

**STATEMENT OF P. DANIEL SMITH, DEPUTY DIRECTOR EXERCISING THE AUTHORITY OF THE DIRECTOR, NATIONAL PARK SERVICE, U.S. DEPARTMENT OF THE INTERIOR, BEFORE THE SENATE ENERGY AND NATURAL RESOURCES SUBCOMMITTEE ON NATIONAL PARKS, CONCERNING H.R. 3607, A BILL TO AUTHORIZE THE SECRETARY OF THE INTERIOR TO ESTABLISH FEES FOR MEDICAL SERVICES PROVIDED IN UNITS OF THE NATIONAL PARK SYSTEM, AND FOR OTHER PURPOSES.**

**December 12, 2018**

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Chairman Daines, Ranking Member King, and members of the Subcommittee, thank you for the opportunity to present the Department of the Interior's views on H.R. 3607, a bill to authorize the Secretary of the Interior to establish fees for medical services provided in units of the National Park System, and for other purposes.

The Department supports H.R. 3607 with amendments described later in this statement. This bill addresses a critical issue for national parks that provide medical services: the ability to retain the receipts recovered from billing the users of these services. Having this ability would provide the National Park Service (NPS) with a reliable source of funding for medical services which, in turn, would free up funding for other high priority needs within the NPS system.

H.R. 3607 would authorize the Secretary to establish and collect fees for medical services provided at national parks. The fees would be deposited in a National Park Medical Services Fund in the Treasury. The funds would be used to pay for medical services-related needs assessments and programmatic analyses, management plans, training, facilities, equipment, vehicles, and other needs and costs of providing medical services. Funds would then be available subject to appropriations.

Medical services are provided to thousands of people annually at many units of the National Park System: Death Valley National Park, Glen Canyon National Recreation Area, Grand Canyon National Park, Grand Teton National Park, Kings Canyon National Park, Lake Mead National Recreation Area, Mesa Verde National Park, Sequoia National Park, Yellowstone National Park, Yosemite National Park, and Zion National Park. At these large, remote parks, there are few or no other options to receive timely medical care, which is an especially serious problem in emergency situations. Services provided by NPS staff typically include Emergency Medical Technician (EMT) or paramedic services, ambulance transportation, and, in some cases, treatment at park-based medical clinics.

Yosemite National Park is a prime example of where such medical services are provided. The NPS operates a medical clinic there through a partnership with the U.S. Public Health Service. The park's services include six Advanced Life Support ambulances, rangers with specialized training and equipment who provide medical care to visitors in the wilderness and front country, and a staff who are available to respond to requests for medical care day or night, park-wide, all year round. The clinic serves over 5,000 patients annually.

If the NPS did not have a medical clinic in the park, many of the patients would require ambulance transportation to the nearest medical facility for treatment, which is more than an hour's drive from Yosemite Valley. Without the clinic, the overwhelming majority of ambulance transports would require a minimum three-hour round trip for NPS staff using NPS vehicles. The park estimates that the number of ambulance transports that would be required to handle the need would require the use of all on-duty Yosemite rangers on a daily basis during the peak summer months.

Most parks with medical clinics contract out clinic operations. In those cases, the contractors bill for their services and retain receipts to pay for clinic operations. However, if there is not a reasonable opportunity to profit, contractors will not compete for the contract. Yosemite has had to run its own clinic because the park has received no viable bidders since the last contract expired in 2010. Parks that run their own clinics, such as Yosemite, have no authority to retain these receipts. Because of Yosemite's high visitation rate and the fact that it runs its own clinic, Yosemite has the highest medical services expenditures—approximately \$1.5 million annually—of any of the parks that offer these services.

Yosemite and other parks that provide medical services work with third-party agencies to bill individuals or insurance companies. The payments these agencies receive are deposited into the general Treasury. In the last several years, the NPS has deposited in the Treasury approximately \$2 million annually that has been collected for providing medical services.

Because the NPS does not retain these payments, the cost for providing these services must be covered entirely by other funds, usually a combination of base funds appropriated for the Operation of the National Park Service (ONPS) and revenue from recreation and concession franchise fees. If the NPS could retain medical services receipts, those receipts would provide a more stable funding source that could be used for providing the medical staff, equipment, and supplies as needed. In addition, they would not be subject to any potential fluctuations in the budget and appropriations process. Equally important, allowing parks to retain these funds would mean that approximately \$2 million a year that currently needs to be used to pay for providing medical services would be available for other NPS priorities.

The Department recommends the following amendments:

We recommend authorizing the retention of medical services receipts as cost recovery, which would be more efficient to administer than establishing a separate Treasury fund.

We also recommend that the bill allow for the expenditure of medical services receipts without further appropriation. If the availability of receipts received from medical services is subject to appropriations, the funding for these services would continue to compete against all other NPS programs and priorities in the budget process. It would also mean the NPS may not receive the funds from collecting reimbursements immediately, but instead would have to wait for the funding to work its way through the appropriations process. There are precedents for parks to have authority to retain fees outside of the appropriations process. One example is the recreation fee authority under the Federal Lands Recreation Enhancement Act, where entrance and other fees are retained by Federal land management bureaus and available to spend without further

appropriation. Another example is the authority used for providing utilities in parks (54 USC 101901), under which receipts from concessioners, contractors, and permittees for electricity and other utility services furnished by the NPS are retained by the parks.

We would be happy to work with the Committee on amendments to accomplish these objectives.

Mr. Chairman, this concludes my statement. I would be pleased to answer any questions you or other members of the Subcommittee may have.