

**STATEMENT OF ROBERT VOGEL, ACTING DEPUTY DIRECTOR FOR OPERATIONS, NATIONAL PARK SERVICE, U.S. DEPARTMENT OF THE INTERIOR, BEFORE THE HOUSE NATURAL RESOURCES SUBCOMMITTEE ON FEDERAL LANDS, 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.**

**OCTOBER 11, 2017**

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Mr. Chairman, thank you for the opportunity to appear before your committee to present the Department of the Interior's views on H.R. 3607, 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. We appreciate your leadership on this issue and the Department shares the Chairman's commitment to continuing to provide these services and keeping the Yosemite Medical Clinic open.

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 aspects of the bill be addressed through 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. And, it would 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.

Finally, we recommend ensuring that the authority to allow for retention of receipts for medical services extends to those that are provided by NPS personnel outside of park units. The NPS often supports neighboring jurisdictions in their emergency responses. The current language suggests that the services that NPS personnel perform outside of parks would not be covered by the authority in this legislation.

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

Mr. Chairman, this concludes my statement. I would be happy to answer any questions you may have.

**STATEMENT OF ROBERT VOGEL, ACTING DEPUTY DIRECTOR FOR OPERATIONS, NATIONAL PARK SERVICE, U.S. DEPARTMENT OF THE INTERIOR, BEFORE THE HOUSE NATURAL RESOURCES SUBCOMMITTEE ON FEDERAL LANDS, CONCERNING H.R. 3373, TO AMEND THE DISTRICT OF COLUMBIA STADIUM ACT OF 1957 TO EXTEND FOR AN ADDITIONAL 50 YEARS THE LEASE UNDER WHICH THE GOVERNMENT OF THE DISTRICT OF COLUMBIA USES THE GROUND UNDER THE PARKING FACILITIES ASSOCIATED WITH ROBERT F. KENNEDY MEMORIAL STADIUM.**

**OCTOBER 11, 2017**

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Mr. Chairman, thank you for the opportunity to present the Department of the Interior's views on H.R. 3373, to amend the District of Columbia Stadium Act of 1957 to extend for an additional 50 years the lease under which the government of the District of Columbia (District) uses the ground under and the parking facilities associated with Robert F. Kennedy Memorial Stadium (Stadium).

The Department supports the goal of enhancing the property associated with the Stadium for public use. However, rather than merely extending the lease, the Department believes that the opportunity exists to review both the duration of the lease and the future uses of the property. For these reasons, we would like to work with the subcommittee to explore these other options.

H.R. 3373 would authorize lease of the Stadium grounds from the National Park Service (NPS) to the District government for an additional 50 years. The current lease is authorized for 50 years and is set to expire in 2038.

The Stadium has been the venue for professional sports teams (football, baseball, and soccer) and many other events since it was constructed in 1961 as a joint venture of the DC Armory Board and the NPS. In 1988, the NPS conveyed ownership of the Stadium building and leased the Stadium grounds and parking to the District. The Stadium is now owned and operated by Events DC, the official convention and sports authority for the District, which continues to hold the lease with the NPS. In accordance with statute, the lease requires no payment and restricts use of the land to stadium purposes, providing recreational facilities, open space, and parking.

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