention...(CR S17220)

Fetal Alcohol Syndrome and Fetal Alcohol Effect--

...The Committee Amendment proposes the inclusion of a new section in Title VII which directs the Secretary to conduct a study of the educational, vocational, and independent living needs of adolescent and adult FAS/FAE Indians and Alaska Natives....(p. 36)

...The Inspector General's report found that over two-thirds of all alcohol counselors in Indian Youth Alcoholism programs are not certified. In response to the report, the Indian Health Service projected that 80% of their alcohol and substance abuse counselors would be certified by the end of 1991. The Committee is concerned that the Indian Health Service has made very little progress towards meeting this goal. The Committee Amendment includes a provision which would create a demonstration project to make grants to tribally controlled community colleges to develop education curricula on substance abuse counselling. The Committee Amendment directs the Indian Health Service to take immediate steps to increase the number of counselors who have been certified. (p. 37)

[Conference]--The Secretary, acting through the Service, shall...conduct a study, directly or by contract with any organization, entity, or institution of higher education with significant knowledge of FAS and FAE and Indian communities, of the special educational, vocational, school-to-work transition, and independent living needs of adolescent and adult Indians and Alaska Natives with FAS or FAE;and...shall establish a regional youth alcohol and substance abuse prevention and treatment center in Sacaton, Arizona, on the Gila River Indian Reservation. The center shall be established within facilities leased, with the consent of the Gila River Indian Community, by the Service from such Community. The Center established pursuant to this section shall be known as the 'Regional Youth Alcohol and Substance Abuse Prevention and Treatment Center'. The Secretary, acting through the Service, shall establish, as a unit of the regional center, a youth alcohol and substance abuse prevention and treatment facility in Fallon, Nevada. (CR S 17221-17222)

TITLE VIII-MISCELLANEOUS

...The Committee is very concerned about the growing problem of juvenile perpetrators (of child sexual abuse) on Indian reservations and intends resources available under this section to provide treatment to juvenile perpetrators who are victims of child sexual abuse....(p. 39)



[Conference]--The Secretary and the Secretary of the Interior shall, for each fiscal year through fiscal year 1995, continue the demonstration programs involving treatment for child sexual abuse provided through the Hopi Tribe and the Assiniboine and Sioux Tribes of the Fort Peck Reservation. Beginning October 1, 1995, the Secretary and the Secretary of the Interior may establish, in any service area, demonstration programs involving treatment for child sexual abuse, except; that the Secretaries may not establish a greater number of such programs in one service area than in any other service area until there is an equal number of such programs established with respect to all service areas from which the Secretary receives qualified applications during the application period (as determined by the Secretary). (CR S 17223)

JUVENILE JUSTICE AND DELINQUENCY PREVENTION AMENDMENTS OF 1992 (H Rpt #102-756; PL 102-586)

The bill requires the Administrator of the Office of Juvenile Justice and Delinquency Prevention to develop a long term plan for the administration of the Office, which must be reviewed annually and published in the Federal Register, and to issue a set of model standards for providing health care to incarcerated juveniles. Development of a long-term plan allows the Office to better achieve the goals of the Act through the adoption of a national strategy for juvenile justice and delinquency prevention. The committee also received testimony regarding the need for adequate health care services among detained and incarcerated youth and the inadequacy and unavailability of health care services for many of these youth. Currently, various voluntary standards regarding juvenile health care exist. However, compliance with these standards is rare.

In its April 1991 "Adolescent Health" report, the Office of Technology Assessment detailed numerous barriers to providing adequate health care for detained and incarcerated juveniles. As a first step to overcome these barriers, the committee instructs the Administrator to issue institutional health care standards which shall be developed with the guidance of professional medical and health associations, and individuals and organizations which have expertise in adolescent and juvenile health. The standards shall set forth minimal components of an adequate health delivery system necessary to provide care equivalent to or exceeding that which is available in the surrounding community.

The standards should provide guidance on policies and procedures related to: screening and assessment of health needs; medical service delivery (including mental health, substance abuse, and dental services); provision of

emergency care; health education and prevention; administrative authority and financial management (including policies to maximize funding opportunities); personnel and training; case management and continuity of care; health records; medical legal issues; and evaluation of the health care system for incarcerated juveniles. The committee also directs the Administrator to provide technical assistance and training to assist States and units of local government to adopt the standards. (p. 28)

Community-based Gang Intervention- The bill amends Part D of Title II of the Act, to create a Part entitled "Gang-Free Schools and Communities; Community-Based Intervention..." This new part is designed to complement and expand existing Federal, State, and local efforts to address a difficult and increasingly serious problem. To Date, the principal Federal responses have been law enforcement measures. During the last year, the Department of Justice, through the Office of Justice Programs, the Federal Bureau of Investigation, and the Bureau of Alcohol, Tobacco, and Firearms, substantially increased its intelligence and enforcement efforts. The bill is designed to ensure that, while these agencies are working to reduce the illegal activities of gangs, local communities have resources to prevent youths from joining gangs, to reduce the influence of gangs, and to address the needs of at-risk youths. As authorized by this new subpart, educational services, when coordinated with social and mental health services available through community-based youth services organizations and other public agencies, can become very effective gang prevention and intervention tools. (p. 37)

#### Runaway and Homeless Youth Grant Program:

Eligibility- To be eligible for assistance...an applicant shall submit a plan to the Secretary including assurances that the applicant...shall develop an adequate plan for ensuring--proper relations with law enforcement personnel, social service personnel, health care personnel, school system personnel, and welfare personnel... (p. 84)

M E M O R A N D U M

TO: Senator Inouye

DATE: December 16, 1992

FROM: Diana

RE: Social Work Issues

FY' 93 LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES APPROPRIATION BILL, 1993 (Sen. Rpt. #102-397, H.R. 5677; Conf. H.Rpt. #102-974; PL 102-394)

DEPARTMENT OF HEALTH AND HUMAN SERVICES:

Rural America:

National Health Service Corps- The Committee has increased funding for this program to \$119,641,000, an increase of \$19,452,000, or 19 percent, over the fiscal year 1992 amount. The NHSC provides physicians, nurses, and other health care personnel to underserved rural and inner-city areas. (p. 34)

[Conference]--\$118,683,000 (p. 63)

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 \$27,201,000 in fiscal year 1993, an increase of \$6,026,000 over the fiscal year 1992 level. (p. 35)

[Conference]--\$24,800,000 (p. 67)

Primary Care Health Professions and Nursing Programs- The Committee has restored and 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. Total funding recommended for health professions training programs is \$268,719,000. (p. 35)

[Conference]--\$267,083,000 (p. 66)

Rural and Native American Mental Health Research- The Committee has continued its initiative in rural and native American mental health research with \$15,000,000. Funds are targeted toward developing social work research models for family-centered treatment. (p. 35)

[Conference]--no change

Office of Rural Health Policy and State Offices of Rural Health- The Committee has increased funding for the Office of Rural Health Policy to \$4,500,000. In addition, the Committee has provided \$5,000,000 for State offices of rural health, which serve a vital role in recruiting health care professionals and coordinating the delivery of health services in rural communities. The Office of Rural Health Policy funds rural research centers and supports the National Advisory Committee on Rural Health. (p. 35)

[Conference]--\$4,176,000 (p. 67)

#### HEALTH RESOURCES AND SERVICES ADMINISTRATION:

##### Health Care Delivery and Assistance:

National Health Service Corps- The Committee recommends \$119,641,000 for the National Health Service Corps [NHSC], the same as the administration request, \$19,452,000 over the fiscal year 1992 amount, and \$18,430 more than the House provided. The NHSC appropriation includes \$43,065,000 for the field program, which supports health care providers and NHSC obligors; and \$76,576,000 for the NHSC loan and scholarship recruitment programs. The Committee intends that up to \$5,000,000 of scholarship and loan 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. The remaining \$71,576,000 is intended for scholarship and loan repayment agreements, and the State loan repayment program. Authorizing law requires that at least 10 percent of the recruitment funds must be targeted to nurse-practitioners, physician assistants, and other nonphysician health providers. (p. 40)

[Conference]--\$118,683,000 (p. 63)

Public Housing Health Service Grants- The Committee recommends \$6,028,000 for health service grants in public housing projects. This amount is \$61,000 below the fiscal year 1992 amount, \$3,061,000 below the administration request, and \$2,970,000 below the House amount. This program awards grants to community-based organizations to provide primary health and social services to residents of public housing. (p. 40)

[Conference]--\$8,926,000 (p. 64)

Healthy Start- The Committee recommends \$83,675,000 for the healthy start infant mortality initiative targeted to 15 areas. This amount is \$22,843,000 above the House allowance, \$56,467,000 below the administration request, and \$22,229,000 above the fiscal year 1992 amount. Healthy

start funds grants to 15 target areas, both urban and rural. Funds support outreach and coordinated health and social services. The demonstration is intended to reduce infant mortality by 50 percent over 5 years in the targeted areas. (p. 44)

[Conference]--\$79,360,000 (p. 65)

Health Administration Grants- The Committee recommends \$1,549,000 for graduate programs in health administration, the same as the appropriation for fiscal year 1992, and \$399,000 over the House amount. The administration did not request funding. 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 planning. (p. 46)

[Conference]--\$1,141,000 (p. 65)

Allied Health Programs- The Committee recommends \$3,500,000 for allied health programs. This amount is \$1,455,000 over the House amount and \$746,000 over fiscal year 1992. The administration requested no funds. Funds are used to expand existing training programs or develop new ones, recruit individuals into allied professions with the most severe shortages nationwide, increase faculty recruitment and retention, and support innovative models of nontraditional training. The Committee recommends that grants awarded for allied health training target those professions experiencing the greatest shortages nationwide. (p. 47-48)

[Conference]--\$3,472,000 (p. 65)

Interdisciplinary Traineeships- The Committee recommends \$4,654,000 for rural health interdisciplinary training projects. This is the same as the fiscal year 1992 amount, and \$1,199,000 over the House. The administration requested no funds. This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offering clinical training experiences in rural health and mental health care settings to expose students to rural practice. (p. 48)

[Conference]--\$4,023,000 (p. 66)

Pediatric Health Care Demonstrations- ...The Committee recommends that new demonstration projects be established to address the social and developmental needs of native Hawaiian children and native Americans. (p. 51)

Comprehensive Care Programs- The Committee has provided \$116,325,000 for AIDS health care services authorized by title II of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990. This amount is the same as the House allowance and \$9,635,000 over the administration request and the fiscal year 1992 amount....

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. 51-52)

[Conference]--\$115,394,000 (p. 67)

#### NATIONAL INSTITUTES OF HEALTH:

##### Cooperative Clinical Research:

Psychosocial Counseling- Last year the Committee strongly urged NCI to further explore the impact on survival and quality of life of cancer patients from psychosocial counseling services and to give greater priority to counseling services as an integral aspect of medical care. Psychosocial counseling is short-term, time-limited therapy that addresses not only the emotional and adjustment issues of coping with long-term illness, but also issues such as the need to comply with medical treatment plans. In addition, the Committee requested NCI to conduct a study to identify payment mechanisms which should be utilized to provide these important services within cancer centers. The Committee is pleased that NCI will initiate a new program to evaluate the efficacy of specific counseling interventions in improving quality of life and increasing medical compliance. This initiative recognizes the importance of psychosocial counseling early in the history of the disease, such as the time of identification of high risk, at the diagnosis of the cancer, and the initiation of cancer treatment. In response to the Committee's concern about the uncertainty of payment for psychosocial counseling, NCI's initiative should include an evaluation of costs of services and potential payment mechanisms. The Committee again strongly urges NCI to continue these efforts and to expand their initiative to also include the impact of psychosocial counseling on survival. (p. 80)

Health and Behavior- Medical advances and better public health care have eliminated or controlled many of the conditions that previously were responsible for most death and disease. Today, heart disease is the leading killer in this country, followed by cancer, cerebrovascular disease, and accidents and their adverse effects. The Committee

commends NHLBI for recognizing that each of these has a significant behavioral component and urges the Institute to give full consideration to projects that examine biobehavioral mechanisms of hypertension, the impact of emotion and psychosocial interventions on such things as cardiovascular disease, smoking cessation, and psychosocial and emotional stress as factors in some forms of cardiovascular disease. The Committee further encourages the Institute to focus on women, minorities, and persons of lower socioeconomic status in such studies. (p. 87)

National Institute of Mental Health:

The Greying of Behavioral Sciences at NIMH- The Committee is aware of an alarming decline in NIMH support for young investigators in the behavioral sciences. The Committee is concerned that this decline must be reversed, or the Nation's ability to study the psychological, behavioral, and social factors associated with the health and welfare of its people will erode. The Committee had directed NIMH previously to set aside sufficient funds to reverse this trend in the behavioral sciences. To date, NIMH has not complied adequately with the Committee's directions. The Committee requests that NIMH prepare a specific plan to strengthen its support for young behavioral science researchers and forward a report on this plan to the Committee by February 1, 1993. (p. 97)

Behavioral Science Research Centers- In the fiscal year 1992 report, the Committee requested NIMH to submit a plan for implementing a behavioral science research centers program. The agency responded that behavioral science research is being supported at several centers. The Committee is deeply concerned that the agency is continuing to sidestep this issue and is resisting congressional mandates to strengthen its support for behavioral science research. Therefore, the Committee directs NIMH to develop a centers program for behavioral science research in fiscal year 1993.

The Committee commends NIMH for its attention to the development of social work research resources and urges that this be a priority in fiscal year 1993. The Committee would support establishment of social work research centers. The Committee requests that NIMH prepare a detailed report on efforts to implement the recommendations of the task force on social work research, giving particular attention to the need to develop a cadre of minority, including native American researchers.

The Committee appreciates NIMH's efforts to provide quality training and consultation to the newly appointed State chief mental health officers. The Committee continues

to support the human resource development initiative of NIMH. (p. 97)

Prevention--The Committee is pleased with NIMH's progress toward developing a major primary prevention agenda, working with the Institute of Medicine. The Committee expects that this will be an ongoing initiative and supports NIMH making prevention a high priority by designative funds and staff resources to follow up on the recommendations of the IOM study. The Committee particularly supports projects targeted toward young adolescents. NIMH should consult regularly with primary prevention researchers and advocates on this initiative.

The Committee remains impressed by the growing evidence of the benefits of short-term psychotherapy for cancer patients. The Committee understands that the NCI has developed a report and programmatic initiative on this clinical modality. The Committee urges NIMH to collaborate with NCI to study which psychosocial interventions are most effective with cancer patients.

The Committee was pleased with NIMH's efforts during the past year to work collaboratively with the pediatric-EMS program of HRSA. The Committee has included an additional \$1,000,000 in the NIMH budget this year for continued joint efforts in the pediatric-EMS area. (p. 97-98)

National Institute of Child Health and Human Development:

Mental Retardation and Developmental Disabilities-

...Research is needed to examine individual responses to toxins such as lead, mercury, and alcohol. This research should examine the neurological as well as social and cultural aspects of exposure. When the mechanisms that cause these adverse effects are known, effective treatment and prevention methods can be developed. The Committee urges NICHD-supported research centers to collaborate on this effort. (p. 112)

Behavioral Development--The Committee encourages the NICHD to embark on a long-term planning process to investigate psychological and behavioral processes of the middle childhood years, ages 5 to 11. The Committee appreciates that many problems of adolescence and young adulthood--problems of school dropouts, unwanted pregnancies, gangs, alcohol and drug abuse, and AIDS, among others--have their roots in the preceding years of middle childhood. Yet the Committee understands that middle childhood may be the period least understood by child development experts. In order to combat the behavior and emotional concerns that emerge in adolescence, we need a strong research agenda on a number of basic social and emotional processes at play in



the earlier years, including skills involved with decisionmaking, resolving conflicts, fighting off peer pressure, building self-confidence, traditional academic functioning, and many others.

The Committee encourages NICHD to develop a new, general behavioral science initiative in the area of middle childhood development. The Committee would like NICHD to begin that planning effort in fiscal year 1993 with the intention of providing funds in fiscal year 1994 and beyond. (p. 114)

#### National Institute on Aging:

The Committee recommends an appropriation of \$405,218,000 for the National Institute on Aging [NIA]. This is \$2,066,000 less than the administration request, \$21,607,000 more than the 1992 appropriation of \$383,611,000, and \$3,000,000 more than the House allowance.

The NIA conducts and supports research, research training, and health information dissemination for the biomedical, behavioral, and social aspects of aging, and serves as a major catalyst in advancing knowledge about aging processes, diseases, and about the needs of older people.

To assure that those initiatives endorsed by this committee receive the scientific and managerial oversight which they require and deserve, additional resources have been made to ensure adequate staffing to enhance these capabilities at the NIA. (p. 120)

[Conference]--\$401,232,000 (p. 71)

#### National Institute on Deafness and Other Communication Disorders:

Social Implications of Communication Disorders-- The diseases which affect communication at any age have a damaging effect on the person and society: the child who has a communicative disorder, be it hearing, voice, speech, and/or language, is frequently an underachiever in school and has substantial problems in social integration; the incidence of communication disorders in population of juvenile offenders has been found to be much greater than in the rest of the population; older persons with hearing loss have earlier and more severe dementia; persons with communication disorders, if employed, are found to be employed at levels which are less than what would be predicted from their intelligence and social background. The Committee is interested in learning from the Institute its views on these matters. (p. 131)

National Center for Nursing Research:

Symptom Management: Acute Pain in Vulnerable Populations--

The Committee recommended funding support for the NCNR initiative aimed at the assessment and management of acute pain and exacerbations of acute pain associated with chronic illness as it relates to vulnerable populations, such as children, minorities, and older persons. Due to the multidimensional nature of pain, including physiological, behavioral, and sociocultural attributes, care for patients in pain is an extremely complex issue. Accurate pain assessment and treatments are often inadequate for effective pain relief. Studies will include improved pain assessment techniques, as well as pharmacological and nonpharmacological approaches to pain management. (p. 135)

Research in Midlife Women--The Committee recommends funding for the NCNR women's health initiative aimed at health research in midlife women. These studies are designed to decrease morbidity experienced by women of this age group and to increase significantly the health-related quality of life among midlife and ultimately aging women as they live longer. A better understanding of the biologic, psychologic, and sociocultural determinants of those women who make the transition to postreproductive years is a critical component of these studies. (p. 135)

Long-Term Care--The Committee has included funding to support the NCNR long-term care program that will focus on the development and testing of interventions for clinical problems encountered in the long-term care of the elderly residing in institutions, as well as within the community. The identification and development of nursing interventions for clinical problems such as mobility, cognition, depression, functional impairment, and social isolation will facilitate self-care, increase the involvement of family members, and, ultimately, increase the potential for rehabilitation and discharge to the home, thus integrating the elderly back into the community. (p. 135)

Research Training--Research training and career development has been an important initiative for NCNR as it builds a cadre of investigators able to address complex clinical problems as well as complex methodological issues. The Committee encourages NCNR to maintain research training as a priority, to encourage more focus on post-doctoral preparation, and to target new areas of study where there are emerging opportunities, such as the interface between the biological and behavioral sciences. (p. 136)

National Center for Human Genome Research:

The 5-Year Plan--The Committee has provided the necessary funding to permit NCHGR to continue the third year of its 5-year research plan. The plan set goals for developing both physical and linkage maps of chromosomes, advancing technologies for DNA sequencing, aiding in the storage and exchange of information and resource, and examining the ethical, legal, and social implications of research in human genetics. Progress in achieving these goals will result in tools that will help scientists locate and analyze genes, and ultimately understand the genetic mechanisms responsible for normal cell functions and also inherited disease or susceptibility to disease. (p. 136-137)

Ethical, Legal, and Social Implications (ELSI)--The Committee is pleased with the continued program to examine issues that arise out of the advances in genetics research but notes the need to develop the capability of developing specific policy options to the Congress and the executive branch. Three major areas for study have been identified: (1) privacy of genetic information, (2) fairness in the use of genetic information in employment and insurance, and (3) the responsible use of genetic tests in clinical practice. A schedule has been developed for providing policy options for all three of these areas within the first 5-year period of the human genome project. (p. 138)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES  
ADMINISTRATION:

Center for Substance Abuse Prevention:

Training--The Committee recommends \$14,716,000 for training activities. This amount is \$372,000 below the administration request and the comparable fiscal year 1992 amount, and \$222,000 below the House. The CSAP national training system provides continuing education in alcohol and other drug abuse education courses for substance abuse counselors, 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. Some of these funds are transferred to CSAT for substance abuse treatment training activities. (p. 151)

[Conference]--\$14,598,000 (p. 74)

Alcohol, Drug Abuse and Mental Health:

[Conference]--

Substance abuse is a treatable illness afflicting many people in our society. Recent research has suggested that various combinations of socio-economic, psychological, and genetic factors can lead to a greater likelihood of substance abuse among certain individuals. Therefore, given that many individuals in need of treatment are simultaneously abusers of both alcohol and other drugs, it is apparent that alcohol abuse is a substantial problem in its own right.

The conferees are aware that prior to the reorganization, NIMH had developed and implemented a primary prevention portfolio. During the transition period, it is expected that both agencies will work collaboratively to ensure that funds made available will be utilized to ensure that the best projects are supported. (p. 23)

ADMINISTRATION FOR CHILDREN AND FAMILIES:

Refugee and Entrant Assistance:

The Committee recommends \$405,114,000 for refugee and entrant assistance to assist an estimated 122,000 refugees. This is \$178,114,000 more than the President's budget request and the same level appropriated for fiscal year 1992. An additional 10,000 refugees will be admitted to the United States with private funding for their resettlement. The total expected number of refugees to arrive in fiscal year 1993 is 132,000.

The Refugee and Entrant Assistance Program is designed to assist States, local governments, and nonprofit organizations in assimilating refugees into American society as quickly and effectively as possible. The Committee allowance provides Federal funding for cash and medical assistance, social and employment services, targeted assistance to local governments from heavily impacted communities, and preventive health services to States, localities, voluntary agencies, and other nonprofit organizations involved in resettlement services. Of the amount provided, \$116,616,000 is on a delayed obligation basis, as requested by the President, due to severe outlay constraints. This is the same level of delayed obligations as in fiscal year 1992....

...Targeted assistance provides grants to States for counties which are impacted by high concentrations of refugees and high dependency rates. The Committee recommendation includes \$20,000,000 for support to communities affected as a result of the massive influx of Cuban and Haitians during the Mariel boatlift, compared to the current level and House allowance of \$19,000,000. The

additional funds are for a demonstration project focusing on the needs of the elderly and the youth of the Haitian community establishing a community service center. The Committee expects that, in order for this program to be effective, these additional funds be awarded to an agency in the Haitian community with prior experience in the delivery of social service programs.... (p. 173)

[Conference]--

...The conferees recognize that refugees rely on a combination of services provided by States, voluntary agencies and mutual assistance associations, and regard the continuation of a significant role for each of these entities in a coordinated network of refugee assistance to be the core policy in any program restructuring. Therefore, the conferees require that implementation of any major program changes occur only after continued consultations with States, voluntary agencies and affected mutual assistance associations. The conferees further expect that any program changes will comport with criteria previously outlined by the authorizing committees. At such time as the new program is initiated, ORR is urged to award grants on an expedited basis. The conferees also encourage ORR to work closely with States and voluntary agencies who currently administer or who have received approval for Fish/Wilson demonstrations in order to continue to test the most effective means of delivering resettlement services.

...The conference agreement includes \$81,458,000 to continue the state-administered social services program and \$49,795,000 for targeted assistance, and the conferees concur in the directions stated in the House and Senate reports regarding these programs. The conferees agree that funds for social services and targeted assistance shall be used for state-administered programs and services.... (p. 27-28)

[Conference]--\$381,500,000 (p. 84)

#### Social Services Block Grant:

The Committee recommends an appropriation of the full authorization level of \$2,800,000,000 for the social services block grant, the same as the administration request and the House allowance, and the same as the fiscal year 1992 level.

Social services block grant funds are used by States to fund a wide variety of social services for the purpose of preventing or reducing dependency, and assisting individuals to achieve self-sufficiency. Activities include child and adult day care, child and adult abuse and neglect prevention, home-based services, and independent living

services. States are entitled to their full share of the appropriated funds, and may use these funds to best suit the needs of the individuals residing within the State. (p. 176).

[Conference]--no change (p. 85)

Children and Family Services 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.

The Committee recommends \$2,801,800,000 for the Head Start program, the same as the administration request, and an increase of \$600,000,000 over the fiscal year 1992 appropriation level, and \$81,478,000 over the House allowance. The increase will allow Head Start to serve up to an additional 157,644 children from low-income families over fiscal year 1992....(p. 176)

[Conference]--\$2,779,386,000 (p. 86)

Transitional Living for Homeless Youth--The Committee recommends an appropriation of \$12,000,000 for transitional living for homeless youth, the same level as the fiscal year 1992 enacted level.

This program awards grants to public and private nonprofit entities to address the shelter and service needs of homeless youth. Grants are used to develop or strengthen community-based programs which assist homeless youth in making a smooth transition to productive adulthood and social self-sufficiency; and to provide technical assistance to transitional living programs for the acquisition and maintenance of resources and services. (p. 180)

[Conference]--\$11,785,000 (p. 86)

Child Welfare Research and Demonstrations--The Committee recommends an appropriation of \$6,532,000 for this effort, \$2,120,000 less than the budget request, \$120,000 less than the fiscal year 1992 enacted level, and \$2,033,000 less than the House allowance. Last year the Committee included language 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 expected the Assistant Secretary for Children and Families to direct \$500,000 toward the 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 similar directive included in last year's report. The Committee reiterates its strong interest in this project....(p. 181)

[Conference]--\$6,480,000 (p. 87)

Temporary Child Care and Crisis Nurseries--The Committee has also included \$12,160,000 for the Temporary Child Care and Crisis Nurseries Program, the same level as the administration request and \$1,105,000 over the 1992 funding level and \$122,000 over the House allowance.

This program is intended to demonstrate the effectiveness of assisting States to provide temporary, nonmedical child care for children with special needs in an effort to alleviate social, emotional, and financial stress among the children and the families of those children; and to provide crisis nurseries for children who are abused and neglected, at risk of abuse and neglect, or in families receiving child protective services. (p. 181)

[Conference]--\$11,942,000 (p. 86)

Social Services Research--The Committee recommends \$14,400,000, \$1,979,000 below the fiscal year 1992 enacted level. This program supports activities authorized by section 1110 of the Social Security Act and are used to support cross-cutting research, demonstration, evaluation, and dissemination activities, with the goal of reducing dependency and increasing self-sufficiency among the most vulnerable populations. Projects supported include a JOBS evaluation, an Unemployed Parent Program and improvements in the administration of child welfare services.

The Committee has provided sufficient funds to expand the senior volunteer aides demonstration projects. The purpose of these demonstration project is to determine whether the use of senior aides to provide assistance and support contributes to reducing the cost of care to such children. The demonstration projects are authorized under section 10404 of the Omnibus Budget Reconciliation Act of 1989. The funds provided may be utilized to continue the Department's agreement with the National Council on Aging to provide evaluation, coordination, and assistance to local projects implementing the family friends model.

The Senate recommendation includes \$5,000,000 for job creation demonstration activities authorized under section

505 of the Family Support Act of 1988. No funds were included in the budget request for these projects. These grants provide technical and financial assistance to businesses that agree to target new job and enterprise opportunities to welfare individuals at or below 100 percent of the poverty threshold. The Committee directs that the funds for section 505 be administered by the Office of Community Services within HHS and that funds be made available on a priority basis to community development corporations with a record of achievement in job and business creation for low income people....

The Committee is aware that the Center for Policy Alternatives is preparing a study proposal designed to develop a new policy framework for a universal family support agenda in the United States. The Committee encourages the Department to consider carefully this study proposal. (p. 182-183)

[Conference]--\$14,285,000 (p. 87)

Family Resource and Support Programs--The Committee recommends \$4,000,000 for family resource and support programs authorized by sections 933 and 934(d) of Public Law 101-501. There was no funding requested for this program in the fiscal year 1993 budget. Moneys are used to assist States in developing, expanding, and operating networks of local family resource and support programs in collaboration with existing social service agencies. Programs will serve parents, children, and families will be community-based, responsive to local needs. (p. 183)

[Conference]--\$4,910,000 (p. 87)

Native American Programs--The Committee recommends \$35,000,000, \$874,000 more than the fiscal year 1992 enacted level and the budget request, and \$1,215,000 more than the House allowance. 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 remains very supportive of ensuring that ANA continues to support the authorized activities of the National Center for Native American Studies and Indian Policy Development, the urgently needed environmental



planning and management programs, and the native Hawaiian revolving loan fund programs. (p. 184)

[Conference]--\$34,720,000 (p. 87)

Administration on Aging:

Older Americans Act/Office of the Secretary--

...The Committee has provided \$825,000 within the total available to the Administration on Aging for the purpose of studying the efficacy and benefits of providing music therapy, art therapy, and dance/movement therapy to older individuals. Such funds will be used for education and training and research and demonstration projects administered through a competitive grant to an organization representing certified therapists. Project topics should include, but not be limited to, the effect of these therapies on: neurological functioning, communication skills, and physical rehabilitation in older adults; interventions in cognitive, emotional, and social functioning in those with Alzheimer's disease and related dementias; and interventions with those elderly persons at risk of being institutionalized....

AOA should continue its assessment of short-term and long-range personnel needs in the field of aging. Specific projects should be funded to implement this objective. AOA-sponsored research and training should focus on the behavioral and social aspects of aging since the National Institute on Aging, the National Institute of Mental Health, and the Bureau of Health Professions are all authorized to fund health-related programs....(p. 187-188)

**DEPARTMENT OF EDUCATION:**

School Improvement Programs:

Drug-Free Schools and Communities--

School Personnel Training--The Committee provides \$13,863,000 for school personnel training grants, \$10,000,000 less than the fiscal year 1992 comparable level, \$139,000 more than the House allowance, and the same as the administration's request.

The drug-free schools and communities school personnel training program awards competitive grants to establish, expand, or enhance programs and activities for the training of teachers, administrators, and other personnel concerning drug and alcohol abuse, education, and prevention. Two separate programs are authorized: one for training all

categories of school personnel and one for training counselors, social workers, psychologists, and nurses only. (p. 201)

[Conference]--\$13,614,000 (p. 94)

**Higher Education:**

Jacob K. Javits Fellowships--The Committee includes \$7,920,000 for Jacob K. Javits fellowships, which is \$80,000 less than the fiscal year 1992 appropriation and the same as the House allowance. The administration proposed consolidating these fellowships and a number of other targeted student assistance programs into a program of national graduate fellowships. The Committee has not accepted this proposal.

This program provides fellowships to students of superior ability for graduate study in the arts, humanities, and social sciences. The fellowships are awarded through a national competition and recipients pursue graduate study at the institutions of their choice. The HEA reauthorization increased fellowships to a level of support equal to that provided by the National Science Foundation's graduate fellowships or the fellow's need, whichever is less. Institutional payments were increased to \$9,000. (p. 249)

[Conference]--\$7,857,000 (p. 106)

DEPARTMENT OF DEFENSE APPROPRIATION BILL, 1993 (H.R. 5504, Sen Rpt 102-408; Conf Rpt. 102-1015; PL 102-396)

**Operation and Maintenance, Defense Agencies:**

**The Legacy Resource Management Program:**

The Pacific Environmental Leadership Effort (PELE)--The Committee direct that of amounts appropriated for the Legacy Resource Management Program, the Office of the DASD(E) will make funds available for the establishment, in fiscal year 1993, of the Pacific environmental leadership effort, or PELE. PELE will address the need for a coordinated regional strategy in an area of great ecological and cultural significance. the purposes of Project PELE are:...to demonstrate the numerous scientific, social, economic, and environmental benefits to be derived from planned land use;...

The Committee expects the Secretary of Defense to take the lead in developing an integrated plan to extend PELE to U.S. military installations across Hawaii and the Pacific and to provide an annual progress report on its implementation in DOD's annual legacy report to Congress.

The Committee expects the Secretary to appoint a resident coordinator for the legacy Pacific region with responsibility for fully establishing and administering PELE. (p. 69-70)

**Other Department of Defense Appropriations:**

**Separate Departments of Social Work and Optometry:**

The conference report on the Fiscal Year 1992 Defense Appropriations Act instructed the Department to establish separate departments of social work at all major medical centers where feasible. The Committee requests that the Department provide a report regarding the extent to which this direction has been implemented and what, if any, barriers to implementation exist. The report should be submitted to the Committees on Appropriations by February 1, 1993. (p. 324)

**Education and Training for Social Workers:**

There now exist legal requirements throughout the United States that social workers be licensed or certified. In light of these requirements, the Committee believes that social workers in the military should have the same access to continuing education and training as other licensed health care professionals, in order to assure that competency and licensure are maintained. (p. 325)

INDIAN HEALTH AMENDMENTS OF 1992 (S. 2481; Sen Rpt. 102-392; and Conf Rpt. in CR, October 7, 1992; PL 102-538)

Definitions--"Health profession" means family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions. (CR S-17207, October 7, 1992)

**Indian Health Manpower:**

[Conference]--Indian Health Professionals: (CR S-17207)

Indian Health Manpower Programs and Scholarship Assistance:

...The Committee Amendment amends Title I of the Act to provide for increased opportunities for American Indians and

Alaska Natives in the health professions as defined in Section 4. The Committee amendment is intended to ensure that preparatory and health professions scholarships are available to American Indians and Alaska Natives across a wide range of disciplines. The Committee is concerned that statutory language limiting the courses of study eligible for scholarship assistance to only primary care services will unnecessarily reduce the number of scholarships awarded to Indian students and serve as a barrier to the effective recruitment of Indian students into the full range of health professions.

The Committee intends the provisions of this title to be interpreted broadly by the Indian Health Service. The Committee believes that the amendment will provide the Indian Health Service with the flexibility to target the recruitment efforts on health professions that are in demand throughout Indian country. The Committee recognizes the need to provide scholarship assistance to Indian students who are enrolled in a course of study on a part-time basis. This change in the scholarship program will help provide badly needed assistance to single parents and those who are unable to go to school on a full-time basis....The Amendment further provides that the IHS shall not deny scholarship assistance to eligible applicants solely because they receive benefits or assistance from other federal programs. (p. 8-9)

#### Loan Repayment Program:

The Committee Amendment includes a broad description of health professionals eligible to participate in the loan repayment program as defined under section 4. Changes to the loan repayment program would allow part-time students to be eligible for the loan repayment program. The Amendment would set a minimum of 25 percent for the provision of financial assistance for nurses, nurse practitioners or nurse midwives and a 10 percent minimum for mental health professions. The setting of a minimum percentage for nurses and mental health professionals is based on the significant shortage of both professions in the Indian Health Service. Nursing vacancies typically range from 14 to 20 percent in all areas of the IHS. Further in 1990, the Office of Technology Assessment found that only 17 trained mental health providers were available to address the mental health needs of children and adolescents. To remedy this discrepancy, the 1990 amendments to the Indian Health Care Improvements Act required the IHS to designate resources over the next five years to hire at least 500 more mental health professionals. The Committee believes that the term "mental health providers" should include those health

professionals with training in the fields of psychology, social work, psychiatry, psychiatric nursing and marriage and family therapy. (p. 10-11)

[Conference]--...of the total amounts appropriated for each of the fiscal years 1993, 1994, and 1995 for loan repayment contracts under this section, the Secretary shall provide that (i) not less than 25 percent be provided to applicants who are nurses, nurse practitioners, or nurse midwives; and (ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)). (CR S-17209)

Recruitment of Health Professionals:

The Committee directs the Secretary through the Indian Health Service to establish a full-time position in each area office to conduct recruitment activities. The Committee intends each area office recruiter to closely coordinate their activities with the national recruitment efforts and priorities of the Indian Health Service. This program will allow each area office to conduct specific recruitment activities to address local staffing needs of the Indian Health Service. The Committee intends that each area office recruiter closely coordinate their activities with the priorities for health professionals determined by both IHS Area personnel and area tribal governments, as well as the national recruitment efforts and priorities of the Indian Health Service....

The Committee Amendment also includes a provision that establishes an Indians into Medicine program for Indian Health Service nurses and mental health professionals. The Committee is concerned that INMED programs established under existing law have operated to excluded nurses and mental health professionals. The Committee believes that INMED programs specifically geared to nursing and mental health professionals will serve as a beneficial incentive and recruitment tool of the Indian Health Service. These programs will help to significantly increase the number of nurses and mental health professionals working in the Indian Health Service. The Committee intends any INMED programs established under this section to offer education and training that incorporates multidisciplinary approaches and to include a strong emphasis on tribal traditional healing and cultural practices. It is well-established that an understanding of tribal traditions and cultural values is a necessary component to health care delivery to American Indians. (p. 12)

[Conference]--...Sec. 120. (a)(1) The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in

educating Indians to serve as health professionals in Indian communities...

...(b)(1) An Indian tribe or tribal organization receiving a grant under subsection (a) shall agree to provide scholarships to Indians pursuing education in the health professions in accordance with the requirements of this section....(p. CR S-17210)

The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter...referred to as USDSM) to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen area of the Service. The purposes of the program established pursuant to a grant provided under subsection (a) are...to provide academic and scholarly opportunities for physicians, physician assistants, nurse practitioners, nurses, and other allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region....The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools. (CR S-17211)

#### Community Health Aide Program:

...The Committee Amendment includes a new section to provide grants to public or private colleges, universities and tribally controlled community colleges to promote the development of interdisciplinary training in two or more schools or programs in optometry, pharmacy, psychology, public health, or social work. (p. 14)

#### Health Service:

#### Mental Health Services:

The Committee Amendment includes a provision which requires any person employed as a psychologist, social worker, or marriage or family therapist by the Indian Health Service or an Indian tribal government or tribal organization under the Indian Self-Determination Act to be licensed or to be under the direct supervision of a person who is properly licensed within a one year period. The Committee believes this amendment will help ensure that Indian patients receive the highest quality health care and services. (p. 19)

[Conference]--...Any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians

in a clinical setting under the authority of this Act or through a contract pursuant to the Indian Self-Determination Act shall-...in the case of a person employed as a social worker, be licensed as a social worker or working under the direct supervision of a licensed social worker...(CR S-17212)

Substance Abuse Programs:

Fetal Alcohol Syndrome and Fetal Alcohol Effect:

...The Committee Amendment includes a provision to authorize the Secretary to make grants to Indian tribes, tribal organizations and urban Indian health providers, to develop and implement a comprehensive treatment program to specifically address the cultural, historical, social, and child care needs of Indian women regardless of age. The Committee intends these grants to allow tribal governments to develop programs specially tailored to meeting the special needs of Indian women and to incorporate traditional healing and cultural values into an overall treatment program. These programs should involve the community and family in providing treatment, counseling and support to Indian women. The Committee believes this program will help encourage Indian women to seek treatment of their alcohol and substance abuse problems and help increase the success rate for treatment efforts among Indian women. (p. 36-37)

[Conference]--Indian Women Treatment Programs: The Secretary may make grants to Indian tribes and tribal organizations to develop and implement a comprehensive alcohol and substance abuse program of prevention, intervention, treatment, and relapse prevention services that specifically addresses the cultural, historical, social, and child care needs of Indian women, regardless of age. (CR S-17219-17220)

TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT  
APPROPRIATION BILL, 1993 (Sen. Rpt. 102-353 to H.R. 5488;  
Conf. Rpt. 102-919; PL 102-393)

Section 8902(k)(1) of 5 U.S.C. is amended to read as follows:

When a contract under this chapter requires payment or reimbursement for services which may be performed by a clinical psychologist, optometrist, nurse midwife, nursing school administered clinic, or nurse practitioner/clinical specialist, licensed or certified as such under Federal or State law, as applicable, or by a qualified clinical social

worker as defined in section 8901(11), an employee, annuitant, family member, former spouse, or person having continued coverage under section 8905a of this title covered by the contract shall be free to select, and shall have direct access to such a clinical psychologist, qualified clinical social worker, optometrist, nurse midwife, nursing school administered clinic, or nurse practitioner/nurse clinical specialist without supervision or referral by another health practitioner and shall be entitled under the contract to have payment or reimbursement made to him or on his behalf for the services performed. (p. 111)

[Conference]--no change

FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS  
APPROPRIATION BILL, 1993 (Sen. Rpt. 102-419; H.R. 5368;  
Conf. Rpt. H.R. 102-391)

**Bilateral Economic Assistance: Agency for International Development-**

**Development Assistance Fund/Health Activities:**

Aging--As the Committee has noted in the past, 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. The Committee notes that several U.S. universities offer unique educational leadership expertise in Pacific basin and Southeast Asia health issues. The Committee encourages AID to provide additional funds for this effort during the 1992 fiscal year. AID should consult with the National Institute of Medicine on potential long-term funding and legislative recommendations. (p. 82)

[Conference]--no change

**Other Development Assistance Issues:**

Victims of Torture--The Committee is aware that torture is routinely practiced by government security forces in dozens of countries, including many recipients of U.S. foreign assistance. According to an Amnesty International report, during 1991 alone detainees were tortured or mistreated in



prisons, police stations, or secret detention centers in at least 104 countries, and over 500 deaths attributed to torture were reported in over 40 countries. In addition to recommending a substantial increase in the U.S. contribution to the U.N. Voluntary Fund for Victims of Torture, the Committee urges AID to provide assistance for rehabilitation services for victims of torture. Such services include medical, psychological and social services, and legal protection, for victims and their families, and support for indigenous rehabilitation centers.... (p. 96-97)

[Conference]--no change

**Economic Support Fund:**

West Bank and Gaza--...During 1991 AID initiated a major reexamination of the development strategy for the West Bank/Gaza program. This review indicates that U.S. foreign assistance could more effectively improve the lives of the inhabitants of the West Bank and Gaza by concentrating on the promotion of economic growth, institutional development, and social services such as health and education. AID should provide assistance to West Bank and Gaza entrepreneurs who with credit and other support can expand their markets, general employment and stimulate economic growth. The Committee encourages AID to work with local and private sector institutions, including municipalities, universities, PVO's, and others to institute a program of social and economic development in the West Bank and Gaza. (p. 107)

[Conference]--no change

DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES  
APPROPRIATIONS BILL, 1993 (Sen Rpt 102-345, HR 5503; Conf Rpt 102-901; PL 102-381)

**Department of Health and Human Services:**

**Health Resources and Services Administration:**

**Indian Health Services:**

...The Committee continues to be troubled by the administration's presentation of the budget for the Indian Health Service. Exaggerated collection assumptions for third party collections and Medicare and Medicaid reimbursements were assumed again this year despite direction in last year's congressional action not to use collections to offset operations. The budget assumed an increase over the current fiscal year 1992 estimate for

third party collections of 600 percent, and a 100-percent increase in the level of Medicare and Medicaid reimbursements. The total 1993 collection assumption is not only 153 percent above the current 1992 assumption, but the Committee notes that the current collection assumption for 1992 is 91 percent lower than the original 1992 assumption presented last year. The Committee has received no information from the administration with which to substantiate the basis for such a tremendous growth in collections and reimbursements. The logical conclusion to be drawn from the IHS budget as submitted is that the administration has chosen to endorse a policy of budget gimmicks. (p. 102)

Hospitals and Clinics--The Committee recommends an increase of \$147,030,000 above the budget request. This includes \$102,196,000 to restore the fiscal year 1992 level for which the administration had eliminated funding by using the collection assumptions discussed above. Additional increases are provided as follows: \$45,975,000 to fund pay and inflation costs also proposed to be offset by collections; \$2,500,000 for the self-determination fund to support tribal contracting; \$1,000,000 for recruitment and retention, to be used for the highest priority program needs, and not just for doctors and nurses; \$4,773,000 for staffing associated with new clinics, including \$2,434,000 for Belcourt, \$341,000 for Rosebud, \$1,638,000 for Pine Ridge, \$48,000 for Wagner, and \$312,000 for Taos; \$1,763,000 for staffing and operational costs associated with the scheduled opening of the Warm Springs and Choctaw clinics, and an increase of \$1,000,000 for emergency medical services; and offsetting decreases of \$6,077,000 for pay costs, which will have IHS absorb one-half of the 1993 pay raise, similar to other agencies funded in the bill, and a decrease of \$6,100,000 associated with the transfer of the social services program to the mental health line-item. (p. 102-103)

Mental Health--The Committee recommends an increase of \$7,339,000 which includes increases of \$465,000 for Belcourt staffing, \$6,100,000 for social services, transferred in from hospitals and clinics, an increase of \$1,000,000 for social services, and a decrease of \$226,000 for pay absorption. (p. 104)

[Conference]--...decreases for population growth of \$7,631,000 in hospitals and clinics,...\$228,000 in mental health,...; decreased for staffing of new facilities of...\$529,000 in mental health of which \$465,000 is for the Belcourt, ND hospital and \$64,000 is for the Kotzebue, AK hospital, ...

...Last year the managers directed the IHS to report on the possible consolidation of the social services program

within the mental health account. This direction appears to have been ignored. The managers intend to transfer the social services function to the mental health account in fiscal year 1994 if a compelling case to the contrary or acceptable alternative recommendations are not received from IHS.

HEALTH PROFESSIONS EDUCATION EXTENSION AMENDMENTS OF 1992  
(Conf Rpt. HR 102-925; PL 102-408)

**TITLE I-HEALTH PROFESSIONS EDUCATION**

Area Health Education Centers:

Section 746 of the Conference agreement makes substantive changes to the Area Health Education Centers (AHEC) and Health Education Training Centers (HETC) programs, incorporating both House- and Senate-passed amendments with some technical modifications. The matching requirement for State-supported AHEC's is changed to require a non-Federal contribution of 50 percent starting in the first year. The existing requirement for participation of a dental school, if there is one affiliated with the medical school's university, is modified to provide also for the participation of a program in clinical psychology, clinical social work, or marriage and family therapy, if there is one affiliated. (p. 116)

Human Immunodeficiency Virus Training:

Section 776 includes the following substantive changes with respect to the program of HIV training for health professionals. In general, wherever references are made in current law to "acquired immune deficiency syndrome", these references are changed to "human immunodeficiency virus". The list of entities eligible to apply for grants is expanded to include "other public or private nonprofit health or educational entities" and in the new subsection (a)(1), the reference to "graduate programs of psychology" is replaced with "graduate programs in mental health practice", which includes clinical psychology, clinical social work, and marriage and family therapy. In addition, the Conferees make clear that training of clinical practitioners is an eligible use of funds under this program. The program is authorized for \$25 million for each of fiscal years 1993-1995. (p. 121)

**Rural Area Projects:**

Section 778 extends the authorization of appropriations for the health care for rural areas program. The reference in subsection (c) to "programs of psychology" is replaced with a reference to "mental health practices", which includes graduate departments and programs of clinical psychology, clinical social work, and marriage and family therapy. The rules regarding administration of grants are expanded to include a limitation that precludes a grantee from supplanting existing program funds with other Federal funds awarded under this section. The program is authorized at \$7 million for each of the fiscal years 1993-1995. (p. 122)

**TITLE III-MISCELLANEOUS PROVISIONS:**

**Certain Clinical Traineeships:**

Section 305 of the Conference agreement amends Section 303(d)(2) of the Public Health Service Act to expand the locations that fulfill required service obligation by including the provision of mental health services in local or federal prisons or correctional facilities for individuals receiving clinical traineeship in psychology, psychiatry, nursing, marriage and family therapy, or social work. (p. 130)

PREVENTIVE HEALTH AMENDMENTS OF 1992 (HR 3635, Conf Rpt 102-1019; PL 102-531)

**TITLE III-CERTAIN PROGRAMS:**

**Establishment of Office of Adolescent Health:**

In General--There is established an Office of Adolescent Health within the Office of the Assistant Secretary for Health, which office shall be headed by a director appointed by the Secretary. The Secretary shall carry out this section acting through the Director of such Office.

Duties--With respect to adolescent health, the Secretary shall coordinate all activities within the Department of Health and Human Services that relate to disease prevention, health information and education with respect to the appropriate use of health care, including coordinating...the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, and social workers...(p. 16)

M E M O R A N D U M

TO: SENATOR INOUE

DATE: MARCH 8, 1993

FROM: DEBRA DUNIVIN

RE: PSYCHOLOGY ISSUES, APPROPRIATED FISCAL YEAR 1993

LABOR, HHS, & EDUCATION APPROPRIATION BILL, 1993  
(Sen.Rpt. #102-397; Conf.H.Rpt. #102-974; P.L. 102-394)

TITLE II - DEPT. OF HEALTH AND HUMAN SERVICES

HEALTH RESOURCES AND SERVICES ADMINISTRATION

Health and behavior:

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.

While researchers are still working to learn more about disease-causing viruses and bacteria, more and more attention is being paid to an expanded model of health that is not based solely on the absence of disease, but also recognizes the role of social, psychological, and behavioral factors in staying health, in becoming ill, and in rehabilitation. Both the Surgeon General and the Institute of Medicine have observed that 7 out of 10 leading causes of death in the United States accounting for 50 percent of all mortality, are, in part, behaviorally determined. The Committee encourages the Public Health Service to expand opportunities for behavioral research that can help the United States meet the Year 2000 Health objectives for disease prevention and health promotion. In research on health and behavior and in prevention of disease, resources pledged up front can pay important dividends later.(p.38)

Health Care Delivery and Assistance

National Health Service Corps:

The Committee recommends \$119,641,000 for the National Health Service Corps [NHSC], . . . The remaining \$71, 576,000 is intended for scholarship and loan repayment agreements, and the State loan repayment program. Authorizing law requires that at least 10 percent of the recruitment funds must be targeted to nurse-practitioners, physician assistants, and other nonphysician health providers.(p.40)

[Conference]--\$118,683,000(NHSC)

\$75,963,000(scholarship & loan repayt)(p.63)

Pacific basin initiative:

The Committee has included \$2,638,000 for initiatives in the Pacific basin region. This is \$91,000 more than the fiscal year 1992 amount and \$116,000 more than the House amount. The administration requested no funds. The Committee intends that \$1,700,000 shall be used to continue the medical officer training program. The Committee further directs HHS to explore having the Institute of Medicine develop a long-term strategic plan for the future of this region. The remaining funds are to support a wide range of health promotion and disease prevention training projects and to establish the national advisory panel envisioned in the authorizing law. The Committee again recommends that support be provided for postdoctoral psychology programs. The Committee also supports the Waianae Coast Comprehensive Health Center receiving support under this initiative. This particular facility has an outstanding record of being responsive to the primary health care needs of the region and providing necessary technical training. The Committee is aware of and appreciates the key role the University of Hawaii's School of Public Health has played over the years in providing leadership to this particular public health initiative, in its many forms.(pp.41-42)

[Conference]--\$2,559,000(p.64)

Health Professions

Interdisciplinary traineeships:

The Committee recommends \$4,654,000 for rural health interdisciplinary training projects. . . This program addresses shortages of health professionals in rural areas through interdisciplinary training projects that prepare students from various disciplines to practice together, and offering clinical training experiences in rural health and mental healthcare settings to expose students to rural practice. (p.48)

[Conference]--\$4,023,000(p.66)

National practitioner data bank:

The Committee has provided \$6,000,000 for the national practitioner data bank . . . As requested by the administration, \$6,000,000 in user fees collected by the data bank are to be used for the operation of the data bank. The data bank was created by Public Law 99-660, to serve as a national source of information on malpractice judgments and settlements and various other disciplinary actions taken

against physicians, dentists, and other categories of licensed health professionals.(p.53)

[Conference]--No change(p.16;67)

CENTERS FOR DISEASE CONTROL  
Disease Control, Research, and Training

Preventive health and health services block grant:

. . . The block grant is a funding mechanism which allows the States to allocate funds based on their preventive health priorities. Specific prevention activities are eligible for funding from the block grant. Some of these activities include community-based programs to deter smoking and alcohol use among children and adolescents, programs to detect and prevent hypertension, programs to reduce the incidence of chronic diseases, and support for comprehensive public health services.(p.56)

Sexually transmitted diseases:

. . . The Committee would like to see new and innovative prevention approaches among women, adolescents, and young adults. With this infusion of new dollars, now is the time for CDC to make major inroads into reducing one of the most important public health problems in this country.(p.58)

Chronic and environmental disease prevention:

. . . The Committee has included a \$3,000,000 increase for the CDC program to counteract tobacco use. Smoking remains the single most preventable cause of death in this country, alone causing 434,000 deaths per year. Further, those most at risk from the health effects of smoking tend to be minorities, women, and the young. The Committee is convinced that smoking cessation efforts can make a difference. . . (p.62)

[Conference]--Total funds \$70,630,000(p.70)  
Tobacco program not cited separately(pp.17-18;70)

Injury control:

. . . The increase in violent behaviors and death among many of American's urban youth is deeply disturbing, and the Committee supports increased action to prevent and intervene in youth violence. The Committee commends the recent CDC report, "Prevention of Youth Violence: A Framework for Community Action," which contains a number of program suggestions for State and county health officers and community organizations. CDC is urged to continue a strong

focus on community demonstration interventions, coupled with rigorous evaluation research, so that successful strategies may be identified. CDC is also urged to improve surveillance of homicide and violent injury so that more information is available to researchers and policymakers about the perpetrators of violence. CDC is urged to coordinate research, where appropriate with the National Institute of Child Health and Human Development and the National Institute of Mental Health.(pp.65-66)

Occupational safety and health:

. . . CDC, through the National Institute for Occupational Safety and Health [NIOSH], is the Federal agency charged with conducting a national program of occupational safety and health research and dissemination. The purpose of this program is to establish and disseminate scientific and public health information necessary to ensure safe and healthful working conditions for the 124 million American working men and women.(p.66). . .

The Committee notes with concern the reported increase in disease and injury caused by occupational stress and especially the need to address more forcefully the occupational stress issues experienced by rural and farming families. Funding for occupational stress research and research training was identified by the Committee last year as an important area for increased activity. The Committee was most especially pleased to see the recent announcement in the Federal Register announcing program funding for the development of specialty training programs in occupational health psychology. This is the kind of initiative the Committee intended for support in its direction last year. Within available funds, NIOSH shall allocate an appropriate amount to occupational stress research and research training activities.(p.68)

NATIONAL INSTITUTES OF HEALTH  
National Cancer Institute

Behavioral research:

The Committee has included funding for the application of research findings related to health and behavior. Efforts to promote smoking prevention and cessation activities, and to reduce fat and increase fiber intake in the diet are stressed. Initiatives designed to increase the proportion of women seeking breast and cervical cancer screening are continuing, with a special emphasis on those that target minority and underserved populations. Because certain types of behavior appear to contribute heavily to cancer risk, continued emphasis will be placed on this important area of research.(p.79)



## Cooperative Clinical Research

### Psychosocial counseling:

Last year the Committee strongly urged NCI to further explore the impact on survival and quality of life of cancer patients from psychosocial counseling services and to give greater priority to counseling services as an integral aspect of medical care. Psychosocial counseling is short-term, time-limited therapy that addresses not only the emotional adjustment issues of coping with long-term illness, but also issues such as the need to comply with medical treatment plans. In addition, the Committee requested NCI to conduct a study to identify payment mechanisms which should be utilized to provide these important services within cancer centers. The Committee is pleased that NCI will initiate a new program to evaluate the efficacy of specific counseling interventions in improving quality of life and increasing medical compliance. This initiative recognizes the importance of psychosocial counseling early in the history of the disease, such as the time of identification of high risk, at the diagnosis of the cancer, and the initiation of cancer treatment. In response to the Committee's concern about the uncertainty of payment for psychosocial counseling, NCI's initiative should include an evaluation of costs of services and potential payments mechanisms. The Committee again strongly urges NCI to continue these efforts and to expand their initiative to also include the impact of psychosocial counseling on survival.(p.80)

## National Heart, Lung, and Blood Institute

### Asthma:

The Committee has provided funding to continue intensive research for an improved understanding of asthma, a chronic disease that affects about 10 million Americans. New research findings have improved understanding of the role that inflammation plays in the asthmatic process. The NHLBI has established the National Asthma Education Program [NAEP] to coordinate the efforts of diverse health professional groups with an interest in this chronic disease. The Institute has developed guidelines for asthma control that address this important issue. During the past year, the National Asthma Education Program, working in conjunction with the Department of Education, produced educational materials for school personnel detailing their role in facilitating management of childhood asthma. The Childhood Asthma Management Program [CAMP] is evaluating therapeutic approaches in young children. A new clinical trial, scheduled for initiation in fiscal year 1993, will

determine optimal regimens of bronchodilator therapy for patients with mild to moderate asthma.

Several excellent projects are planned for implementation through this national education effort. The participants in the NAEP are focusing especially on methods for improving asthma management in the schools as asthma is a leading cause of missed days from school. Issues related to policy and resource barriers that hinder the management of asthma in schools are being examined, and strategies for overcoming these problems and starting asthma education programs for students and school personnel are being developed with a special emphasis on minority children... (p.83)

#### Sleep disorders:

The Committee has been very pleased with the leadership of NHLBI in the diverse area of sleep disorders research. Respiratory and cardiovascular complications are a significant consequence of many prevalent sleep disorders. The NHLBI program encompasses a range of authority and activities for basic, clinical, and epidemiologic research, to training and education in sleep. The Committee encourages continuation of the existing Sleep SCOR Program, commends the NHLBI for its commitment to sleep disorders and looks forward to further progress on these debilitating conditions in the fiscal year 1993. (pp.85-86)

#### Health and behavior:

Medical advances and better public health care have eliminated or controlled many of the conditions that previously were responsible for most death and disease. Today, heart disease is the leading killer in this country, followed by cancers, cerebrovascular disease, and accidents and their adverse effects. The Committee commends NHLBI for recognizing that each of these has a significant behavioral component and urges the Institute to give full consideration to projects that examine biobehavioral mechanisms of hypertension, the impact of emotion and psychosocial interventions on such things as cardiovascular disease, smoking cessation, and psychosocial and emotional stress as factors in some forms of cardiovascular disease. The Committee further encourages the Institute to focus on women, minorities, and persons of lower socioeconomic status in such studies. (p.87-88)

National Institute of Dental Research

Pain research:

The Committee notes that NIDR has a lead role in pain research. In this regard, the NIDR recently held a symposium on frontiers of pain research in the Decade of the Brain. NIDR scientists described the development of new drugs to treat acute and chronic pain including cancer pain, and presented reports establishing that pain is not merely a passive symptom of disease, but an aggressive disease itself, producing changes in the brain and other body systems that can be lethal.(p.89)

National Institute of Mental Health

Mental health care coverage:

The Committee appreciates the report of the National Advisory Mental Health Council entitled, "Mental Illness in America: A Series of Public Hearing,:" which includes a special recommendation on the need to provide coverage for severely mental ill Americans under national health care reform. The Committee requests that the Council prepare a report on the cost of covering medical treatment for severe mental illness commensurate with other illnesses and an assessment of the efficacy of treatment of severe mental illness. . . .(p.96)

Rural and native American mental health:

The Committee is disappointed that NIMH has not faithfully followed its directives regarding family-centered mental health research to date, and expects NIMH to comply with the Committee's intent to fund this work research in fiscal year 1993. The Committee has provided \$15,000,000 for behavioral research on rural and native American mental health issues. The Committee has received the report, "The State of Native American Youth Health," drawn from a survey of 14, 000 Indian youth. The report notes that suicide is increasing among native American youth, a finding confirmed by the Office of Technology Assessment study on adolescent mental health. In conducting research on native populations under this initiative, the Committee urges NIMH to coordinate with the Indian Health Service.(pp.96-97)

[Conference]--Program not cited separately(p.19;72)

The greying of behavioral sciences at NIMH

The Committee is aware of an alarming decline in NIMH support for young investigators in the behavioral sciences.

The Committee is concerned that this decline must be reverse...The Committee requests that NIMH prepare a specific plan to strengthen its support for young behavioral science researchers and forward a report on this plan to the Committee by February 1, 1993.(p.97)

Behavioral science research centers:

In the fiscal year 1992 report, the Committee requested NIMH to submit a plan for implementing a behavioral science research centers program. The agency responded that behavioral science research is being supported at several centers. The Committee is deeply concerned that the agency is continuing to sidestep this issue and is resisting congressional mandates to strengthen its support for behavioral science research. Therefore, the Committee directs NIMH to develop a centers program for the behavioral science research in fiscal year 1993. . .(p.97)

Prevention:

...The Committee remains impressed by the growing evidence of the benefits of short-term psychotherapy for cancer patients. The Committee understands that the NCI has developed a report and urges NIMH to collaborate with NCI to study which psychosocial interventions are most effective with cancer patients...(p.98)

National Institute of Child Health and Human Development

Mental retardation and developmental disabilities:

...In order to prevent the institutionalization of many people with developmental disabilities, research is needed on the causes of their accompanying behavior problems. Research is also needed to develop humane, effective, and safe methods of intervention. These efforts can best be served through the collaboration of experts in the field of mental retardation and human behavior. The Committee urges NICHD-supported research centers to collaborate on this effort...

The Committee is concerned that many children with developmental disabilities have speech and language impairments that are more severe than other aspects of their development. The cause of these impairments is largely unknown. Research on language development can lead to effective intervention strategies for these children at the earliest possible age. The NICHD-supported research centers are in a strong position to develop intercenter, interdisciplinary research efforts in the critical areas of speech sound perception, the role of genetics in early language development, and the effect of substance abuse

during pregnancy on speech and language development.(pp.111-112)

Behavioral development:

The Committee encourages the NICHD to embark on a long-term planning process to investigate psychological and behavioral processes of the middle childhood years, ages 5 to 11. The Committee appreciates that many problems of adolescence and young adulthood - problems of school dropouts, unwanted pregnancies, gangs, alcohol and drug abuse, and AIDS among others - have their roots in the preceding years of middle childhood. Yet the Committee understands that middle childhood may be the period least understood by child development experts. In order to combat the behavioral and emotional concerns that emerge in adolescence, we need a strong research agenda on a number of basic social and emotional processes at play in the earlier years, including skills involved with decisionmaking, resolving conflicts, fighting off peer pressure, building self-confidence, traditional academic functioning, and many others.

Committee encourages NICHD to develop a new, general behavioral science initiative in the area of middle childhood development. The Committee would like NICHD to begin that planning effort in fiscal year 1993 with the intention of providing funds in fiscal year 1994 and beyond. (p.114)

National Institute of Environmental Health Sciences

NIEHS research centers

NIEHS supports 17 extramural research centers, which are a national resource for responding to environmental health research needs from the local to the international level . . .The Committee has been pleased with NIEHS's responsiveness to the pressing public health care needs associated with volcanic emissions in the State of Hawaii and urges the eventual establishment of an environmental health center at the University of Hawaii. The Committee has further been impressed with the Institute's sensitivity to the importance of ensuring that professional nursing and behavioral scientists are actively encouraged to become involved in the environmental health arena.(p.119)

Behavioral research:

The mission of NIEHS is vital and one that must be addressed over a broad scientific base, including behavioral as well as biological sciences. . . Prevention and protection efforts in environmental health can also be

improved by a better understanding of public perceptions, community implementation of guidelines, and individual and family lifestyle. Research on attitude formation and change regarding risk and uncertainty will be necessary to programs that require public involvement for successful implementation...(pp.119-120)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
Center for Mental Health Services

Children's mental health:

The Committee has not funded the newly authorized Children's mental health program. The administration did not request funds, and the House provided \$4,950,000. This program funds development of community mental health services for children with serious emotional disturbances. The Committee is supportive of the goals of this program, but is not able to fund new programs in fiscal year 1993 due to extreme budget limitations.(p.147)

[Conference]--\$4,910,000(p.73)

Prevention demonstrations:

The Committee has provided \$5,478,000 for mental health prevention services demonstrations. . . This activity funds programs offering preventive services to chronically mentally ill individuals and those at risk of developing a mental illness. The Committee believes prevention of mental illness is the most effective and the most cost-effective approach. The Committee continues to support demonstration projects to determine the effectiveness of school-based education programs aimed at adolescents who are demonstrably at risk of suicide. The Committee is especially supportive of studies of rural and inner-city adolescents. The Committee intends to fund youth suicide prevention demonstrations, as differentiated from studies of undiagnosed major mental disorders or antisocial behavior. (p.148)

[Conference]--Deleted(p.73)

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention [CSAP], is responsible for coordination and support of SAMSA ongoing drug and alcohol abuse prevention activities and administering demonstration projects for prevention and treatment.(p.149)

Prevention programs:

The Committee recommends \$147,141,000 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. In addition, this activity funds conference grants, technical assistance and evaluation contracts, a communications program for community education and the National Clearinghouse for Alcohol and Drug Abuse Information. The Committee has provided \$500,000 to continue a national education and prevention strategy to address children of alcoholics and substance abusers in native American communities.(p.151)

[Conference]--\$135,904,000(p.74)

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH  
Agency for Health Care Policy and Research

The Committee recommends \$70,572,000 for the Agency for Health Care Policy and Research (AHCPR). In addition transfers of \$5,833,000 from the Medicare trust fund and \$53,316,000 from funds available under section 2711 of the Public Health Service Act are provided. Total funding provided for the Agency is \$129,721,000...

The Agency for Health Care Policy and Research was established in 1990 to promote improvements in clinical practice and patient outcomes, promote improvements in the financing, organization, and delivery of health care services, and increase access to quality care. . .

Of the funds appropriate, the Committee directs that \$1,500,000 be used for creation of multidisciplinary rural health services policy and research centers as authorized under section 902(c) of the Omnibus Budget Reconciliation Act of 1989. Such centers should conduct multidisciplinary health services research, demonstration projects, evaluations, policy analyses, and training for the rural delivery of health care services research, demonstration projects, evaluations, policy analyses, and training for the rural delivery of health care services to low-income groups, minority groups, and senior citizens. . .(pp.155-156)

[Conference]--Federal funds...\$109,694,000

Trust funds.....5,786,000

1% Eval.funding...13,204,000

Total.....\$128,684,000(p.76)

. . . The conference agreement includes \$1,500,000 for creation of three multidisciplinary rural health services policy and research centers.(p.24)

Medical Treatment Effectiveness Program (MedTEP):

The Committee continues to be impressed by AHCPR's efforts to actively include the wide variety of practice disciplines that contribute to the quality of patient care, such as nursing, physical therapy, and psychology, as components of its medical outcome research initiatives. The Committee feels that the development of advanced nursing practice curriculum and guidelines in the prescription privilege arena would be particularly useful at this time, and urges AHCPR to work collaboratively with the Division of Nursing to accomplish this objective. . . (pp.157-158)

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Children and Family Services Programs

Comprehensive child development centers:

This program is designed to encourage intensive, comprehensive, integrated, and continuous supportive services for low-income children from birth until they reach public school age. These services are intended to enhance the physical, emotional, and intellectual development of these children, and to provide support to their parents and other family members. The program targets infants and children from low-income families, who because of health, environmental, or other factors, need intensive and comprehensive support to enhance their growth and development.

The Committee recommends \$47,419,000. . . With these funds, the Secretary will make operating grants to eligible public and nonprofit agencies, including Head Start agencies, community-based organizations, institutions of higher education, public hospitals, community development organizations, institutions of higher education, public hospitals, community development organizations and organizations specializing in the delivery of services to infants or young children. (p.178)

[Conference]--\$47,040,000(p.86)

Youth drug abuse prevention and education:

The Committee recommends \$15,011,000 for drug education and prevention for runaway and homeless youth...

This program makes grants to public and private nonprofit organizations to support family and group counseling, community education, outreach, and drug abuse prevention training to individuals working with runaway and homeless youth. (pp.181-182)

[Conference]--\$14,891,000(p.86)



The Committee also recommends \$10,943,000 for the Drug Education and Prevention Program for Youth Gangs...The purpose of this program is to reduce and prevent the participation of youth gangs in illicit drug activities. (p.182)

[Conference]--\$10,747,000(p.86)

#### Administration on Aging

##### Older Americans Act/Office of the Secretary:

...The Committee has provided \$825,000 within the total available to the Administration on Aging for the purpose of studying the efficacy and benefits of providing music therapy, art therapy, and dance/movement therapy to older individuals. Such funds will be used for education and training and research and demonstration projects administered through a competitive grant to an organization representing certified therapists. Project topics should include, but not be limited to, the effect of these therapies on: neurological functioning, communication skills, and physical rehabilitation in older adults; intervention in cognitive, emotional, and social functioning in those with Alzheimer's disease and related dementias; and interventions with those elderly persons at risk of being institutionalized.(pp.187-188)

[Conference]--Program not cited separately(pp.31;89)

#### TITLE III - DEPARTMENT OF EDUCATION SCHOOL IMPROVEMENT PROGRAMS

##### Drug-free schools and communities

School personnel training - The Committee provides \$13,863,000 for school personnel training grants. . .

The drug-free schools and communities school personnel training program awards competitive grants to establish, expand, or enhance programs and activities for the training of teachers, administrators, and other personnel concerning drug and alcohol abuse, education, and prevention. Two separate programs are authorized: one for training all categories of school personnel and one for training counselors, social workers, psychologists, and nurses only. (p.201)

[Conference]--\$13,614,000.(p.94)

Dropout prevention demonstrations:

The Committee has provided \$38,200,000 for the dropout prevention demonstration program. . .

This program provides grants to local education agencies [LEA's], community-based organizations [CBO's], and education partnerships to support demonstration projects to reduce the number of students who drop out of elementary and secondary schools. . .

The Committee is impressed with the success of the Cities In Schools Dropout Prevention Program now operating in many communities across the country. This program has had great success in dropout prevention by bringing together partnerships of local educators, businesses, and government agencies in a community-based effort to bring directly to schools such services as tutors, drug and alcohol counselors, psychiatrists, day care, career counseling, and motivational speakers. The Committee expects that \$2,000,000 of the funds provided for drop out prevention demonstrations will be used for programs such as cities in schools. (pp.204-205)

[Conference]--\$37,705,000(p.95)

SPECIAL EDUCATION

Serious emotional disturbance:

The Committee has included \$4,400,000 for the serious emotional disturbance program. . .

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. Projects awards range from 3 to 5 years in duration. (p.211)

[Conference]--\$4,147,000(p.97)

Innovation and development:

The Committee recommends an appropriation of \$21,000,000. . . These funds support research and related activities to assist special education, related service, early intervention, and other appropriate personnel, including parents, in improving services to children with disabilities, and to conduct research, surveys, and demonstrations related to the provision of services to children with disabilities.

Of the amount provided, the Committee directs that not less than \$1,000,000 be made available for activities designed to improve educational opportunities for children with attention deficit disorder [ADD].(pp.212-213)

[Conference]--\$20,728,000(p.97)

Parent training:

The Committee has included \$14,500,000 for the parent training program. . .

Parent training grants are made to projects to train parents of children with disabilities to participate more effectively in meeting the educational needs of such children. . .(p.214)

[Conference]--\$12,400,000(p.97)

TITLE IV - RELATED AGENCIES  
ACTION

Physician Payment Review Commission:

The Committee recommends the transfer of \$4,451,000 from the Medicare trust funds to support operations of the Physician Payment Review Commission [PPRC]...

The PPRC was established by the Consolidated Omnibus Reconciliation Act of 1985 (Public Law 99-272). The Commission is charged with making recommendations to the Secretary of Health and Human Services and to Congress regarding the Medicare payments for health services provided by physicians and other practitioners.(p.274)

[Conference]--\$4,415,000(p.111)

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DEPARTMENT OF DEFENSE APPROPRIATION BILL, 1993  
(Sen.Rpt. #102-408; Conf.H.Rpt. #102-1015; P.L. 102-396)

TITLE II - OPERATION AND MAINTENANCE  
OPERATION AND MAINTENANCE, DEFENSE AGENCIES

Active Air Force SOF OPTEMPO--The Committee recommends a reduction of \$20,000,000 in program element 1120547BB from the budget request of \$150,664,000. This program element supports a growth of 14.3 percent in the number of Active SOF (Special Operations Forces) Air Force flying hours since 1992 and 40.1 percent since 1991. The Committee believes that this increase cannot be adequately justified by any increase in mission requirements. This program element supports equipment, facilities, and wing operating costs as

well as unconventional warfare applicable to foreign internal defense and psychological operations. The recommended reduction would hold this activity to its fiscal year 1992 funding level.(p.62)

[Conference]--SOF JUSTIFICATION MATERIAL

The conferees direct that \$20,000,000 of the funds appropriated for Operation and Maintenance, Defense Agencies for Special Operations Forces for fiscal year 1993 be withheld from obligation or expenditure until USSOCOM provides the Committees on Appropriations with a detailed report, no later than March 30, 1993, on how it intends to improve the presentation of its annual budget justification documents and supporting material.

The conferees agree that the quality and reliability of this year's budget submission as well as some of the back-up information requested during the course of the fiscal year have not been satisfactory. While the conferees acknowledge the improvements that have been made in budget justification materials over the last two years, much more needs to be done to improve clarity and precision.

The conferees remain strongly supportive of the special operations mission. The conferees are committed to working with USSOCOM to improve this situation and expect the Command to institute new procedures for budget data collection, presentation, reporting and the development of performance indicators.

The conferees direct that USSOCOM follow the guidance provided under the Operation and Maintenance heading in the Senate report (S. Rpt. 102-408) in the preparation and submission of its annual budget justification. The conferees expect that these procedures will be followed in the fiscal year 1994 submission. In addition, the conferees expect that USSOCOM will ensure greater clarity and standardization in the preparation of its procurement service reports.(p.76)

**TITLE VI - OTHER DEPT. OF DEFENSE APPROPRIATIONS  
DEFENSE HEALTH PROGRAM**

**Special Pays and Training**

**Nonphysician health care providers:**

In the Senate report on the Fiscal Year 1992 Defense Appropriations Act, the Committee made clear its intention that all properly authorized special or retention pays for nonphysician providers (psychologists, optometrists, and podiatrists) should be paid. The Committee believes that this is a matter of simple equity and reiterates its position that such special pays should be paid.(p.325)

Psychologists' prescription training:

The Committee again affirms its support for the program to train military psychologists to prescribe drugs. The Committee feels strongly that this program should continue with ongoing evaluation. The Committee also believes that appropriate training modules should be developed which complement the expertise which the trainees already have. (p.326)

[Conference]--The conferees are pleased with the progress being made on the psychology prescription training program and especially the efforts to develop relevant training modules which complement the trainees' expertise. Ongoing external evaluation and selection of the next class are expected to proceed.(p.152)

Postdoctoral training initiatives:

The Committee wishes to commend the Department on its postdoctoral training initiatives for psychologists, especially its consolidation of training for Army psychologists at Tripler Army Medical Center. The Department should broaden this initiative and consider developing similar initiatives between services and in conjunction with the Department of Veterans Affairs, where possible.(p.326)

Psychologist diplomates:

Clinical psychologists who are also board certified are authorized special pays in addition to their regular compensation. The Department has not seen fit to award these special pays. The Committee believes that psychologist diplomates, as a matter of equity, should be treated in the same manner as board-certified physicians in the matter of special pays and directs that these special pays should be made. The numbers of people and the funding required are small so award of these special pays should impose no significant burden on the Department.(p.328)

[Public Law 102-396]--Madigan Medical Center...Provided further, That of the funds appropriated in this Act, \$150,000 shall be used only for the implementation of a cooperative program model at Madigan Medical Center for severely behavior disorder students. . . (106 STAT.1897)

TITLE IX - GENERAL PROVISIONS

Sec. 9043. CHAMPUS mental health benefits. - Amends to remove those sections which have already been codified. (p.344)

[Conference]--Amendment Nos. 191-192: Deletes House language and inserts Senate language on CHAMPUS mental health benefits to remove those sections which have already been codified.(p.166)

[Public Law 102-396]--Sec. 9043. None of the funds appropriated by this Act available for the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) shall be available for the reimbursement of any health care provider for inpatient mental health service for care received when a patient is referred to a provider of inpatient mental health care or residential treatment care by a medical or health care professional having an economic interest in the facility to which the patient is referred: Provided, That this limitation does not apply in the case of inpatient mental health services provided under the program for the handicapped under subsection (d) of section 1079 of title 10, United States Code, provided as partial hospital care, or provided pursuant to a waiver authorized by the Secretary of Defense because of medical or psychological circumstances of the patient that are confirmed by a health professional who is not a Federal employee after a review, pursuant to rules prescribed by the Secretary, which takes into account the appropriate level of care for the patient, the intensity of services required by the patient, and the availability of that care.(106 STAT.1911-1912)

Sec. 9055. Mental health demonstration project.- Restores fiscal year 1992 provision, amended to cap the cost of the Fort Bragg mental health demonstration project at \$16,000,000.(p.344)

[Conference]--Amendment No. 196: Inserts and amends Senate language which provides an \$18,500,000 funding level for the Fort Bragg mental health care demonstration project.(p.167)

[Public Law 102-396]--Sec. 9055. Of the funds appropriated by this Act, no more than \$18,500,000 shall be available for the mental health care demonstration project at Fort Bragg, North Carolina: Provided, That adjustments may be made for normal and reasonable price and program growth. (106 STAT.1915)

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INDIAN HEALTH CARE IMPROVEMENT ACT OF 1992  
(Sen. Rpt. #102-392;  
Conf. Rpt. in Congressional Record 10/7/92;  
P.L. 102-538)

Section 3. Findings; policy; definitions

Subsection 3(c) makes technical amendments to subsection 4(c) of the Act and subsection 4(c) and adds provisions defining "service area", "health profession", "health professional", and including inhalant abuse within the definition of "substance abuse".(p.46)

Definitions--"Health profession" means family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health professions.(CR S-17207)

TITLE I - INDIAN HEALTH MANPOWER

Indian health manpower programs and scholarship assistance:

...The Committee Amendment amends Title I of the Act to provide for increased opportunities for American Indians and Alaska Natives in the health professions as defined in Section 4. The Committee amendment is intended to ensure that preparatory and health professions scholarships are available to American Indians and Alaska Natives across a wide range of disciplines. The Committee is concerned that statutory language limiting the courses of study eligible for scholarship assistance to only primary care services will unnecessarily reduce the number of scholarships awarded to Indian students and serve as a barrier to the effective recruitment of Indian students into the full range of health professions.

The Committee intends the provisions of this title to be interpreted broadly by the Indian Health Service. The Committee believes that the amendment will provide the Indian Health Service with the flexibility to target the recruitment efforts on health professions that are in demand throughout Indian country. The Committee recognizes the need to provide scholarship assistance to Indian students who are enrolled in a course of study on a part-time basis. This change in the scholarship program will help provide badly needed assistance to single parents and those who are unable to go to school on a full-time basis. The Committee understands that part-time nursing students are often in need of scholarship assistance in order to continue their

education. The Amendment further provides that the IHS shall not deny scholarship assistance to eligible applicants solely because they receive benefits or assistance from other federal programs.(pp.8-9)

[Conference]--...The Secretary shall provide one of the grants authorized under subsection (a) to establish and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Nursing Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs established under section 114(b) and the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b).(CR p. S-17208)

Loan Repayment Program:

The Committee Amendment includes a broad description of health professionals eligible to participate in the loan repayment program as defined under section 4. Changes to the loan repayment program would allow part-time students to be eligible for the loan repayment program. The Amendment would set a minimum of 25 percent for the provision of financial assistance for nurses, nurse practitioners or nurse midwives and a 10 percent minimum for mental health professions. The setting of a minimum percentage for nurses and mental health professionals is based on the significant shortage of both professions in the Indian Health Service. Nursing vacancies typically range from 14 to 20 percent in all areas of the IHS. Further in 1990, the Office of Technology Assessment found that only 17 trained mental health providers were available to address the mental health needs of children and adolescents. To remedy this discrepancy, the 1990 amendments to the Indian Health Care Improvements Act required the IHS to designate resources over the next five years to hire at least 500 more mental health professionals. The Committee believes that the term "mental health providers" should include those health professionals with training in the fields of psychology, social work, psychiatry, psychiatric nursing and marriage and family therapy.(pp.10-11)

[Conference]--...of the total amounts appropriated for each of the fiscal years 1993, 1994, and 1995 for loan repayment contracts under this section, the Secretary shall provide that (i) not less than 25 percent be provided to applicants who are nurses, nurse practitioners, or nurse midwives; and (ii) not less than 10 percent be provided to applicants who are mental health professionals (other than applicants described in clause (i)).(CR S-17209)



Recruitment of Health Professionals:

...The Committee intends to allow tribally controlled postsecondary vocational institutions to participate in the nursing program grants authorized under section 112 and the Tribal Culture and History Program authorized under section 113 of the Act. The amendment will allow the United Tribes Technical Center and the Navajo Community College to participate in these programs along with other Tribally Controlled Community Colleges.

The Committee Amendment also includes a provision that establishes an Indians into Medicine program for Indian Health Service nurses and mental health professionals. The Committee is concerned that INMED programs established under existing law have operated to exclude nurses and mental health professionals. The Committee believes that INMED programs specifically geared to nursing and mental health professionals will serve as a beneficial incentive and recruitment tool of the Indian Health Service. These programs will help to significantly increase the number of nurses and mental health professionals working in the Indian Health Service. ...(p.12)

[Conference]--Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick American Indians Into Psychology Program established under section 217(b) and the Quentin N. Burdick American Indians Into Nursing Program established under section 112(e).  
(CR S-17210)

Matching grants to tribes for scholarship programs:

[Conference]...The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of assisting such tribes and tribal organizations in educating Indians to serve as health professionals in Indian communities...The Secretary and the Indian tribe or tribal organization shall enter into a written contract with each recipient of such scholarship. Such contract shall...require the recipient of such scholarship to meet the educational and licensure requirements necessary to be a physician, certified nurse practitioner, certified nurse midwife, or physician assistant....

...The Secretary may make a grant to the School of Medicine of the University of South Dakota (hereafter ...referred to as USDSM) to establish a pilot program on an Indian reservation at one or more service units in South Dakota to address the chronic manpower shortage in the Aberdeen area of the Service. The purposes of the program established pursuant to a grant provided under subsection (a) are...to provide academic and scholarly opportunities for physicians, physician assistants, nurse practitioners, nurses, and other

allied health professionals serving Indian people by identifying and utilizing all academic and scholarly resources of the region....The USDSM shall coordinate the program established pursuant to a grant provided under subsection (a) with other medical schools in the region, nursing schools, tribal community colleges, and other health professional schools. (CR S-17210-17211)

Interdisciplinary training grants:

The Committee Amendment includes a new section to provide grants to public or private colleges, universities and tribally controlled community colleges to promote the development of interdisciplinary training in two or more schools or programs in optometry, pharmacy, psychology, public health, or social work.(p.14)

Section 116 . . . Subsection (d) provides that not more than \$1 million may be used annually to establish postdoctoral training programs in psychology or pharmacy. (pp.52-53)

**TITLE II - HEALTH SERVICE**

Mental health services:

The Committee Amendment includes a provision which requires any person employed as a psychologist, social worker, or marriage or family therapist by the Indian Health Service or an Indian tribal government or tribal organization under the Indian Self-Determination Act to be licensed or to be under the direct supervision of a person who is properly licensed within a one year period. The Committee believes this amendment will help ensure that Indian patients receive the highest quality health care and services.(p.19)

Subsection 209(1) as amended provides that within 1 year of employment, any person employed as a psychologist must be licensed as a clinical psychologist or working under the direct supervision of a licensed psychologist to provide mental health services under this Act. It further provides that any person employed as a social worker must be licensed as a social worker or under the direct supervision of a social worker. The Amendment also provides that any person employed as a marriage and family therapist must be licensed as a marriage and family therapist or under the direct supervision of a licensed marriage and family therapist. (p.56)

[Conference]

"(1) Licensing Requirement for Mental Health Care Workers.--Any person employed as a psychologist, social worker, or marriage and family therapist for the purpose of providing mental health care services to Indians in a clinical setting under the authority of this Act or through a contract pursuant to the Indian Self-Determination Act shall--

"(1) in the case of a person employed as a Psychologist, be licensed as a clinical psychologist or working under the direct supervision of a licensed clinical psychologist;... (CR S-17212)

Intermediate Adolescent Mental Health Program:

The Committee Amendment establishes the Intermediate Adolescent Mental Health program to provide grants to Indian tribal governments and tribal organizations to provide intermediate mental health services to Indian children and adolescents. The Committee is very concerned about the overall lack of available mental health treatment services for Indian children and adolescents. It has come to the Committee's attention that many Indian tribes do not have adequate mental health services for Indian children and adolescents. Some tribes are forced to place children and adolescents who are in crisis, acting out or suicidal, out in juvenile detention facilities because there are no alternatives. In many cases hospitals and shelters are not equipped or willing to accept an adolescent in crises. The Committee is very concerned that it has become a standard practice on some reservations to place suicidal children and adolescents in detention without adequate supervision or treatment. It is very important that these children and adolescents receive treatment in a safe and well-supervised setting.

This program would allow Indian tribal governments to provide a variety of treatment options for Indian health care providers such as inpatient and outpatient services, emergency care, suicide prevention and crises intervention to children and adolescents. It would allow tribal governments to remodel or renovate existing facilities to provide intermediate mental health services in the community without having to remove the child from the reservation for off-reservation residential treatment. It allows the health care providers to work with the family to directly address situations in the home as part of the treatment of an adolescent in crisis. The Committee intends these services to be coordinated with existing services in the community in order to provide a fully coordinated approach to the treatment of an adolescent in crisis.(pp.19-20)

[Conference]--"(m) Intermediate Adolescent Mental Health Services.--(1) The Secretary, acting through the Service, may make grants to Indian tribes and tribal organizations to provide intermediate mental health services to Indian children and adolescents, including--

- "(A) inpatient and outpatient services;
- "(B) emergency care;
- "(C) suicide prevention and crisis intervention; and
- "(D) prevention and treatment of mental illness, and dysfunctional and self-destructive behavior, including child abuse and family violence.

"(2) Funds provided under this subsection may be used--

- "(A) to construct or renovate an existing health facility to provide intermediate mental health services;
- "(B) to hire mental health professionals;
- "(C) to staff, operate, and maintain an intermediate mental health facility, group home, or youth shelter where intermediate mental health services are being provided; and
- "(D) to make renovations and hire appropriate staff to convert existing hospital beds into adolescent psychiatric units.

"(3) Funds provided under this subsection may not be used for the purposes described in section 216(b)(1).

"(4) An Indian tribe or tribal organization receiving a grant under this subsection shall ensure that intermediate adolescent mental health services are coordinated with other tribal, Service, and Bureau of Indian Affairs mental health, alcohol and substance abuse, and social services programs on the reservation of such tribe or tribal organization.

"(5) The Secretary shall establish criteria for the review and approval of applications for grants made pursuant to this subsection.

"(6) There are authorized to be appropriated to carry out this section \$10,000,000 for fiscal year 1993 and such sums as may be necessary for each of the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000.".(CR S-17212)

#### American Indians Into Psychology Program:

It is the Committee's desire to develop and provide an educational pipeline commencing at the secondary educational level and concluding at the doctoral level that would recruit, retain, and train American Indians in the field and profession of psychology. A new section is included to allow three colleges or universities to develop and maintain American Indian psychology careers recruitment programs as a means to encourage more Indians to enter the mental health field. The Secretary shall provide one of the grants to develop and maintain an American Indians Into Psychology program at the University of North Dakota. Applicants for grants must agree to provide at a minimum: (1) Outreach and recruitment of participants on Indian reservations through

elementary, secondary and community colleges; (2) incorporate a program advisory board comprised of tribal representatives; (3) provide summer enrichment programs to expose Indian students to the field of psychology; (4) provide stipends to undergraduate and graduate students in careers of psychology; (5) develop affiliation agreements with tribal community colleges, the IHS, university affiliated programs, and other appropriate entities to enhancement educational experience of Indian students; (6) utilize existing university support systems, and (7) to the extent feasible, employ qualified Indians in the program. (p.20)

Subsection 209(n)(1) as amended authorizes the IHS to provide grants to at least three colleges and universities to develop and maintain American Indian psychology careers recruitment programs as a means to encourage more Indians to enter the mental health field. Subsection 209(n)(2) as amended authorizes the IHS to provide one of the grants authorized under paragraph (1) to develop and maintain an American Indians Into Psychology program at the University of North Dakota. Subsection 209(n)(3)(A) as amended provides that the IHS shall issue regulations for the competitive awarding of the grants provided under this subsection. Subsection 209(n)(3)(B) as amended requires applicants for grants under this section to provide a program which, at a minimum--(i) provides outreach and recruitment for health professions to Indian communities including elementary, secondary and community colleges located on Indian reservations that will be served by the program, (ii) incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program, (iii) provides summer enrichment programs to expose Indian students to the varied fields of psychology through research and experiential activities, (iv) provides stipends to undergraduate and graduate students to pursue a career in psychology, (v) develops affiliation agreements with tribal community colleges, the Indian Health Service, university affiliated programs, and other appropriate entities to enhance the education of American students, (vi) to the maximum extent feasible, employs qualified Indians in the program.

Subsection 209(n)(4) as amended requires the American Indians Into Psychology program at the University of North Dakota, to the maximum extent feasible, to coordinate with the INMED program authorized by section 114 of this Act, and existing university research and communications networks. (pp.56-57)

The bill would reauthorize funding for Mental Health Prevention and Treatment Services. These services were funded at \$27.5 million in fiscal year 1992. The bill would

authorize funding for intermediate mental health services to Indian children and adolescents. Based on information from IHS, construction and renovation of facilities and staffing for these facilities would cost \$2 million in fiscal year 1993, increasing to \$3 million in fiscal year 1997. The bill also would authorize funding for three American Indian psychology careers recruitment programs. Based on information from IHS, CBO estimates that these programs would cost less than \$500,000 in each of fiscal years 1993 through 1997. CBO estimated the fiscal year 1993, through 1997 authorization amounts by adjusting the fiscal year 1992 appropriation for projected inflation and adding the cost of the additional provisions. (p.86)

[Conference] "Sec. 217. (a) The Secretary may provide grants to at least 3 colleges and universities for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field.

"(b) The Secretary shall provide one of the grants authorized under subsection (a) to develop and maintain a program at the University of North Dakota to be known as the 'Quentin N. Burdick American Indians Into Psychology Program'. Such program shall, to the maximum extent feasible, coordinate with the Quentin N. Burdick Indian Health Programs authorized under section 114(b), the Quentin N. Burdick American Indians Into Nursing Program authorized under section 112(e), and existing university research and communications networks.

"(c)(1) The Secretary shall issue regulations for the competitive awarding of the grants provided under this section.

"(2) Applicants for grants under this section shall agree to provide a program which, at a minimum--

"(A) provides outreach and recruitment for health professions to Indian communities including elementary, secondary and community colleges located on Indian reservations that will be served by the program;

"(B) incorporates a program advisory board comprised of representatives from the tribes and communities that will be served by the program;

"(C) provides summer enrichment programs to expose Indian students to the varied fields of psychology through research, clinical, and experiential activities;

"(D) provides stipends to undergraduate and graduate students to pursue a career in psychology;

"(E) develops affiliation agreements with tribal community colleges, the Service, university affiliated programs, and other appropriate entities to enhance the education of Indian students;

"(F) to the maximum extent feasible, utilizes existing university tutoring, counseling and student support services; and

"(G) to the maximum extent feasible, employs qualified Indians in the program.

"(d) The active duty service obligation prescribed under section 338C of the Public Health Service Act (42 U.S.C. 254m) shall be met by each graduate student who receives a stipend described in subsection (c)(2)(D) that is funded by a grant provided under this section. Such obligation shall be met by service--

"(1) in the Indian Health Service;

"(2) in a program conducted under a contract entered into under the Indian Self-Determination Act;

"(3) in a program assisted under title V of this Act; or

"(4) in the private practice of psychology if, as determined by the Secretary, in accordance with guidelines promulgated by the Secretary, such practice is situated in a physician or other health professional shortage area and addresses the health care needs of a substantial number of Indians.".(CR S-17215)

#### Gallup Alcohol and Substance Abuse Treatment Center

The Committee Amendment includes a provision to address the special problems of the City of Gallup in the prevention and treatment of alcohol and substance abuse among adult and adolescent members of the Navajo Nation and surrounding Indian communities. The Committee is very concerned about the significant problems of alcohol and substance abuse among American Indians residing near the City of Gallup. The Committee has received evidence of American Indians that have died of exposure, or have been run over by cars, or involved in fatal car accidents on the roads on the Navajo reservation leading to Gallup. Each weekend, local jail facilities are overloaded to the point where individuals are stacked like wood in the holding cells. There has been a renewed effort by the city of Gallup, the State of New Mexico and the Navajo Nation and other Indian tribes in the area to address this very tragic situation. The Committee intends this section to lend federal assistance to these efforts by providing resources to establish comprehensive alcohol and substance abuse programs in and around Gallup, New Mexico. The Committee Amendment would authorize grants to the Navajo Nation to provide 15 residential beds for adult long term treatment, to establish a clinical assessment team to determine the treatment needs of Indian clients, to provide 12 beds for an adolescent shelter bed program. The Committee believes that the problem of alcohol and substance abuse in the Gallup area is so severe as to require the full cooperation and intensive efforts of the Indian Health Service, the city of Gallup, the State of New

Mexico, the Navajo Nation, and the other surrounding Indian communities.(p.32)

[Conference]--

"Sec. 706. (a) Grants for Residential Treatment.--The Secretary shall make grants to the Navajo Nation for the purpose of providing residential treatment for alcohol and substance abuse for adult and adolescent members of the Navajo Nation and neighboring tribes.

"(b) Purposes of Grants.--Grants made pursuant to this section shall (to the extent appropriations are made available) be used to--

"(1) provide at least 15 residential beds each year for adult long-term treatment, including beds for specialized services such as polydrug abusers, dual diagnosis, and specialized services for women with fetal alcohol syndrome children;

"(2) establish clinical assessment teams consisting of a clinical psychologist, a part-time addictionologist, a master's level assessment counselor, and a certified medical records technician which shall be responsible for conducting individual assessments and matching Indian clients with the appropriate available treatment;

"(3) provide at least 12 beds for an adolescent sheltered program in the city of Gallup, New Mexico, which shall serve as a satellite facility to the Acoma/Canoncito/Laguna Hospital and the adolescent center located in Shiprock, New Mexico, for emergency crisis services, assessment, and family intervention;

"(4) develop a relapse program for the purposes of identifying sources of job training and job opportunity in the Gallup area and providing vocational training, job placement, and job retention services to recovering substance abusers; and

"(5) provide continuing education and training of treatment staff in the areas of intensive outpatient services, development of family support systems, and case management in cooperation with regional colleges, community colleges, and universities.

"(c) Contract for Residential Treatment.--The Navajo Nation, in carrying out the purposes of this section, shall enter into a contract with an institution in the Gallup, New Mexico, area which is accredited by the Joint Commission of the Accreditation of Health Care Organizations to provide comprehensive alcohol and drug treatment as authorized in subsection (b).

"(d) Authorization of Appropriations.--There are authorized to be appropriated--

"(1) to carry out the purposes of subsection (b)(1)--

"(A) \$400,000 for fiscal year 1993;

"(B) \$400,000 for fiscal year 1994; and

"(C) \$500,000 for fiscal year 1995;



"(2) to carry out the purposes of subsection (b)(2)--  
"(A) \$100,000 for fiscal year 1993;  
"(B) \$125,000 for fiscal year 1994; and  
"(C) \$150,000 for fiscal year 1995;  
"(3) to carry out the purposes of subsection (b)(3)--  
"(A) \$75,000 for fiscal year 1993;  
"(B) \$85,000 for fiscal year 1994; and  
"(C) \$100,000 for fiscal year 1995;  
"(4) to carry out the purposes of subsection (b)(4),  
\$150,000 for each of fiscal years 1993, 1994, and 1995; and  
"(5) to carry out the purposes of subsection (b)(5)--  
"(A) \$75,000 for fiscal year 1993;  
"(B) \$90,000 for fiscal year 1994; and  
"(C) \$100,000 for fiscal year 1995. (CR S-17220-17221)

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TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT  
APPROPRIATION BILL, 1993  
(Sen.Rpt. 102-353; Conf.Rpt. 102-919; P.L. 102-393)

TITLE III - EXECUTIVE OFFICE OF THE PRESIDENT

Special Forfeiture Fund:

The Committee has recommended authority to spend up to \$82,542,000 of special forfeiture fund proceeds in fiscal year 1993. . . .

Of the \$82,542,000 made available to the special forfeiture fund in fiscal year 1993, the Committee has provided the following sums for the following purposes:  
....\$20,000,000 for the capacity expansion program of the Office of Treatment Improvement of the Alcohol, Drug Abuse, and Mental Health Administration;...(p.63)

[Conference]--For activities authorized by Public Law 100-690, \$75,742,000, to be derived from deposits in the Special Forfeiture Fund; . . . and of which \$33,701,000 shall be transferred to the Alcohol, Drug Abuse and Mental Health Administration, of which \$8,701,000 shall be made available for Community Partnership grants, of which \$15,300,000 shall be made available to the Office of Treatment Improvement for the drug treatment Capacity Expansion Program, of which \$4,700,000 shall be transferred to the San Francisco Department of Health, and of which \$5,000,000 shall be made available to the Office of Substance Abuse Prevention for the residential treatment program for mothers and children.(pp.6-7)

Section 8902(k)(1) of 5 U.S.C. is amended to read as follows:

When a contract under this chapter requires payment or reimbursement for services which may be performed by a clinical psychologist, optometrist, nurse midwife, nursing school administered clinic, or nurse practitioner/clinical specialist, licensed or certified as such under Federal or State law, as applicable, or by a qualified clinical social worker as defined in section 8901(11), an employee, annuitant, family member, former spouse, or person having continued coverage under section 8905a of this title covered by the contract shall be free to select, and shall have direct access to, such a clinical psychologist, qualified clinical social worker, optometrist, nurse midwife, nursing school administered clinic, or nurse practitioner/nurse clinical specialist without supervision or referral by another health practitioner and shall be entitled under the contract to have payment or reimbursement made to him or on his behalf for the services performed". (p.111)

Substance Abuse and Mental Health Services (ADAMHA/SAMSA) Transfer:

[Conference]--Because of the emergency situation that currently exists in San Francisco, the conferees agreed to earmark \$4,700,000 of the funds made available under transfer to ADAMHA/SAMSA to the San Francisco Department of Public Health only for substance abuse treatment programs to reduce waiting lists and lessen the threat of HIV transmission.(p.50)

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**FOREIGN OPERATIONS, EXPORT FINANCING, AND RELATED PROGRAMS  
APPROPRIATION BILL, 1993**

(Sen.Rpt. 102-419; Conf.Rpt. 102-1011; PL 102-391)

**COUNTRY ISSUES**

El Salvador--Torture Victims:

Since the Committee's last report, the Salvadoran Government and the FMLN signed a comprehensive peace agreement ending a decade of civil war. The Committee commends all parties, including the United Nations, for this achievement. A formal cease-fire on February 1, 1992, opened the way for reconciliation and reconstruction. The United Nations has a central role in that process.

The Committee expects the administration to implement U.S. assistance programs in coordination with U.N.

reconstruction and reconciliation programs. The Committee intends that AID shall consult with all participants in the political and economic processes, including NGO's, on the uses of assistance, and shall ensure that programs are implemented which address the basic needs of the poor. Existing community organizations and indigenous NGO's are to be consulted and used in designing, implementing, and evaluating reconstruction and development projects in former conflict zones....

Torture victims.--The Committee is aware that during the war, thousands of Salvadorans were subjected to torture, many of whom are still suffering from severe physical and psychological injuries. The Committee believes that funds should be provided through NGO's in El Salvador for the treatment and rehabilitation of torture victims.(pp.27-29)

## **TITLE I - MULTILATERAL ECONOMIC ASSISTANCE**

### **DEPARTMENT OF STATE**

#### **United Nations Voluntary Fund for Victims of Torture:**

The Committee has recommended \$500,000 for the United Nations Voluntary Fund for Victims of Torture, a fivefold increase above last year. The Committee is aware that the use of torture is widespread, despite the fact that many governments whose security forces regularly use torture have signed the U.N. Torture Convention. According to information the Committee has received, there are tens of thousands of torture victims in need of psychological and other assistance, many of whom reside in countries whose governments receive substantial amounts of aid from the United States. The Committee urges the administration to budget a significant increase in funds for the U.N. Torture Fund in the future, and wishes to be informed immediately if further problems arise regarding the disbursement of these funds.(pp.62;64)

[Conference]--Fund not cited separately(pp.25-27)

## **TITLE II - BILATERAL ECONOMIC ASSISTANCE**

### **AGENCY FOR INTERNATIONAL DEVELOPMENT Development Assistance Fund/Health Activities**

Mental Health--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 continues to believe that universities in the United States could provide AID with expert assistance in increasing the

number of mental health professionals in the developing world. (pp.82-83)

#### Other Development Assistance Issues

Victims of Torture--The Committee is aware that torture is routinely practiced by government security forces in dozens of countries, including many recipients of U.S. foreign assistance. According to an Amnesty International report, during 1991 alone detainees were tortured or mistreated in prisons, police stations, or secret detention centers in at least 104 countries, and over 500 deaths attributed to torture were reported in over 40 countries. In addition to recommending a substantial increase in the U.S. contribution to the U.N. Voluntary Fund for Victims of Torture, the Committee urges AID to provide assistance for rehabilitation services for victims of torture. Such services include medical, psychological and social services, and legal protection, for victims and their families, and support for indigenous rehabilitation centers.

The Committee believes that in identifying countries for such assistance the administration should refer to the State Department's annual "Country Reports on Human Rights Practices" and reports of international and indigenous human rights groups. Priority should be given to countries where torture is practiced and there are active programs or centers for rehabilitation services for torture victims. The Committee is informed that countries that would immediately meet such criteria include Guatemala, El Salvador, the Philippines, and Turkey. In implementing this program, the Committee recommends that AID seek advice from the United Nations Voluntary Fund for Victims of Torture and specialized treatment or rehabilitation centers. (pp.96-97)

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DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES  
APPROPRIATIONS BILL, 1993  
(Sen.Rpt. 102-345; Conf.Rpt. 102-901; P.L. 102-381)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
INDIAN HEALTH SERVICES

Committee recommended allowances:

Mental health                      \$36,542,000      (p.102)

Hospitals and clinics.--The Committee recommends an increase of \$147,030,000 above the budget request. This includes \$102,196,000 to restore the fiscal year 1992 level for which the administration had eliminated funding by using the collection assumptions discussed above. Additional increases

are provided as follows: . . . and a decrease of \$6,100,000 associated with the transfer of the social services program to the mental health line-item.(pp.102-103)

[Conference]--See next conference statement.

Mental health.--The Committee recommends an increase of \$7,339,000, which includes increases of \$465,000 for Belcourt staffing, \$6,100,000 for social services, transferred in from hospitals and clinics, an increase of \$1,000,000 for social services, and a decrease of \$226,000 for pay absorption.

Within the total funds, \$1,800,000 is continued as in prior years for expenses for indigent Indians involuntarily committed for treatment in North Dakota and South Dakota.

The Committee understands that the budget request continues the Navajo child abuse prevention initiative at the fiscal year 1992 level (\$300,000) and that a similar initiative for the Hopi Tribe is continued at the fiscal year 1992 level (\$200,000). Within the total funds provided, the Indian Health Service should provide \$150,000 for the child sexual abuse treatment program of the Washoe Tribe. (p.104)

[Conference]--Amendment No. 124: Appropriates \$1,537,851,000 for Indian health services . . . Changes to the House proposed level include a realignment of funds for staffing at new facilities based on recently-provided information from IHS and a 50 percent reduction in the funds proposed for population growth. Specifically, the net decrease to the amount proposed by the House includes . . . decreases for population growth of . . . \$228,000 in mental health . . . decreases for staffing of new facilities of . . . \$529,000 in mental health of which \$465,000 is for the Belcourt, ND hospital and \$64,000 is for the Kotzebue, AK hospital . . .

Last year the managers directed the IHS to report on the possible consolidation of the social services program within the mental health account. This direction appears to have been ignored. The managers expect the IHS to respond to the Committees on this issue prior to submission of the fiscal year 1994 budget request. The managers intend to transfer the social services function to the mental health account in fiscal year 1994 if a compelling case to the contrary or acceptable alternative recommendations are not received from IHS.

The Managers agree that: . . .

6. Within the funds provided for mental health, \$150,000 should be provided for the child sexual abuse program of the Washoe Tribe and the IHS should work with all the tribes to identify the extent of the need for new and expanded child sexual abuse programs and include an estimate of required

funding with other budget priorities in future budget requests... (pp.62-63)

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PUBLIC HEALTH SERVICE ACT  
TITLE VII - HEALTH PROFESSIONS EDUCATION

HEALTH PROFESSIONS EDUCATION EXTENSION AMENDMENTS OF 1992  
(Conf.Rpt. 102-925; P.L. 102-408)

TITLE I - HEALTH PROFESSIONS EDUCATION

Area Health Education Centers:

Section 746 of the Conference agreement makes substantive changes to the Area Health Education Centers (AHEC) and Health Education Training Centers (HETC) programs, incorporating both House- and Senate-passed amendments with some technical modifications. The matching requirement for State-supported AHEC's is changed to require a non-Federal contribution of 50 percent starting in the first year. The existing requirement for participation of a dental school, if there is one affiliated with the medical school's university, is modified to provide also for the participation of a program in clinical psychology, clinical social work, or marriage and family therapy, if there is one affiliated. (p.116)

Human Immunodeficiency Virus Training:

Section 776 includes the following substantive changes with respect to the program of HIV training for health professionals. In general, wherever references are made in current law to "acquired immune deficiency syndrome", these references are changed to "human immunodeficiency virus". The list of entities eligible to apply for grants is expanded to include "other public or private nonprofit health or educational entities" and in the new subsection (a)(1), the reference to "graduate programs of psychology" is replaced with "graduate programs in mental health practice", which includes clinical psychology, clinical social work, and marriage and family therapy. In addition, the Conferees make clear that training of clinical practitioners is an eligible use of funds under this program. The program is authorized for \$25 million for each of fiscal years 1993-1995. (p.121)

Rural Area Projects:

The Secretary may make grants to, or enter into contracts with, any eligible applicant to help such applicant fund . . . interdisciplinary training projects designed to--

(a) use new and innovative methods to train health care practitioners to provide services in rural areas;

(b) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care;

(c) deliver health care services to individuals residing in rural areas;

(d) enhance the amount of relevant research conducted concerning health care issues in rural areas; and

(e) increase the recruitment and retention of health care practitioners in rural areas and make rural practice a more attractive career choice for health care practitioners.  
(p.66)

Section 778 extends the authorization of appropriations for the health care for rural areas program. The reference in subsection (c) to "programs of psychology" is replaced with a reference to "mental health practices", which includes graduate departments and programs of clinical psychology, clinical social work, and marriage and family therapy. The rules regarding administration of grants are expanded to include a limitation that precludes a grantee from supplanting existing program funds with other Federal funds awarded under this section. The program is authorized at \$7 million for each of the fiscal years 1993-1995.  
(p.122)

TITLE III - MISCELLANEOUS PROVISIONS

Certain Clinical Traineeships:

Section 305 of the Conference agreement amends Section 303(d)(2) of the Public Health Service Act to expand the locations that fulfill required service obligation by including the provision of mental health services in local or federal prisons or correctional facilities for individuals receiving clinical traineeship in psychology, psychiatry, nursing, marriage and family therapy, or social work.  
(p.130)

National Advisory Council on Health Professions:

The Conference agreement provides for the repeal of the National Advisory Council on Health Professions effective October 1, 1992. The Conferees believe that the function and the priority of the health professions programs under title VII has changed sufficiently as a result of the

Conference agreement and the Disadvantaged Minority Health Improvement Act of 1990 that a single advisory council is no longer an appropriate vehicle for providing guidance to the Secretary on the appropriate direction of health manpower policy in areas as diverse as veterinary medicine, pharmacy, podiatric medicine, allied health, clinical psychology, allopathic and osteopathic medicine, and dentistry. (pp.131-132).

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PREVENTIVE HEALTH AMENDMENTS OF 1992  
(Conf.Rpt. 102-1019; P.L. 102-531)

TITLE III - CERTAIN PROGRAMS

Establishment of the Office of Adolescent Health:

Title XVII of the Public Health Service Act (42 U.S.C. 300a et seq.) is amended by adding at the end the following section:

"OFFICE OF ADOLESCENT HEALTH

"Sec. 1702. (a) In General.--There is established an Office of Adolescent Health within the Office of the Assistant Secretary for Health, which office shall be headed by a director appointed by the Secretary. The Secretary shall carry out this section acting through the Director of such Office.

"(b) Duties.--With respect to adolescent health, the Secretary shall--

"(1) coordinate all activities within the Department of Health and Human Services that relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care, including coordinating--

"(A) the design of programs, support for programs, and the evaluation of programs;

"(B) the monitoring of trends;

"(C) projects of research (including multidisciplinary projects) on adolescent health; and

"(D) the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, and social workers;

"(2) coordinate the activities described in paragraph (1) with similar activities in the private sector; and

"(3) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.



"(c) Certain Demonstration Projects.--

"(1) In general.--In carrying out subsection (b)(3), the Secretary may make grants to carry out demonstration projects for the purpose of improving adolescent health, including projects to train health care providers in providing services to adolescents and projects to reduce the incidence of violence among adolescents, particularly among minority males.

"(2) Authorization of appropriations.--For the purpose of carrying out paragraph (1), there are authorized to be appropriated \$5,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1997.

"(d) Information Clearinghouse.--In carrying out subsection (b), the Secretary shall establish and maintain a National Information Clearinghouse on Adolescent Health to collect and disseminate to health professionals and the general public information on adolescent health.

"(e) National Plan.--In carrying out subsection (b), the Secretary shall develop a national plan for improving adolescent health. The plan shall be consistent with the applicable objectives established by the Secretary for the health status of the people of the United States for the year 2000, and shall be periodically reviewed, and as appropriate, revised. The plan, and any revisions in the plan, shall be submitted to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

"(f) Adolescent Health.--For purposes of this section, the term 'adolescent health', with respect to adolescents of all ethnic and racial groups, means all diseases, disorders, and conditions (including with respect to mental health)--

"(1) unique to adolescents, or more serious or more prevalent in adolescents;

"(2) for which the factors of medical risk or types of medical intervention are different for adolescents, or for which it is unknown whether such factors or types are different for adolescents; or

"(3) with respect to which there has been insufficient clinical research involving adolescents as subjects or insufficient clinical data on adolescents.".  
(pp.16-17)

In response to the report of the Office of Technology Assessment entitled "Adolescent Health," the conference report provides for the establishment of an Office of Adolescent Health within the Office of the Assistant Secretary for Health. This office is authorized to make demonstration grants for the improvement of adolescent health, including provision authorizing an effort recently begun by the Secretary of HHS regarding the promotion of health among minority males.(p.45)

G. *Congressional Consent to a Landmark Enactment of the 1901  
Hawaii-Honolulu Commission Act of 1921 (Pub. Law 66-357)*

By way of this action, Congress consented to a bill enacted by the State of Hawaii which offered Native Hawaiian lands under the NHPA. Congress has also agreed to the transfer of home lands land exchange.

H. *National Museum of the American Indian Act (Pub. Law 91-16)*

This Act provides for the collection, preservation, and display of Hawaiian human remains and ethnographic objects in the National Museum Institution.

I. *American Grave Repatriation and Repatriation Act (11/16/96)*

This Act provides for the repatriation of Native American human remains and funerary objects in the possession of the National Museum of the Department of Defense. The Act also states that the National Museum of the Department of Defense is to be made an Indian tribe and Native Hawaiian organizations for the purpose of assisting in the repatriation of Native American cultural objects.

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