Mr. MILLER of California. Mr. Speaker, I am proud to have sponsored this bill, the Tribal Self-Governance Amendments of 1998, which I believe will mark yet another milestone in the history of Indian self-determination. This major legislation is the product of more than two years of hard work and consultation with Indian tribes and the Administration. We have worked diligently with the tribes and the Department of Health and Human Services to make this bill as fair as possible. I would like to extend my appreciation to the tribal leaders, their representatives, and the Departmental staff who have made passage of this bill possible.

It is important to note that subsequent to the full committee mark up that occurred this spring, the tribes and the Department were able to work out additional differences. Thus there are several changes that I want to highlight. We were able to come to agreement on issues regarding reassumption, regulation waiver, trial de novo, rejection of final offer, and the creation of a new title V to carry out the non-IHS demonstration project study.

Let me briefly explain what this bill does. H.R. 1833, the Tribal Self-Governance Amendments Act of 1998, would create two new titles in the 1975 Indian Self-Determination and Education Assistance Act. The 1975 Act allows Indian tribes to contract for or take over the administration and operation of certain federal programs which provide services to Indian tribes. Subsequent amendments to the 1975 Act created Title III of the Act which provided for a Self-Governance Demonstration Project that allows for large-scale tribal Self-Governance compacts and funding agreements among the federal programs necessary to run them.

The 1998 amendments require that Indian tribes must meet certain criteria—they have to have experience in government contracting, have clean audits, and demonstrate management capability—in order to exercise the right to take over the operation of IHS functions, including the funds necessary to run them. H.R. 1833 also adds a new title VI which authorizes a feasibility study regarding the execution of tribal Self-Governance compacts and funding agreements of Indian-related programs outside of the IHS but within the Department of Health and Human Services on a demonstration project basis.

Although this issue was not addressed in this legislation, I want to express my continued concern about the poor labor relations at various Indian Health Service facilities throughout the West, but particularly the IHS facilities at San Carlos, Arizona and Owyhee, Nevada. Contrary to both the law and agency decisions, the IHS has refused to complete its obligation to meet and negotiate with the Laborers’ International Union which represents workers at these facilities. I also understand that the IHS continues to commit unfair labor practices. I want to send a strong message to the IHS that I will continue to monitor labor relations at IHS facilities and that continued indifference to the law and agency decisions will not be ignored by Congress. I understand that the Administration is aware of my concerns and has promised to make this bill as fair as possible. I would like to make this bill as fair as possible. I would like to make this bill as fair as possible. I would like to make this bill as fair as possible.

I firmly believe that this bill advances the principle focus of the Self-Governance program—to remove needless and sometimes harmful layers of bureaucratic red tape and grants by the several Federal programs for the benefit of the IHS. By giving direct benefit to Indian tribes, we are enabling Indian tribes to run programs more efficiently and more innovatively than federal officials have in the past.

And, allowing tribes to run these programs furthers the Congressional policy of strengthening and promoting tribal governments. The Self-Governance program recognizes that Indian tribes are equal partners for the health, safety, and welfare of their own members as well as that of non-Indians who either live on their reservations or conduct business with the tribes and are thus committed to safe and fair working conditions and policies.

A comprehensive description of the substitute follows. I strongly urge my colleagues to pass this legislation.
intend this legislation to preclude agreements between self-governance tribes and the Indian Health Service for carrying out sanitary facilities construction projects pursuant to the Inherently Federal Functions Demonstration Program. The "Memorandum of Agreement" as executed as an addendum to a Title V Annual Funding Agreement as authorized by Section 7(a)(3) of Public L. 86-121, 73 Stat. 257 (42 U.S.C. § 2004a).

Subsection (a)(2) provides that a "construction agreement" is one that is between the Secretary and the Indian tribe that, at a minimum establishes start and completion dates, scope of work and standards, identifies party responsibilities, incorporates environmental considerations, identifies the owner and maintenance entity of the proposed work, provides a budget, provides a payment process, and includes a duration of the construction project agreement.

Subsection (a)(3) defines "inherent federal functions" as those functions which cannot be legally delegated to Indian tribes. This definition states the obvious. Inherent federal functions are functions which the executive branch cannot by law delegate to other branches of government, or non-governmental entities. The Committee's definition is consistent with the Department of the Interior's interpretation of its authority to receive funds under the Tribal Self-Governance Act of 1994. The Committee's definition is expressed to provide flexibility, to allow the Secretary and the tribes to come to agreement on which functions are inherently federal on a case-by-case basis. It is important to note that, in the tribal procurement context, there is another factor the Committee has considered—when the federal government is returning tribal government functions that are inherent in tribes governmental status such as those possessed by tribes before the establishment of the federal Indian bureaucracy, the scope of allowable transfers is broader than in the transfer of federal government powers to private or other governmental entities.

Subsection (a)(4) defines "inter-tribal consortium". The Committee notes that during the Title III Demonstration Project the IHS authorized the Indian tribes to enter into an agreement with the co-operators to the Alaska Tribal Health Compact, to participate in the Project and that participation has had great success. The definition is intended to include "tribal organizations" as that term is defined in Section 4(i) of the Indian Self-Determination Act, Public L. No. 93-638. The definition also encompasses those involved in the Alaska Tribal Health Consortium. It is the Committee's intent that inter-tribal consortium and tribal organizations shall count as one tribe for purposes of the 50 tribe per year limitation contained in section 503(a).

Subsection (a)(5) defines "gross mismanagement" as one of the criteria that the Secretary is to consider in the reissuance of a tribally-operated program. The Secretary will be allowed to reactivate or reissuance programs that imminently endanger the public health where the danger arises out of a compact or funding agreement violation. The Committee includes a performance standard, and in this case, gross mismanagement, is also an appropriate grounds for reissuance. Gross mismanagement is defined as the failure to meet, and to maintain, standards of performance, and is defined as a violation of compact, funding agreement, regulatory or statutory requirements related to the transfer of Self-Governance funds to the tribe that is significant. A significant violation of funds to the tribe's Self-Governance program. The Committee's definition of gross mismanagement is narrowly tailored and will require a high degree of proof by the Secretary. The Committee is well aware of tribal concerns and agrees that the inclusion of this term is not to be utilized by the Secretary in such a manner as to needlessly impose monitoring and auditing requirements that hinder the efficient management of tribal programs. Intrusive and time consuming auditing activities are not only burdensome but also impede the efficient management of tribal programs.

Section 503(a)(6) defines "tribal shares". This definition is consistent with the Title IV Rule-making Committee's determination that residual funds are those "necessary to carry out the federal functions that must be performed by federal officials if all tribes assume responsibilities for all BIA programs." Fed. Reg. Vol. 63, No. 29, 7235, (February 17, 1998) (Page 17 of 25) 1000.91). All funds appropriated under the Indian Self-Determination and Education Assistance Act are either tribal shares or Agency residual.

Subsection (a)(7) defines "Secretary" as the Secretary of Health and Human Services. Subsection (a)(8) defines "Self-Governance" as the program established under this Act.

Section (b) defines "Indian Tribe". This definition allows the Secretary to authorize other Indian tribes, inter-tribal consortium or tribal organization to participate in self-governance of its tribal. The Committee is aware that "Indian Tribe" specifically includes tribal organizations that may exercise the authorizing Indian tribe's rights as specified by Tribal resolution.

SECTION 503. SELECTION OF PARTICIPATING TRIBES

This section describes the eligibility criteria that must be satisfied by any Indian tribe interested in participating. (a) Continuing Participation. All tribes presently participating in the Tribal Self-Governance Demonstration Project under Title III of the Indian Self-Determination and Education Assistance Act may elect to participate in the permanent Self-Governance program. Tribes must do so through tribal resolution.

(b) Additional Participants. (1) This section applies to tribes that do not elect to participate for a year to participate in self-governance.

(2) This section allows an Indian tribe that chooses to withdraw from an inter-tribal compact to participate in self-governance provided it independently meets the eligibility criteria in Title V. Tribes and tribal organizations that withdrawn from traditional and inter-tribal consortia under this section shall be entitled to participate in the permanent program under section 503(b)(2) and such participation will not count against the 50 tribe a year limitation contained in section 503(a).

(c) Applicant Pool. The eligibility criteria for continuing participants shall be the same as those that apply under Title IV. To participate, an Indian tribe must successfully complete a planning phase, must request participation in the program through a resolution or official action of the governing body, and must have demonstrated financial stability and financial management capability for the past three years. Proof of no material audit exceptions in the tribe's self determination contracts or Self Governance funding agreements is conclusive proof of such qualifications.

(d) Receipt of Grant not Required. This section provides that receipt of a grant from HHS is not required to participate in the permanent program.

SECTION 504. COMPACTS

This section authorizes Indian tribes to negotiate compacts with the Secretary and identifies generally the contents of Compacts. The Compact process was not specifically part of prior legislative enactments. The Committee believes that Compacts have developed as an integral part of Self Governance. The Committee believes that Compacts serve an important and necessary function in establishing government-to-government relations, which as noted earlier, is the keystone of modern federal Indian policies.

(a) Compact Required. The Secretary is required to negotiate and enter into a written Compact consistent with the trust responsibility, treaty obligations and the government-to-government relationship between the United States and each participating tribe.

(b) Contents. This section requires that Compacts state the terms of the government-to-government relationship between the Indian Tribe and the United States. Compacts may only be amended by agreement of both parties.

(c) Existing Compacts. Upon enactment of Title V, Indian tribes have the option of retaining their existing Compacts, or any portion of the Compacts that does not contradict the provisions of Title V.

(d) Term and Effective Date. The date of agreement and execution of a Compact is generally the effective date of a Compact, unless otherwise agreed to by the parties. A Compact will remain in effect as long as permitted by federal law or until terminated by written agreement of the parties, or by retrocession or re-assignment.

SECTION 505. FUNDING AGREEMENTS

This section authorizes Indian tribes to negotiate funding agreements with the Secretary and identifies generally the contents of those agreements.

(a) Funding Agreement Required. The Secretary is required to negotiate and enter into a written funding agreement consistent with the trust responsibility, treaty obligations and the government-to-government relationship between the United States and each participating tribe.

(b) Contents. An Indian tribe may include in an funding agreement all programs, functions, services, or activities (or portion thereof) that is authorized to carry out under Title I of the Act. Funding agreements may, at the option of the Indian tribe, authorize the tribe to plan and carry out all programs, functions, services, or activities (or portion thereof) administered by the IHS
that are carried out for the benefit of Indians because of their status as Indians or where Indian tribes or Indian beneficiaries are the primary or significant beneficiaries, as set forth in each program, project, service, or activity (or portion thereof) included in a funding agreement, an Indian tribe is entitled to receive its full tribal share of funding. Funding agreements may include a stable base budget in its funding. As a result, funding was delayed and undue administrative requirements diverted resources from direct services. This section is intended to directly remedy this situation.

The Committee is concerned with the reluctance of the Indian Health Service to include all available federal health funding in self-governance funding agreements. We note, as an example, the refusal of the IHS to include the Diabetes Prevention Initiative funding. As a result, funding was delayed and undue administrative requirements diverted resources from direct services. This section is intended to directly remedy this situation.

The Committee has received ample testimony showing the benefits of self-governance. In 1998, the Indian Health Service Board recently released its "National Study on Self-Determination and Self-Governance," providing empirical evidence that self-governance funding agreements enhance management of tribal health service delivery, especially preventive services. This study consistently observed an overall improvement in quality of health care in tribes operating under their own health care systems. Less than full funding agreements will result in less than maximum use of federal resources to address the health care needs of the American Indian. Moreover, this section is to be interpreted broadly by affording a presumption in favor of including in a tribe's self-governance funding agreements any federal funding administered by that Agency.

(c) Inclusion in Compact or Funding Agreement. Indians do not need to be specifically identified in authorizing legislation for a program to be eligible for inclusion in a Compact or funding agreement.

(d) Funding Agreement Terms. Each funding agreement should generally set out the programs, functions, services, or activities, (or portions thereof) to be performed by the Indian tribe. Self-governance agreements may include a stable base budget in its funding. As a result, funding was delayed and undue administrative requirements diverted resources from direct services. This section is intended to directly remedy this situation.

The Committee is concerned with reports that the IHS has been able to use the annual negotiations provisions of Section 303(a) of the Act to obtain an unfair bargaining advantage. The Committee believes the retrocession provision is fair because it ensures that if the federal government endangers the health and welfare of tribal members.

(f) Existing Funding Agreements. Upon enactment of this section, an Indian tribe that chooses to terminate its participation in the self-governance program may include in its application any federal funding administered by the Indian Health Service. The Secretary is required to provide funding to the Indian tribe to meet its minimum legal record keeping requirements under the Federal Records Act. The Indian tribe's failure to carry out the program, function, service, or activity, (or portion thereof) and reallocate or redirect funds in its funding agreement, the tribe's funds must be reallocated to the tribe's self-governance funding agreement. The Indian tribe may include a stable base budget in its funding agreement. As a result, funding was delayed and undue administrative requirements diverted resources from direct services. This section is intended to directly remedy this situation.

The Committee is concerned with the reluctance of the Indian Health Service to include all available federal health funding in self-governance funding agreements. We note, as an example, the refusal of the IHS to include the Diabetes Prevention Initiative funding. As a result, funding was delayed and undue administrative requirements diverted resources from direct services. This section is intended to directly remedy this situation.
specific findings that clearly demonstrate or are supported by controlling legal authority that: (1) the amount of funds proposed exceeds the funding level that the Indian tribe is entitled to receive under the program, fund, service or activity; (2) the program, fund, service or activity (or portion thereof) that is the subject of the offer is an inherent federal function that can only be carried out by the Secretary of the Interior as trustee to enable the Indian tribe to participate in self-governance; or (4) the Indian tribe cannot carry out the program, fund, service or activity (or portion thereof) without a significant financial risk to the public health.

The Committee believes that the practice of permitting substantial tribal management of its trust resources provided that tribal activities do not replace the trustee’s responsibilities would significantly risk the public health. Section 507(a)(2) (reassumption) with its concept of imminent endangerment of the public health, is designed to keep the Secretary’s trust obligation in the health context.

The Committee believes the fourth provision appropriately balances the Secretary’s specific legal responsibilities. Section 507 requires the Indian tribe to overcome the stated objections, and must provide the Indian tribe to participate in self-governance agreements transferred under Title V. The Committee has included the requirement of a “specific finding” is included to avoid rejections which merely state conclusory statements that offer no analysis and determination of facts supporting the rejection.

The Secretary must also offer assistance to the Indian tribe to overcome the stated objections, and must provide the Indian tribe with an opportunity to appeal the rejection and how the rejection will be made. The Indian tribe is entitled to receive the Indian tribe has the right to engage in full discovery. The Indian tribe also has the option to proceed directly to federal district court by petitioning for preliminary injection of the Act in lieu of an administrative hearing. The Secretary may only reject those portions of a “final offer” which do not justify a rejection. The date that a contract impact or funding agreement the Indian tribe does not waive its right to appeal the Secretary’s decision for the rejected portions of the offer.

Burden of Proof. The Secretary has the burden of demonstrating by clear and convincing evidence the validity of a rejection of a final offer in any hearing, appeal, or civil action. A decision relating to an appeal within the Department is considered a final agency action if it was made by an administrative judge or by an official of the Department whose position is at a higher level than the level of the departmental agency in which the appeal was made.

Good Faith. The Secretary is required to negotiate in good faith and carry out its responsibilities to the Indian tribe. The Indian tribe shall negotiate in good faith and carry out its responsibilities to the Indian tribe. The Indian tribe shall negotiate in good faith and carry out its responsibilities to the Indian tribe. The Indian tribe shall negotiate in good faith and carry out its responsibilities to the Indian tribe. The Indian tribe shall negotiate in good faith and carry out its responsibilities to the Indian tribe.

Prohibitions. The Secretary is specifically prohibited from withholding, refusing to transfer or reducing any portion of an Indian tribe’s full share of funds during a Compact or funding agreement year, or for a period of years. The Committee is aware that for the first twenty-one years of administration under the Indian Self-Determination and Education Assistance Act, the Department had never taken the position that it has the discretion to delay funding for any program transferred under the Act absent tribal consent. However, a 1996 DHS circular purported to do just that. Since this circular was issued, several Area offices have refused to turn over substantial program funds to the Indian tribe. In one instance both an Area office and Headquarters refused to transfer portions of programs for several years, and with respect to several Healthy Indian tribes, the Department has failed to transfer any funds. In one instance both an Area office and Headquarters refused to transfer portions of programs for several years, and with respect to several Healthy Indian tribes, the Department has failed to transfer any funds.

Budget apportions the appropriations for Indian health programs transferred under Title V. The Committee has included the requirement of a “specific finding” is included to avoid rejections which merely state conclusory statements that offer no analysis and determination of facts supporting the rejection.

The Secretary is obligated to pay to a Self-Governance tribe, as calculated under the Prompt Payment Act, for any late payment under a funding agreement. Interest is required to receive the Indian tribe’s share of funds during a Compact or funding agreement year, or for a period of years. The Committee is aware that for the first twenty-one years of administration under the Indian Self-Determination and Education Assistance Act, the Department had never taken the position that it has the discretion to delay funding for any program transferred under the Act absent tribal consent. However, a 1996 DHS circular purported to do just that. Since this circular was issued, several Area offices have refused to turn over substantial program funds to the Indian tribe. In one instance both an Area office and Headquarters refused to transfer portions of programs for several years, and with respect to several Healthy Indian tribes, the Department has failed to transfer any funds. In one instance both an Area office and Headquarters refused to transfer portions of programs for several years, and with respect to several Healthy Indian tribes, the Department has failed to transfer any funds.
days, (8) corporate bonds of U.S. Corporations that have Moody's, Standard and Poor's, or Fitch's rating of A or equivalent and where no more than 10% of portfolio at time of purchase is in the category of any one issuer, (9) dollar denominated short term bonds of the G7 Nations or World Bank only if the yields exceed those of U.S. instruments of equivalent maturity and quality, and where no more than 25% of portfolio at time of purchase is invested in the same category of any one issuer, and (10) properly registered short term obligations of any government or corporation that are issued with a safety rating and average fund quality of A or higher, which demonstrate low volatility, and where no more than 10% of the fund's assets at time of purchase is invested in any one fund.

Carryover of Funds. All funds paid to an Indian tribe under a Compact or funding agreement are “no year” funds and may be spent in the year they are received or in any future fiscal year. Carryover funds are not to reduce the amount of funds that the tribe may receive in subsequent years.

Program Income. All program income (including Medicare/Medicaid earned by an Indian tribe) is supplemental to the funding that is included in its funding agreement. The Secretary may not reduce the amount of funds that the Indian tribe may receive under a Compact or funding agreement for future fiscal years. The Indian tribe may retain such income and spend it either in the current or future years.

Negotiation of Costs. An Indian tribe is not required to continue performance of a Program, function, service, or activity (or portion thereof) included in a funding agreement if additional funds more funds were not provided under the funding agreement. If an Indian tribe believes that the amount of funds transferred is not enough to carry out the Program, function, service, or activity (or portion thereof) for the full year, the Indian tribe may notify the Secretary. If the Secretary does not supply additional funds, the tribe may suspend performance of the program, function, service, or activity (or portion thereof) until additional funds are provided.

Construction Projects

(a) The President is required to annually identify in his/her budget all funds needed to fully fund all Title V Compacts and funding agreements. These funds are to be apportioned to the Indian Health Service and will then be transferred to the Office of Tribal Self-Governance. The IHS may not thereafter reduce the funds a tribe is otherwise entitled to receive whether or not such funds have been apportioned to the Office of Tribal Self-Governance.
The Committee has been made aware that the current system for payment and approval of funding and amendments for Annual Funding Agreements for Self-Governance tribes is inefficient and time consuming. In addition, by leaving authority and responsibility for distributions to Area Offices, there have been reported instances of underfunding and unexplained underrun of authority by Area Offices over self-governance tribes. This includes Area Offices retaining shares of funds not authorized to be retained by the tribe's Annual Funding Agreement. The Committee concludes that by requiring a report on Self Governance expenditures, and by moving all Self-Governance funding onto a single line, the Congress will be able to achieve the following ends: more accurately gauge the amount of funding flowing directly to Tribes through participation in Self Governance, generate savings through decreasing the bureaucratic burden on the payment and approval process in the Indian Health Service; expedite the transferal of funding to tribal operating units; and, aid in the implementation of true government to government relations and tribal self determination.

The budget must identify the present level of need and any shortfalls in funding for every Indian tribe in the United States that receives services directly from the Secretary, through a Title I contract or in a Title V Compact and funding agreement.

(b) The budget must identify the present level of need and any shortfalls in funding for every Indian tribe in the United States that receives services directly from the Secretary, through a Title I contract or in a Title V Compact and funding agreement.

SECTION 514. REPORTS

(a) Annual Report. The Secretary is required to submit to Congress, on January 1 of every year a written report on the Self-Governance program. The report is to include the level of need presently funded or unfunded by each tribe in the United States that receives services directly from the Secretary, through a Title I contract or in a Title V Compact and funding agreement. The Secretary must impose reporting requirements on Indian tribes unless specified in Title V.

(b) Contents. The Secretary's report must identify: (1) the costs and benefits of self-governance; (2) all funds related to the Secretary's provision of services and benefits to self-governance tribes and their members; (3) all funds related to self-governance tribes and the corresponding reduction in the federal bureaucracy; (4) the funding formula for individual tribal shares; (5) the amount expended by the IHS during the fiscal year to carry out inherent federal functions; and (6) a description of the method used to determine tribal shares. The budget must be directed to Indian tribes for comment no less than 30 days prior to its submission to Congress and include the separate views of Indian tribes.

(c) Report on IHS Funds. This section requires the Secretary to consult with Indian tribes and report, within 30 days after Title V is enacted, on the funding formula used to determine tribal shares of funds controlled by IHS. The formulae are to become a part of the annual report to Congress discussed above. This provision is intended to relieve HHS from its obligation under Title V to make all funds controlled by the central office, national, headquarters or regional office available to Indian tribes.

This provision is also not intended to require reopening funding formulae that are already being used by HHS to distribute funds to Indian tribes. Existing formulae or other factors that may be considered in determining funding allocations should be determined only after significant regional and national tribal consultation.

SECTION 515. DISCLAIMERS

(a) No Funding Reduction. This provision states that nothing in Title V shall be interpreted to limit or reduce the funding for any program, project or activity that any other Indian tribe may receive under Title I or other applicable federal laws. A tribe that alleges that a Compact or funding agreement violates section 516 of this Act to seek judicial review of the allegations.

(b) Federal Trust and Treaty Responsibilities. This section clarifies that the trust responsibility of the United States to Indian tribes and individual Indians which exists under treaties, under trust agreements, and under laws and court decisions shall not be reduced by any provision of Title V.

(c) Tribal Employment. This provision excludes Indian tribes from the definition of "employer" as that term is used in the Federal Labor Relations Act.

(d) Obligations of the United States. The IHS is prohibited from billing, or requiring Indian tribes from billing, individual Indians who have the economic means to pay for services. For many years the Interior and Related Agencies Appropriations Bills included language that prohibited the Indian Health Service, without explicit direction from Congress, from billing or charging Indians who have the economic means to pay. In 1997 the language was removed from the Appropriation bills and it has not been included since. This section reflects the Committee's intent that the IHS is prohibited from billing Indians for services. It is prohibited from requiring any Indian tribe to do so.

SECTION 516. APPLICATION OF OTHER SECTIONS OF THE ACT

(a) This section expressly incorporates a number of provisions from other areas of the Indian Self-Determination and Education Assistance Act into Title V. These sections include: 5(b) (access for three years to tribal records); 6 (setting our penalties that apply if an individual embezzles or otherwise misappropriates funds under Title V); 7 (Davis-Bacon wage and labor standards and Indian preference requirements); 102(c) and (d) (relating to Federal Tort Claims Act coverage); 104 (relating to the right to use federal personnel to carry out responsibilities in a Compact or funding agreement); 105(k) (access to federal supplies); 111 (clarifying that Title V shall have no impact on existing sovereign immunity and other applica- tive recommendations for programs that apply Self-Governance to agencies other than the Indian Health Service at HHS. The Secretary has pledged to work in a cooperative spirit with the Indian tribes to quickly implement those programs that are suitable for Self-Governance. The Committee believes that there are agencies and
programs outside of the IHS that should be ready to participate in the Self-Governance program at the conclusion of the study and anticipates the introduction of legislation at that time to authorize such participation.

SECTION 602. CONSULTATION
(a) Study Protocol. This Provision requires the Secretary to consult with the Indian tribes to determine a protocol for conducting the study. The protocol shall require that the government-to-government relationship between the United States and the Indian tribes forms the basis for the study, that consultations are jointly conducted by the tribes and the Secretary, and that the consultation process allow for input from Indian tribes and other entities who wish to comment.

(b) Conducting Study. This provision requires that when the Secretary conducts the study, she is to consult with Indian tribes, states, counties, municipalities, program beneficiaries, and interested public interest groups.

SECTION 603. DEFINITIONS
(a) This section is intended to incorporate into Title VI the definitions used in Title V.

(b) This subsection defines "agency" to mean an agency in the Department of Health and Human Services other than the Indian Health Service.

SECTION 604. AUTHORIZATION OF APPROPRIATIONS
This section authorizes the appropriation of such sums as necessary for fiscal years 1999 and 2000 in order to carry out Title VI.

SECTION 5. AMENDMENTS CLARIFYING CIVIL PROCEEDINGS
(a) This provision amends Section 102(e)(1) of the Act to clarify that the Secretary has the burden of proof in any civil action pursuant to Section 110(a).

(b) The provision provides that the amendment to Section 102(e)(1) shall apply to any proceeding commenced after October 25, 1994.

SECTION 6. SPEEDY ACQUISITION OF GOODS AND SERVICES
This section requires the Secretary to enter into agreements for acquisition of goods and services, including pharmaceuticals at the best price and in as fast a manner as is possible, similar to those obtained by agreement by the Veterans Administration.

SECTION 7. PATIENT RECORDS
This section provides that Indian patient records may be deemed to be federal records under the Federal Records Acts in order to allow tribes to store patient records in the Federal Records Center.

SECTION 8. REPEALS
This Section repeals Title III of the Indian Self-Determination and Education Assistance Act which authorizes the Demonstration Project replaced by this Act.

SECTION 9. SAVINGS PROVISION
This section provides that funds already appropriated for Title III of the Indian Self-Determination and Education Assistance Act shall remain available for use under the new Title V.

SECTION 10. EFFECTIVE DATE
This section provides that the Act shall take effect on the date of enactment.